

AIDS, tuberculosis, and malaria, and to achieve other global health goals.

(39) On March 30, 2007, the Institute of Medicine of the National Academies released a report entitled “PEPFAR Implementation: Progress and Promise”, which found that budget allocations setting percentage levels for spending on prevention, care, and treatment and for certain subsets of activities within the prevention category—

(A) have “adversely affected implementation of the U.S. Global AIDS Initiative”;

(B) have inhibited comprehensive, integrated, evidence based approaches;

(C) “have been counterproductive”;

(D) “may have been helpful initially in ensuring a balance of attention to activities within the 4 categories of prevention, treatment, care, and orphans and vulnerable children”;

(E) “have also limited PEPFAR’s ability to tailor its activities in each country to the local epidemic and to coordinate with the level of activities in the countries’ national plans”;

(F) should be removed by Congress and replaced with more appropriate mechanisms that—

(i) “ensure accountability for results from Country Teams to the U.S. Global AIDS Coordinator and to Congress”;

(ii) “ensure that spending is directly linked to and commensurate with necessary efforts to achieve both country and overall performance targets for prevention, treatment, care, and orphans and vulnerable children”.

(40) The United States Government has endorsed the principles of harmonization in coordinating efforts to combat HIV/AIDS commonly referred to as the “Three Ones”, which includes—

(A) 1 agreed HIV/AIDS action framework that provides the basis for coordination of the work of all partners;

(B) 1 national HIV/AIDS coordinating authority, with a broadbased multisectoral mandate; and

(C) 1 agreed HIV/AIDS country-level monitoring and evaluating system.

(41) In the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, of April 26–27, 2001 (referred to in this chapter as the “Abuja Declaration”), the Heads of State and Government of the Organization of African Unity (OAU)—

(A) declared that they would “place the fight against HIV/AIDS at the forefront and as the highest priority issue in our respective national development plans”;

(B) committed “TO TAKE PERSONAL RESPONSIBILITY AND PROVIDE LEADERSHIP for the activities of the National AIDS Commissions/Councils”;

(C) resolved “to lead from the front the battle against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases by personally ensuring that such bodies were properly convened in mobilizing our societies as a whole and providing focus for unified na-

tional policymaking and programme implementation, ensuring coordination of all sectors at all levels with a gender perspective and respect for human rights, particularly to ensure equal rights for people living with HIV/AIDS”;

(D) pledged “to set a target of allocating at least 15% of our annual budget to the improvement of the health sector”.

(Pub. L. 108–25, §2, May 27, 2003, 117 Stat. 712; Pub. L. 110–293, §2, July 30, 2008, 122 Stat. 2919.)

Editorial Notes

REFERENCES IN TEXT

This chapter, referred to in pars. (29) and (41), was in the original “this Act”, meaning Pub. L. 108–25, May 27, 2003, 117 Stat. 711, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out below and Tables.

AMENDMENTS

2008—Pars. (29) to (41). Pub. L. 110–293 added pars. (29) to (41).

Statutory Notes and Related Subsidiaries

SHORT TITLE OF 2018 AMENDMENT

Pub. L. 115–305, §1, Dec. 11, 2018, 132 Stat. 4402, provided that: “This Act [amending sections 7611, 7622, and 7673 of this title] may be cited as the ‘PEPFAR Extension Act of 2018’.”

SHORT TITLE OF 2013 AMENDMENT

Pub. L. 113–56, §1, Dec. 2, 2013, 127 Stat. 648, provided that: “This Act [amending sections 2151b–2, 7611, 7622, and 7673 of this title] may be cited as the ‘PEPFAR Stewardship and Oversight Act of 2013’.”

SHORT TITLE OF 2008 AMENDMENT

Pub. L. 110–293, §1(a), July 30, 2008, 122 Stat. 2918, provided that: “This Act [see Tables for classification] may be cited as the ‘Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008’.”

SHORT TITLE

Pub. L. 108–25, §1(a), May 27, 2003, 117 Stat. 711, provided that: “This Act [enacting this chapter and sections 262p–8 and 2151b–2 to 2151b–4 of this title and amending sections 2151b, 2222, and 2651a of this title and section 2421 of Title 42, The Public Health and Welfare] may be cited as the ‘United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003’.”

