110TH CONGRESS
1ST SESSION

S. 2472

To amend the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

IN THE SENATE OF THE UNITED STATES

DECEMBER 13, 2007

Mr. DODD (for himself and Mr. SMITH) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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A BILL

To amend the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Global Pediatric HIV/AIDS Prevention and Treatment Act''.

SEC. 2. FINDINGS.

Section 2 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (26 U.S.C. 7601) is amended—

(1) in paragraph (3), by adding at the end the following:

''(D) In 2007, the rate at which children accessed treatment failed to keep pace with new pediatric infections. While children account for almost 16 percent of all new HIV infections, they make up only 9 percent of those receiving treatment under this Act.'';

(2) by amending paragraph (16) to read as follows:

''(16) Basic interventions to prevent new HIV infections and to bring care and treatment to people living with AIDS, such as voluntary counseling and testing, are achieving meaningful results and are cost-effective. The challenge is to expand these interventions to a national basis in a coherent and sustainable manner.''; and

(3) by amending paragraph (20) to read as follows:

''(20) With no medical intervention, mothers infected with HIV have a 25 to 30 percent chance of passing the virus to their babies during pregnancy and childbirth. A simple and effective intervention can significantly reduce mother to child transmission of HIV. A single dose of an anti-retroviral drug

given once to the mother at the onset of labor, and once to the baby during the first 3 days of life reduces transmission by approximately 50 percent. Other more complex drug regimens can further reduce transmission from mother-to-child. A dramatic expansion of access to prevention of mother-to-child transmission services is critical to preventing thousands of new pediatric HIV infections.''.

SEC. 3. POLICY PLANNING AND COORDINATION.

Section 101(b)(3) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611(b)(3)) is amended by adding at the end the following:

''(X) A description of the activities that will be conducted to achieve the targets described in paragraphs (1) and (2) of section 312(b).''.

SEC. 4. BILATERAL EFFORTS.

(a) ASSISTANCE TO COMBAT HIV/AIDS.—Section 104A of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2) is amended—

(1) in subsection (d)(1)—

(A) by amending subparagraph (E) to read as follows:

''(E) assistance to—

''(i) achieve the target described in section 312(b)(1) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003; and

''(ii) promote infant feeding options for HIV positive mothers that are consistent with the most recent infant feeding recommendations and guidelines supported by the World Health Organization;'';

(B) in subparagraph (G), by striking ''and'' at the end;

(C) in subparagraph (H), by striking the period at the end and inserting ''; and''; and

(D) by adding at the end the following:

''(I) assistance to achieve the target described in section 312(b)(2) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.''; and

(2) in subsection (e)(2)(C)—

(A) in clause (iii), by striking ''and'' at the end;

(B) in clause (iv), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(v) the number of HIV-infected children currently receiving antiretroviral medications in each country under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.''.

(b) ASSISTANCE TO CHILDREN AND FAMILIES.—Subtitle B of Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7651 et seq.) is amended by striking sections 311 and 312 and inserting the following:

''SEC. 311. FINDINGS.

''Congress makes the following findings:

''(1) Every day, approximately 1,100 children around the world are infected with HIV, the vast majority through mother-to-child transmission during pregnancy, labor or delivery or soon after through breast-feeding. Approximately 90 percent of these infections occur in Africa.

''(2) With no medical intervention, mothers infected with HIV have a 25 to 30 percent chance of passing the virus to their babies during pregnancy and childbirth. A single dose of an anti-retroviral drug given once to the mother at the onset of labor,

and once to the baby during the first 3 days of life reduces transmission by approximately 50 percent.

''(3) Providing the full range of interventions, as is the standard of care in the United States, could reduce the rate of mother-to-child transmission of HIV to as little as 2 percent.

''(4) Global coverage of services to prevent transmission from mother-to-child remains unacceptably low. The Joint United Nations Program on HIV/AIDS (UNAIDS) reports that fewer than 10 percent of pregnant women with HIV in resource-poor countries have access to prevention of mother-to-child transmission services.

''(5) Prevention of mother-to-child transmission programs provide health benefits for women and children beyond preventing the vertical transmission of HIV. They serve as an entry point for mothers to access treatment for their own HIV infection, allowing them to stay healthy and to care for their children. Efforts to connect and integrate prevention of mother-to-child transmission and HIV care, treatment and prevention programs are crucial to achieving improved outcomes for HIV-affected and HIV-infected women and families.

''(6) Access to comprehensive HIV prevention services must be drastically scaled-up among pregnant women infected with HIV and pregnant women not infected with HIV to further protect themselves and their partners against the sexual transmission of HIV/AIDS.

''(7) Preventing unintended pregnancy among HIV-infected women is recognized by the World Health Organization and the Office of the United States Global AIDS Coordinator to be an integral component of prevention of mother-to-child transmission programs. To further reduce infection rates, women accessing prevention of mother-to-child transmission services must have access to a range of high-quality family planning and reproductive health care, so they can make informed decisions about future pregnancies and contraception.

''(8) In 2007, the rate at which children were accessing treatment failed to keep pace with new pediatric infections. While children account for almost 16 percent of all new HIV infections, they make up only 9 percent of those on treatment under this Act.

''(9) Of the more than 2,500,000 people who were newly infected with HIV in 2007, more than 420,000 were children.

''(10) Without proper care and treatment, half of newly HIV-infected children will die before they reach 2 years of age, and 75 percent will die before 5 years of age.

