

as a nonvoting member. The Panel shall consist of not more than 15 members (excluding the Global AIDS Coordinator), to be appointed by the Global AIDS Coordinator not later than 1 year after July 30, 2008, 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 chapter are administered;

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

(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 chapter are administered.

### (3) Duties of Panel

The Panel shall—

(A) 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 collaborates 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 results, 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; and

(G) recommend specific activities to facilitate reaching the target described in subsection (b)(1).

### (4) Report

#### (A) In general

Not later than 1 year after the date on which the Panel is first convened, 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 2151b-2(f) of this title 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 the appropriate congressional committees under paragraph (4).

(Pub. L. 108-25, title III, §312, May 27, 2003, 117 Stat. 741; Pub. L. 110-293, title III, §§307, 309, July 30, 2008, 122 Stat. 2963, 2964.)

### Editorial Notes

#### REFERENCES IN TEXT

This chapter, referred to in subsecs. (b)(2), (6) and (c)(1), (2), 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.

#### AMENDMENTS

2008—Subsec. (b)(1) to (6). Pub. L. 110-293, §307, added pars. (1) to (6) and struck out former pars. (1) to (3) which read as follows:

“(1) provide for meeting or exceeding the goal to reduce the rate of mother-to-child transmission of HIV by 20 percent by 2005 and by 50 percent by 2010;

“(2) include programs to make available testing and treatment to HIV-positive women and their family members, including drug treatment and therapies to prevent mother-to-child transmission; and

“(3) expand programs designed to care for children orphaned by AIDS.”

Subsec. (c). Pub. L. 110-293, §309, added subsec. (c).

### § 7653. Annual reports on prevention of mother-to-child transmission of the HIV infection

#### (a) In general

Not later than 1 year after May 27, 2003, and annually thereafter for a period of 10 years, the President shall submit to appropriate congressional committees a report on the activities of relevant executive branch agencies during the reporting period to assist in the prevention of mother-to-child transmission of the HIV infection.

**(b) Report elements**

Each report shall include—

(1) a statement of whether or not all relevant executive branch agencies have met the goal described in section 7652(b)(1) of this title; and

(2) a description of efforts made by the relevant executive branch agencies to expand those activities, including—

(A) information on the number of sites supported for the prevention of mother-to-child transmission of the HIV infection;

(B) the specific activities supported;

(C) the number of women tested and counseled; and

(D) the number of women receiving preventative drug therapies.

**(c) Reporting period defined**

In this section, the term “reporting period” means, in the case of the initial report, the period since May 27, 2003, and, in the case of any subsequent report, the period since the date of submission of the most recent report.

(Pub. L. 108–25, title III, §313, May 27, 2003, 117 Stat. 741; Pub. L. 110–293, title III, §308, July 30, 2008, 122 Stat. 2964.)

**Editorial Notes****AMENDMENTS**

2008—Subsec. (a). Pub. L. 110–293 substituted “10 years” for “5 years”.

**Executive Documents****DELEGATION OF FUNCTIONS**

For delegation of functions of President under this section, see Ex. Ord. No. 12163, Sept. 29, 1979, 44 F.R. 56673, as amended, set out as a note under section 2381 of this title, and Memorandum of President of Feb. 23, 2004, 69 F.R. 9509, set out as a note under section 7611 of this title.

**§ 7654. Pilot program of assistance for children and families affected by HIV/AIDS****(a) In general**

The President, acting through the United States Agency for International Development, should establish a program of assistance that would demonstrate the feasibility of the provision of care and treatment to orphans and other children and young people affected by HIV/AIDS in foreign countries.

**(b) Program requirements**

The program should—

(1) build upon and be integrated into programs administered as of May 27, 2003, by the relevant executive branch agencies for children affected by HIV/AIDS;

(2) work in conjunction with indigenous community-based programs and activities, particularly those that offer proven services for children;

(3) reduce the stigma of HIV/AIDS to encourage vulnerable children infected with HIV or living with AIDS and their family members and caregivers to avail themselves of voluntary counseling and testing, and related programs, including treatments;

(4) ensure the importance of inheritance rights of women, particularly women in African countries, due to the exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households as a result of the HIV/AIDS pandemic;

(5) provide, in conjunction with other relevant executive branch agencies, the range of services for the care and treatment, including the provision of antiretrovirals and other necessary pharmaceuticals, of children, parents, and caregivers infected with HIV or living with AIDS;

(6) provide nutritional support and food security, and the improvement of overall family health;

(7) work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and

(8) provide appropriate counseling and legal assistance for the appointment of guardians and the handling of other issues relating to the protection of children.

**(c) Report**

Not later than 18 months after May 27, 2003, the President should submit a report on the implementation of this section to the appropriate congressional committees. Such report should include a description of activities undertaken to carry out subsection (b)(4).

**(d) Authorization of appropriations****(1) In general**

In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 7671 of this title, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program. A significant percentage of the amount appropriated pursuant to the authorization of appropriations under the preceding sentence for a fiscal year should be made available to carry out subsection (b)(4).

**(2) Availability of funds**

Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(Pub. L. 108–25, title III, §314, May 27, 2003, 117 Stat. 742.)

**Executive Documents****DELEGATION OF FUNCTIONS**

For delegation of functions of President under this section, see Ex. Ord. No. 12163, Sept. 29, 1979, 44 F.R. 56673, as amended, set out as a note under section 2381 of this title.

**§ 7655. Pilot program on family survival partnerships****(a) Purpose**

The purpose of this section is to authorize the President to establish a program, through a public-private partnership, for the provision of medical care and support services to HIV positive parents and their children identified through ex-