

Union Calendar No. 78

107TH CONGRESS
1ST SESSION

H. R. 2069

[Report No. 107-137]

To amend the Foreign Assistance Act of 1961 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2001

Mr. HYDE introduced the following bill; which was referred to the Committee on International Relations

JULY 12, 2001

Additional sponsors: Mr. LANTOS, Ms. MILLENDER-MCDONALD, Mr. HOUGHTON, Mr. KING, Mrs. MINK of Hawaii, Mrs. MORELLA, Mrs. MCCARTHY of New York, Mr. GILMAN, Mr. GALLEGLY, Mr. COOKSEY, Mr. TANCREDO, Mr. SMITH of New Jersey, Ms. ROS-LEHTINEN, Mr. KIRK, Mr. CANTOR, Mr. EHRLICH, Ms. LEE, Mrs. NAPOLITANO, Mr. LEACH, Mr. WEXLER, and Mr. BLUMENAUER

JULY 12, 2001

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italics]

[For text of introduced bill, see copy of bill as introduced on June 6, 2001]

A BILL

To amend the Foreign Assistance Act of 1961 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.

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 Access to HIV/*
5 *AIDS Prevention, Awareness, Education, and Treatment*
6 *Act of 2001”.*

7 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

8 *(a) FINDINGS.—Congress makes the following findings:*

9 *(1) According to the Joint United Nations Pro-*
10 *gramme on HIV/AIDS (UNAIDS) more than*
11 *58,000,000 people worldwide have already been in-*
12 *fectured with HIV/AIDS, a fatal disease that is dev-*
13 *astating the health and economies in dozens of coun-*
14 *tries in Africa and increasingly in Asia, the Carib-*
15 *bean region, and Eastern Europe.*

16 *(2) The HIV/AIDS pandemic has erased decades*
17 *of progress in improving the lives of families in the*
18 *developing world and has claimed 22,000,000 lives*
19 *since its inception.*

20 *(3) More than 17,000,000 individuals have died*
21 *from HIV/AIDS in sub-Saharan Africa alone.*

22 *(4) The HIV/AIDS pandemic in sub-Saharan*
23 *Africa has grown beyond an international public*
24 *health issue to become a humanitarian, national secu-*
25 *rity, and developmental crisis.*

1 (5) *The HIV/AIDS pandemic is striking hardest*
2 *among women and girls. According to UNAIDS, by*
3 *the end of 2000, fifty-five percent of the HIV-positive*
4 *population in sub-Saharan Africa and 40 percent of*
5 *such population in North Africa and the Middle East*
6 *were women, infected mainly through heterosexual*
7 *transmission. In Africa, 6 out of 7 children who are*
8 *HIV positive are girls.*

9 (6) *An estimated 1,400,000 children under age*
10 *15 were living with HIV/AIDS at the end of 2000, of*
11 *which 1,100,000 were children living in sub-Saharan*
12 *Africa. An estimated 500,000 children died of AIDS*
13 *during 2000, of which 440,000 were children in sub-*
14 *Saharan Africa. In addition there are an estimated*
15 *13,200,000 children worldwide who have lost one or*
16 *both of their parents to HIV/AIDS, of which*
17 *12,100,000 are children in sub-Saharan Africa.*

18 (7) *Mother-to-child transmission is the largest*
19 *source of HIV infection in children under age 15 and*
20 *the only source for very young children. The total*
21 *number of births to HIV-infected pregnant women*
22 *each year in developing countries is approximately*
23 *700,000.*

24 (8) *Counseling and voluntary testing are critical*
25 *services to help infected women accept their HIV sta-*

1 *tus and the risk it poses to their unborn child. Mothers*
2 *who are aware of their status can make informed*
3 *decisions about treatment, replacement feeding, and*
4 *future child-bearing.*

5 *(9) Although the HIV/AIDS pandemic has im-*
6 *acted the sub-Saharan Africa disproportionately,*
7 *HIV infection rates are rising rapidly in India and*
8 *other South Asian countries, Brazil, Russia, Eastern*
9 *European countries, and Caribbean countries, and*
10 *pose a serious threat to the security and stability in*
11 *those countries.*