''(11) Because children are not just small adults, providing HIV care and treatment presents special challenges, including—

''(A) limited access to reliable HIV testing for the youngest children;

''(B) a shortage of providers trained in delivering pediatric care;

''(C) weak linkages between services to prevent mother-to-child transmission and care and treatment programs; and

''(D) the need for low-cost pediatric formulations of HIV/AIDS medications.

''SEC. 312. POLICY AND REQUIREMENTS.

''(a) POLICY.—

''(1) IN GENERAL.—The United States Government's response to the global HIV/AIDS pandemic should place high priority on—

''(A) the prevention of mother-to-child transmission of HIV/AIDS; and

''(B) the care and treatment of all children affected by HIV/AIDS, including children orphaned by AIDS.

''(2) COLLABORATION.—The United States Government should work in collaboration with foreign governments, donors, the private sector, nongovernmental organizations, and other key stakeholders.

''(b) REQUIREMENTS.—The comprehensive, 5-year, global strategy required under section 101 shall—

''(1) establish a target for prevention of mother-to-child transmission efforts that by 2013, in those countries most affected by HIV—

''(A) 80 percent of pregnant women receive HIV counseling and testing; and

''(B) all of the pregnant women receiving HIV counseling and testing who test positive for HIV receive anti-retroviral medications for prevention of mother-to-child transmission of HIV;

''(2) establish a target requiring that by 2013, children account for at least 15 percent of those receiving treatment under this Act;

''(3) integrate prevention, care, and treatment with prevention of mother-to-child transmission pro-

grams, as soon as feasible and consistent with the national government policies of the foreign countries in which programs under this Act are administered, to improve outcomes for HIV-affected women and families and to promote follow-up and continuity of care;

''(4) expand programs designed to care for children orphaned by AIDS; and

''(5) develop a time line for expanding access to more effective mother-to-child transmission prevention regimens, consistent with the national government policies of the foreign countries in which programs under this Act are administered and the goal of moving towards universal use of such regimens as rapidly as possible.

''(c) APPLICATION OF REQUIREMENTS.—All strategic planning documents and bilateral funding agreements developed under the authority of the Office of the United States Global AIDS Coordinator, including country operating plans and any subsequent mechanisms through which funding under this Act is obligated, shall be consistent with, and in furtherance of, the requirements under subsection (b).

''(d) PREVENTION OF MOTHER-TO-CHILD TRANSMISSION EXPERT PANEL.—

''(1) ESTABLISHMENT.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally (referred to in this section as the 'Coordinator') shall establish a panel of experts to be known as the Prevention of Mother to Child Transmission Panel (referred to in this section as the 'Panel') to—

''(A) provide an objective review of activities to prevent mother-to-child transmission of HIV that receive financial assistance under this Act; and

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

''(2) MEMBERSHIP.—The Panel shall be convened and chaired by the Coordinator, who shall serve as a nonvoting member. The Panel shall consist of not more than 15 members (excluding the Coordinator), to be appointed by the Coordinator not later than 60 days after the date of the enactment of this Act, including—

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

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

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

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

''(E) 2 health care researchers with expertise relating to global HIV/AIDS activities; and

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

''(3) DUTIES OF PANEL.—The Panel shall—

''(A) review activities receiving financial assistance under this Act to prevent mother-to-child transmission of HIV and assess the effectiveness of current activities in reaching the target described in subsection (b)(1);

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

''(C) review and assess ways in which the Office of the United States Global AIDS Coordinator and programs funded under this Act collaborate with international and multilateral entities on efforts to prevent mother-to-child transmission of HIV in affected countries;

''(D) identify barriers and challenges to increasing access to mother-to-child transmission prevention services and evaluate potential mechanisms to alleviate those barriers and challenges;

''(E) identify the extent to which stigma has hindered pregnant women from obtaining HIV counseling and testing or returning for re-

sults, and provide recommendations to address such stigma and its effects;

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

''(G) evaluate the adequacy of financial assistance provided under this Act for mother-to-child transmission of HIV prevention services; and

''(H) recommend levels of financial assistance and specific activities to facilitate reaching the target described in subsection (b)(1).

''(4) REPORT.—

''(A) IN GENERAL.—Not later than 14 months after the date of the enactment of this Act, the Panel shall submit a report containing a detailed statement of the recommendations, findings, and conclusions of the Panel to the appropriate congressional committees.

''(B) AVAILABILITY.—The report submitted under subparagraph (A) shall be made available to the public.

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

"(i) consider any recommendations contained in the report submitted under subparagraph (A); and

"(ii) include in the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)) a description of the activities conducted in response to the recommendations made by the Panel and an explanation of any recommendations not implemented at the time of the report.

"(5) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Panel such sums as may be necessary for each of the fiscal years 2009 through 2011 to carry out this section.

"(6) TERMINATION.—The Panel shall terminate on the date that is 60 days after the date on which the Panel submits the report to Congress under paragraph (4).".

(c) ANNUAL REPORT ELEMENTS.—Section 313(b)(2) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7653(b)(2)) is amended—

(1) in subparagraph (C), by striking ''and'' at the end;

(2) in subparagraph (D), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(E) coordination and collaboration with governments, donors, the private sector, non-governmental organizations, and other key stakeholders to achieve the target described in section 312(b)(1); and

''(F) the number of women offered and receiving the 4 components of a comprehensive strategy to prevent mother-to-child transmission of HIV, as recommended by the World Health Organization.''.

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