

(12) According to UNAIDS, if implemented this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.

(13) A mother-to-child antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to address often long-standing problems of inadequate services and the profound stigma associated with HIV-infection and the AIDS disease. Strengthening the health infrastructure to improve mother-and-child health, antenatal, delivery and postnatal services, and couples counseling generates enormous spillover effects toward combating the AIDS epidemic in developing regions.

(14) United States Census Bureau statistics show life expectancy in sub-Saharan Africa falling to around 30 years of age within a decade, the lowest in a century, and project life expectancy in 2010 to be 29 years of age in Botswana, 30 years of age in Swaziland, 33 years of age in Namibia and Zimbabwe, and 36 years of age in South Africa, Malawi, and Rwanda, in contrast to a life expectancy of 70 years of age in many of the countries without a high prevalence of AIDS.

(15) A January 2000 United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(16) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(17) The HIV/AIDS epidemic is of increasing concern in other regions of the world, with UNAIDS estimating that there are more than 5,600,000 cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just 2 years in the former Soviet Union.

(18) Despite the discouraging statistics on the spread of HIV/AIDS, some developing nations—such as Uganda, Senegal, and Thailand—have implemented prevention programs that have substantially curbed the rate of HIV infection.

(19) AIDS, like all diseases, knows no national boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(20) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) Purposes

The purposes of this chapter are to—

(1) help prevent human suffering through the prevention, diagnosis, and treatment of HIV/AIDS; and

(2) help ensure the viability of economic development, stability, and national security in the developing world by advancing research to—

(A) understand the causes associated with HIV/AIDS in developing countries; and

(B) assist in the development of an AIDS vaccine.

(Pub. L. 106-264, title I, §103, Aug. 19, 2000, 114 Stat. 749.)

SUBCHAPTER I—UNITED STATES ASSISTANCE

§ 6811. Coordinated donor strategy for support and education of orphans in sub-Saharan Africa

(a) Statement of policy

It is in the national interest of the United States to assist in mitigating the burden that will be placed on sub-Saharan African social, economic, and political institutions as these institutions struggle with the consequences of a dramatically increasing AIDS orphan population, many of whom are themselves infected by HIV and living with AIDS. Effectively addressing that burden and its consequences in sub-Saharan Africa will require a coordinated multidonor strategy.

(b) Development of strategy

The President shall coordinate the development of a multidonor strategy to provide for the support and education of AIDS orphans and the families, communities, and institutions most affected by the HIV/AIDS epidemic in sub-Saharan Africa.

(c) Definition

In this section, the term “HIV/AIDS” means, with respect to an individual, an individual who is infected with the human immunodeficiency virus (HIV), the pathogen that causes the acquired immune deficiency virus (AIDS), or living with AIDS.

(Pub. L. 106-264, title I, §113, Aug. 19, 2000, 114 Stat. 753.)

§ 6812. African crisis response initiative and HIV/AIDS training

(a) Findings

Congress finds that—

(1) the spread of HIV/AIDS constitutes a threat to security in Africa;

(2) civil unrest and war may contribute to the spread of the disease to different parts of the continent;

(3) the percentage of soldiers in African militaries who are infected with HIV/AIDS is unknown, but estimates range in some countries as high as 40 percent; and

(4) it is in the interests of the United States to assist the countries of Africa in combating the spread of HIV/AIDS.

(b) Education on the prevention of the spread of AIDS

In undertaking education and training programs for military establishments in African countries, the United States shall ensure that

classroom training under the African Crisis Response Initiative includes military-based education on the prevention of the spread of AIDS.

(Pub. L. 106-264, title I, §114, Aug. 19, 2000, 114 Stat. 754.)

SUBCHAPTER II—WORLD BANK AIDS TRUST FUND

PART A—ESTABLISHMENT OF THE FUND

§ 6821. Establishment

(a) Negotiations for establishment of Trust Fund

The Secretary of the Treasury shall seek to enter into negotiations with the World Bank or the Association, in consultation with the Administrator of the United States Agency for International Development and other United States Government agencies, and with the member nations of the World Bank or the Association and with other interested parties, for the establishment within the World Bank of—

- (1) the World Bank AIDS Trust Fund (in this subchapter referred to as the “Trust Fund”) in accordance with the provisions of this part; and
- (2) the Advisory Board to the Trust Fund in accordance with section 6824 of this title.

(b) Purpose

The purpose of the Trust Fund should be to use contributed funds to—

- (1) assist in the prevention and eradication of HIV/AIDS and the care and treatment of individuals infected with HIV/AIDS; and
- (2) provide support for the establishment of programs that provide health care and primary and secondary education for children orphaned by the HIV/AIDS epidemic.

(c) Composition

(1) In general

The Trust Fund should be governed by a Board of Trustees, which should be composed of representatives of the participating donor countries to the Trust Fund. Individuals appointed to the Board should have demonstrated knowledge and experience in the fields of public health, epidemiology, health care (including delivery systems), and development.

(2) United States representation

(A) In general

Upon the effective date of this paragraph, there shall be a United States member of the Board of Trustees, who shall be appointed by the President, by and with the advice and consent of the Senate, and who shall have the qualifications described in paragraph (1).

(B) Effective and termination dates

(i) Effective date

This paragraph shall take effect upon the date the Secretary of the Treasury certifies to Congress that an agreement establishing the Trust Fund and providing for a United States member of the Board of Trustees is in effect.

(ii) Termination date

The position established by subparagraph (A) is abolished upon the date of termination of the Trust Fund.

(Pub. L. 106-264, title I, §121, Aug. 19, 2000, 114 Stat. 754.)

§ 6822. Grant authorities

(a) Program objectives

(1) In general

In carrying out the purpose of section 6821(b) of this title, the Trust Fund, acting through the Board of Trustees, should provide only grants, including grants for technical assistance to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including access to affordable drugs.

(2) Activities supported

Among the activities the Trust Fund should provide grants for should be—

- (A) programs to promote the best practices in prevention, including health education messages that emphasize risk avoidance such as abstinence;
- (B) measures to ensure a safe blood supply;
- (C) voluntary HIV/AIDS testing and counseling;
- (D) measures to stop mother-to-child transmission of HIV/AIDS, including through diagnosis of pregnant women, access to cost-effective treatment and counseling, and access to infant formula or other alternatives for infant feeding;
- (E) programs to provide for the support and education of AIDS orphans and the families, communities, and institutions most affected by the HIV/AIDS epidemic;
- (F) measures for the deterrence of gender-based violence and the provision of post-exposure prophylaxis to victims of rape and sexual assault; and
- (G) incentives to promote affordable access to treatments against AIDS and related infections.

(3) Implementation of program objectives

In carrying out the objectives of paragraph (1), the Trust Fund should coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(b) Priority

In providing grants under this section, the Trust Fund should give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate.

(c) Eligible grant recipients

Governments and nongovernmental organizations should be eligible to receive grants under this section.

(d) Prohibition

The Trust Fund should not make grants for the purpose of project development associated with bilateral or multilateral bank loans.