12 *(10) By 2010, it is estimated that approximately*
13 *40,000,000 children worldwide will have lost one or*
14 *both of their parents to HIV/AIDS.*

15 *(11) In January 2000, the United States Na-*
16 *tional Intelligence Council estimates that this dra-*
17 *matic increase in AIDS orphans will contribute to*
18 *economic decay, social fragmentation, and political*
19 *destabilization in already volatile and strained soci-*
20 *eties. Children without care or hope are often drawn*
21 *into prostitution, crime, substance abuse or child sol-*
22 *diery. The Council also stated that, in addition to the*
23 *reduction of economic activity caused by HIV/AIDS*
24 *to date, the disease could reduce GDP by as much as*

1 20 percent or more by 2010 in some countries in sub-
2 Saharan Africa.

3 (12) *The HIV/AIDS epidemic is not just a*
4 *health crisis but is directly linked to development*
5 *problems, including chronic poverty, food security*
6 *and personal debt that are reflected in the capacity*
7 *of affected households, often headed by elders or or-*
8 *phaned children, to meet basic needs. Similarly, heav-*
9 *ily-indebted countries are stripped of the resources*
10 *necessary to improve health care delivery systems and*
11 *infrastructure and to prevent, treat, and care for in-*
12 *dividuals affected by HIV/AIDS.*

13 (13) *On March 7, 2001, the United States Sec-*
14 *retary of State testified before Congress that the*
15 *United States has an obligation “ . . . if we believe*
16 *in democracy and freedom, to stop this catastrophe*
17 *from destroying whole economies and families and so-*
18 *cieties and cultures and nations”.*

19 (14) *A continuing priority for responding to the*
20 *HIV/AIDS crisis should be to emphasize and encour-*
21 *age awareness, education, and prevention, including*
22 *prevention activities that promote behavioral change,*
23 *while recognizing that behavioral change alone will*
24 *not conquer this disease. In so doing, priority and*
25 *support should be given to building capacity in the*

1 *local public health sector through technical assistance*
2 *as well as through nongovernmental organizations,*
3 *including faith-based organizations where practicable.*

4 (15) *Effective use should be made of existing*
5 *health care systems to provide treatment for individ-*
6 *uals suffering from HIV/AIDS.*

7 (16) *Many countries in Africa facing health cri-*
8 *ses, including high HIV/AIDS infection rates, already*
9 *have well-developed and high functioning health care*
10 *systems. Additional resources to expand and improve*
11 *capacity to respond to these crises can easily be ab-*
12 *sorbed by the private and public sectors, as well as by*
13 *nongovernmental organizations, community-based or-*
14 *ganizations, and faith-based organizations currently*
15 *engaged in combatting the crises.*

16 (17) *An effective response to the HIV/AIDS pan-*
17 *demic must also involve assistance to stimulate the*
18 *development of sound health care delivery systems and*
19 *infrastructure in countries in sub-Saharan Africa*
20 *and other developing countries, including assistance*
21 *to increase the capacity and technical skills of local*
22 *public health professionals and other personnel in*
23 *such countries, and improved access to treatment and*
24 *care for those already infected with HIV/AIDS.*

1 (18) *Access to effective treatment for HIV/AIDS*
2 *is determined by issues of price, health care delivery*
3 *system and infrastructure, and sustainable financing*
4 *and such access can be inhibited by the stigma and*
5 *discrimination associated with HIV/AIDS.*

6 (19) *The HIV/AIDS crisis must be addressed by*
7 *a robust, multilateral approach. The Secretary Gen-*
8 *eral of the United Nations has called for a global fund*
9 *to halt and reverse the spread of HIV/AIDS and other*
10 *infectious diseases. The Secretary General has also*
11 *called for annual expenditures of \$7,000,000,000 to*
12 *\$10,000,000,000, financed by donor governments and*
13 *private contributors, for all efforts to combat the HIV/*
14 *AIDS pandemic and, equally important, called on*
15 *leaders from developing countries to give a much*
16 *higher priority in their budgets to development of*
17 *comprehensive health systems.*