Executive Documents

DELEGATION OF FUNCTIONS

For delegation of functions of President under this chapter, except for functions set forth in section 7622(d)(4)(C)(i), (ii) of this title, to Secretary of State, see section 1–100(a)(16) of Ex. Ord. No. 12163, Sept. 29, 1979, 44 F.R. 56673, as amended, set out as a note under section 2381 of this title.

§ 7602. Definitions

In this chapter:

(1) AIDS

The term “AIDS” means the acquired immune deficiency syndrome.

(2) Appropriate congressional committees

The term “appropriate congressional committees” means the Committee on Foreign Re-

lations of the Senate and the Committee on Foreign Affairs of the House of Representatives, the Committee on Appropriations of the Senate, and the Committee on Appropriations of the House of Representatives.

(3) Global AIDS Coordinator

The term “Global AIDS Coordinator” means the Coordinator of United States Government Activities to Combat HIV/AIDS Globally.

(4) Global Fund

The term “Global Fund” means the public-private partnership known as the Global Fund to Fight AIDS, Tuberculosis and Malaria established pursuant to Article 80 of the Swiss Civil Code.

(5) HIV

The term “HIV” means the human immunodeficiency virus, the pathogen that causes AIDS.

(6) HIV/AIDS

The term “HIV/AIDS” means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(7) Impact evaluation research

The term “impact evaluation research” means the application of research methods and statistical analysis to measure the extent to which change in a population-based outcome can be attributed to program intervention instead of other environmental factors.

(8) Operations research

The term “operations research” means the application of social science research methods, statistical analysis, and other appropriate scientific methods to judge, compare, and improve policies and program outcomes, from the earliest stages of defining and designing programs through their development and implementation, with the objective of the rapid dissemination of conclusions and concrete impact on programming.

(9) Paraprofessional

The term “paraprofessional” means an individual who is trained and employed as a health agent for the provision of basic assistance in the identification, prevention, or treatment of illness or disability.

(10) Partner government

The term “partner government” means a government with which the United States is working to provide assistance to combat HIV/AIDS, tuberculosis, or malaria on behalf of people living within the jurisdiction of such government.

(11) Program monitoring

The term “program monitoring” means the collection, analysis, and use of routine program data to determine—

- (A) how well a program is carried out; and
- (B) how much the program costs.

(12) Relevant executive branch agencies

The term “relevant executive branch agencies” means the Department of State, the United States Agency for International Development,

and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or the Foreign Assistance Act of 1961 [22 U.S.C. 2151 et seq.].

(Pub. L. 108-25, §3, May 27, 2003, 117 Stat. 717; Pub. L. 110-293, §3, July 30, 2008, 122 Stat. 2921.)

Editorial Notes

REFERENCES IN TEXT

This chapter, referred to in text, was in the original “this Act”, meaning Pub. L. 108-25, May 27, 2003, 117 Stat. 711, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 7601 of this title and Tables.

The Foreign Assistance Act of 1961, referred to in par. (12), is Pub. L. 87-195, Sept. 4, 1961, 75 Stat. 424, which is classified principally to chapter 32 (§2151 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 2151 of this title and Tables.

AMENDMENTS

2008—Pub. L. 110-293 substituted “Committee on Foreign Affairs of the House of Representatives, the Committee on Appropriations of the Senate, and the Committee on Appropriations” for “Committee on International Relations” in par. (2), added pars. (3) and (7) to (11), and redesignated former pars. (3) to (5) and (6) as (4) to (6) and (12), respectively.

§ 7603. Purpose

The purpose of this chapter is to strengthen and enhance United States leadership and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases as part of the overall United States health and development agenda by—

(1) establishing comprehensive, coordinated, and integrated 5-year, global strategies to combat HIV/AIDS, tuberculosis, and malaria by—

(A) building on progress and successes to date;

(B) improving harmonization of United States efforts with national strategies of partner governments and other public and private entities; and

(C) emphasizing capacity building initiatives in order to promote a transition toward greater sustainability through the support of country-driven efforts;

(2) providing increased resources for bilateral and multilateral efforts to fight HIV/AIDS, tuberculosis, and malaria as integrated components of United States development assistance;

(3) intensifying efforts to—

(A) prevent HIV infection;

(B) ensure the continued support for, and expanded access to, treatment and care programs;

(C) enhance the effectiveness of prevention, treatment, and care programs; and

(D) address the particular vulnerabilities of girls and women;

(4) encouraging the expansion of private sector efforts and expanding public-private sector