18 (20) *An effective United States response to the*
19 *HIV/AIDS crisis must also focus on the development*
20 *of HIV/AIDS vaccines to prevent the spread of the*
21 *disease as well as the development of microbicides, ef-*
22 *fective diagnostics, and simpler treatments.*

23 (21) *The innovative capacity of the United*
24 *States in the commercial and public pharmaceutical*
25 *research sectors is among the foremost in the world,*

1 *and the active participation of both these sectors*
2 *should be supported as it is critical to combat the*
3 *global HIV/AIDS pandemic.*

4 *(22) Appropriate treatment of individuals with*
5 *HIV/AIDS can prolong the lives of such individuals,*
6 *preserve their families and prevent children from be-*
7 *coming orphans, and increase productivity of such in-*
8 *dividuals by allowing them to lead active lives and*
9 *reduce the need for costly hospitalization for treat-*
10 *ment of opportunistic infections caused by HIV.*

11 *(23) United States nongovernmental organiza-*
12 *tions, including faith-based organizations, with expe-*
13 *rience in healthcare and HIV/AIDS counseling, have*
14 *proven effective in combatting the HIV/AIDS pan-*
15 *demic and can be a resource in assisting sub-Saharan*
16 *African leaders of traditional, political, business, and*
17 *women and youth organizations in their efforts to*
18 *provide treatment and care for individuals infected*
19 *with HIV/AIDS.*

20 *(24) Most of the HIV infected poor of the devel-*
21 *oping world die of deadly diseases such as tuber-*
22 *culosis and malaria. Accordingly, effective HIV/AIDS*
23 *treatment programs should address the growing threat*
24 *and spread of tuberculosis, malaria, and other infec-*
25 *tious diseases in the developing world.*

1 (25) *Law enforcement and military personnel of*
2 *foreign countries often have a high rate of prevalence*
3 *of HIV/AIDS, and therefore, in order to be effective,*
4 *HIV/AIDS awareness, prevention, and education pro-*
5 *grams must include education and related services to*
6 *such law enforcement and military personnel.*

7 (26) *Microenterprise development and other in-*
8 *come generation programs assist communities af-*
9 *fllicted by the HIV/AIDS pandemic and increase the*
10 *productive capacity of communities and afflicted*
11 *households. Microenterprise programs are also an ef-*
12 *fective means to support the productive activities of*
13 *healthy family members caring for the sick and or-*
14 *phaned. Such programs should give priority to*
15 *women infected with the AIDS virus or in HIV/AIDS*
16 *affected families, particularly women in high-risk cat-*
17 *egories.*

18 (27) *The exploding global HIV/AIDS pandemic*
19 *has created new challenges for United States bilateral*
20 *assistance programs and will require a substantial*
21 *increase in the capacity of the United States Agency*
22 *for International Development and other agencies of*
23 *the United States to manage and monitor bilateral*
24 *HIV/AIDS programs and resources. To meet this*
25 *challenge, the Agency will need to recruit and retain*

1 *appropriate technical expertise in the United States*
2 *as well as in foreign countries to help develop and*
3 *implement HIV/AIDS strategies in concert with mul-*
4 *tilateral agencies, host country governments, and non-*
5 *governmental organizations.*

6 **(b) SENSE OF CONGRESS.**—*It is the sense of Congress*
7 *that—*

8 *(1)(A) combatting the HIV/AIDS pandemic in*
9 *countries in sub-Saharan Africa and other developing*
10 *countries should be a global effort and include the fi-*
11 *nancial support of all developed countries and the co-*
12 *operation of governments and the private sector, in-*
13 *cluding faith-based organizations; and*

14 *(B) the United States should provide additional*
15 *funds for multilateral programs and efforts to combat*
16 *HIV/AIDS and also seek to leverage public and pri-*
17 *vate resources to combat HIV/AIDS on a global basis*
18 *through the Global Development Alliance Initiative of*
19 *the United States Agency for International Develop-*
20 *ment and other public and private partnerships with*
21 *an emphasis on HIV/AIDS awareness, education, pre-*
22 *vention, and treatment programs;*

23 *(2)(A) in addition to HIV/AIDS awareness, edu-*
24 *cation, and prevention programs, the United States*
25 *Government should make its best efforts to support*

1 *programs that safely make available to public and*
2 *private entities in countries in sub-Saharan Africa*
3 *and other developing countries pharmaceuticals and*
4 *diagnostics for HIV/AIDS therapy in order—*

5 *(i) to effectively and safely assist such coun-*
6 *tries in the delivery of HIV/AIDS therapy phar-*
7 *maceuticals through the establishment of ade-*
8 *quate health care delivery systems and treatment*
9 *monitoring programs; and*

10 *(ii) to provide treatment for poor individ-*
11 *uals with HIV/AIDS in such countries; and*

12 *(B) in carrying out such programs, priority con-*
13 *sideration for participation should be given to coun-*
14 *tries in sub-Saharan Africa;*

15 *(3)(A) combatting the HIV/AIDS pandemic re-*
16 *quires that United States Government programs place*
17 *a priority on the vulnerable populations at greatest*
18 *risk for contracting HIV;*

19 *(B) these populations should be determined*
20 *through qualitative and quantitative assessments at*
21 *the local level by local government, nongovernmental*
22 *organizations, people living with HIV/AIDS, and*
23 *other relevant sectors of civil society; and*

24 *(C) such assessments should be included in na-*
25 *tional HIV/AIDS strategies;*

1 (4) *the United States should promote efforts to*
2 *expand and develop programs that support the grow-*
3 *ing number of children orphaned by the HIV/AIDS*
4 *pandemic;*

5 (5) *in countries where the United States Govern-*
6 *ment is conducting HIV/AIDS awareness, prevention,*
7 *and education programs, such programs should in-*
8 *clude education and related services to law enforce-*
9 *ment and military personnel of foreign countries to*
10 *prevent and control HIV/AIDS, malaria, and tuber-*
11 *culosis;*

12 (6) *prevention and treatment for HIV/AIDS*
13 *should be a component of a comprehensive inter-*
14 *national effort to combat deadly infectious diseases,*
15 *including malaria and tuberculosis, and opportun-*
16 *istic infections, that kill millions annually in the de-*
17 *veloping world;*

18 (7) *programs developed by the United States*
19 *Agency for International Development to address the*
20 *HIV/AIDS pandemic should preserve personal privacy*
21 *and confidentiality, should not include compulsory*
22 *HIV/AIDS testing, and should not be discriminatory;*

23 (8)(A) *the United States Agency for Inter-*
24 *national Development should carry out HIV/AIDS*
25 *awareness, prevention, and treatment programs in*

1 *conjunction with effective international tuberculosis*
2 *and malaria treatment programs and with programs*
3 *that address the relationship between HIV/AIDS and*
4 *a number of opportunistic diseases that include bac-*
5 *terial diseases, fungal diseases, viral diseases and*
6 *HIV-associated malignancies, such as Kaposi sar-*
7 *coma, lymphoma, and squamous cell carcinoma; and*

8 *(B) effective intervention against opportunistic*
9 *diseases requires not only the appropriate drug or*
10 *other medication for a given medical condition, but*
11 *also the infrastructure necessary to diagnose the con-*
12 *dition, monitor the intervention, and provide coun-*
13 *seling services; and*

14 *(9) the United States Agency for International*
15 *Development should expand and replicate successful*
16 *microenterprise programs in Uganda, Zambia,*
17 *Zimbabwe, and other African countries that provide*
18 *poor families affected by HIV/AIDS with the means*
19 *to care for themselves, their children, and orphans;*

20 *(10) the United States Agency for International*
21 *Development should substantially increase and im-*
22 *prove its capacity to manage and monitor HIV/AIDS*
23 *programs and resources;*

24 *(11) the United States Agency for International*
25 *Development must recruit and retain appropriate*

1 *technical expertise in the United States as well as in*
2 *foreign countries to help develop and implement HIV/*
3 *AIDS strategies in conjunction with multilateral*
4 *agencies, host country governments, and nongovern-*
5 *mental organizations;*

6 *(12) the United States Agency for International*
7 *Development must strengthen coordination and col-*
8 *laboration between the technical experts in its central*
9 *and regional bureaus and foreign country missions in*
10 *formulating country strategies and implementing*
11 *HIV/AIDS programs;*

12 *(13) strong coordination among the various*
13 *agencies of the United States, including the Depart-*
14 *ment of State, the United States Agency for Inter-*
15 *national Development, the Department of Health and*
16 *Human Services, including the Centers for Disease*
17 *Control and the National Institutes of Health, the De-*
18 *partment of the Treasury, the Department of Defense,*
19 *and other relevant Federal agencies must exist to en-*
20 *sure effective and efficient use of financial and tech-*
21 *nical resources within the United States Government;*
22 *and*

23 *(14) to help alleviate human suffering, and en-*
24 *hance the dignity and quality of life for patients de-*
25 *bilitated by HIV/AIDS, the United States should pro-*

1 *mote, both unilaterally and through multilateral ini-*
2 *tiatives, the use of palliative and hospice care, and*
3 *provide financial and technical assistance to pallia-*
4 *tive and hospice care programs, including programs*
5 *under which such care is provided by faith-based or-*
6 *ganizations.*

7 **SEC. 3. ASSISTANCE TO COMBAT HIV/AIDS.**

8 *(a) ASSISTANCE.—Section 104(c) of the Foreign As-*
9 *sistance Act of 1961 (22 U.S.C. 2151b(c)) is amended—*

10 *(1) by striking paragraphs (4) through (6); and*

11 *(2) by inserting after paragraph (3) the fol-*
12 *lowing:*

13 *“(4)(A) Congress recognizes that the alarming spread*
14 *of HIV/AIDS in countries in sub-Saharan Africa and other*
15 *developing countries is a major global health, national secu-*
16 *rity, and humanitarian crisis. Accordingly, the United*
17 *States and other developed countries should provide assist-*
18 *ance to countries in sub-Saharan Africa and other devel-*
19 *oping countries to control this crisis through HIV/AIDS*
20 *prevention, treatment, monitoring, and related activities,*
21 *particularly activities focused on women and youth, includ-*
22 *ing mother-to-child transmission prevention strategies.*

23 *“(B)(i) The Administrator of the United States Agency*
24 *for International Development is authorized to provide as-*
25 *sistance to prevent, treat, and monitor HIV/AIDS, and*

1 *carry out related activities, in countries in sub-Saharan Af-*
2 *rica and other developing countries.*

3 “(ii) *It is the sense of Congress that the Administrator*
4 *should provide an appropriate level of assistance under*
5 *clause (i) through nongovernmental organizations in coun-*
6 *tries in sub-Saharan Africa and other developing countries*
7 *affected by the HIV/AIDS pandemic.*

8 “(iii) *The Administrator shall coordinate the provision*
9 *of assistance under clause (i) with the provision of related*
10 *assistance by the Joint United Nations Programme on HIV/*
11 *AIDS (UNAIDS), the United Nations Children’s Fund*
12 *(UNICEF), the World Health Organization (WHO), the*
13 *United Nations Development Programme (UNDP), other*
14 *appropriate international organizations, national, state,*
15 *and local governments of foreign countries, and other ap-*
16 *propriate governmental and nongovernmental organiza-*
17 *tions.*

18 “(C) *Assistance provided under subparagraph (B)*
19 *shall, to the maximum extent practicable, be used to carry*
20 *out the following activities:*

21 “(i) *Prevention of HIV/AIDS through activities*
22 *including—*

23 “(I) *education, voluntary testing, and coun-*
24 *seling (including the incorporation of confiden-*
25 *tiality protections with respect to such testing*

1 *and counseling), including integration of such*
2 *programs into women’s and children’s health*
3 *programs; and*

4 “(II) assistance through nongovernmental
5 *organizations, including faith-based organiza-*
6 *tions, particularly those organizations that uti-*
7 *lize both professionals and volunteers with ap-*
8 *propriate skills and experience, to establish and*
9 *implement culturally appropriate HIV/AIDS*
10 *education and prevention programs.*

11 “(ii) *The treatment and care of individuals with*
12 *HIV/AIDS, including—*

13 “(I) assistance to establish and implement
14 *programs to strengthen and broaden indigenous*
15 *health care delivery systems and the capacity of*
16 *such systems to deliver HIV/AIDS pharma-*
17 *ceuticals and otherwise provide for the treatment*
18 *of individuals with HIV/AIDS, including clin-*
19 *ical training for indigenous organizations and*
20 *health care providers;*

21 “(II) assistance aimed at the prevention of
22 *transmission of HIV/AIDS from mother to child,*
23 *including medications to prevent such trans-*
24 *mission; and*

1 “(III) assistance to strengthen and expand
2 hospice and palliative care programs to assist
3 patients debilitated by HIV/AIDS, their families,
4 and the primary caregivers of such patients, in-
5 cluding programs that utilize faith-based organi-
6 zations.

7 “(iii) The monitoring of programs, projects, and
8 activities carried out pursuant to clauses (i) and (ii),
9 including—

10 “(I) monitoring to ensure that adequate
11 controls are established and implemented to pro-
12 vide HIV/AIDS pharmaceuticals and other ap-
13 propriate medicines to poor individuals with
14 HIV/AIDS; and

15 “(II) appropriate evaluation and surveil-
16 lance activities.

17 “(iv) The conduct of related activities,
18 including—

19 “(I) the care and support of children who
20 are orphaned by the HIV/AIDS pandemic, in-
21 cluding services designed to care for orphaned
22 children in a family environment which rely on
23 extended family members;

24 “(II) improved infrastructure and institu-
25 tional capacity to develop and manage edu-

1 *cation, prevention, and treatment programs, in-*
2 *cluding the resources to collect and maintain ac-*
3 *curate HIV surveillance data to target programs*
4 *and measure the effectiveness of interventions;*

5 *“(III) vaccine research and development*
6 *partnership programs with specific plans of ac-*
7 *tion to develop a safe, effective, accessible, pre-*
8 *ventive HIV vaccine for use throughout the*
9 *world; and*

10 *“(IV) the development and expansion of fi-*
11 *nancially-sustainable microfinance institutions*
12 *and other income generation programs that*
13 *strengthen the economic and social viability of*
14 *communities afflicted by the HIV/AIDS pan-*
15 *demic, including support for the savings and*
16 *productive capacity of affected poor households*
17 *caring for orphans.*

18 *“(D)(i) Not later than January 31 of each calendar*
19 *year, the Administrator shall submit to Congress an annual*
20 *report on the implementation of this paragraph for the*
21 *prior fiscal year.*

22 *“(ii) Such report shall include—*

23 *“(I) a description of efforts made to implement*
24 *the policies set forth in this paragraph;*

1 “(II) a description of the programs established
2 pursuant to this paragraph and section 4 of the Glob-
3 al Access to HIV/AIDS Prevention, Awareness, Edu-
4 cation, and Treatment Act of 2001; and

5 “(III) a detailed assessment of the impact of pro-
6 grams established pursuant to this paragraph, includ-
7 ing the effectiveness of such programs in reducing the
8 spread of HIV infection, particularly in women and
9 girls, in reducing HIV transmission from mother to
10 child, in reducing mortality rates from HIV/AIDS,
11 and the progress toward improving health care deliv-
12 ery systems and infrastructure to ensure increased ac-
13 cess to care and treatment.

14 “(iii) The Administrator shall consult with the Global
15 Health Advisory Board established under section 6 of the
16 Global Access to HIV/AIDS Prevention, Awareness, Edu-
17 cation, and Treatment Act of 2001 in the preparation of
18 the report under clause (i) and on other global health activi-
19 ties carried out by the United States Agency for Inter-
20 national Development.

21 “(E)(i) There is authorized to be appropriated to the
22 President to carry out this paragraph \$560,000,000 for fis-
23 cal year 2002.

24 “(ii) Not more than six percent of the amount appro-
25 priated pursuant to the authorization of appropriations

1 *under clause (i) for fiscal year 2002, and not more than*
2 *four percent of the amount made available to carry out this*
3 *paragraph for any subsequent fiscal year, may be used for*
4 *the administrative expenses of the Agency in carrying out*
5 *this paragraph.*

6 “(iii) *Amounts appropriated pursuant to the author-*
7 *ization of appropriations under clause (i) are in addition*
8 *to amounts otherwise available for such purposes and are*
9 *authorized to remain available until expended.*

10 “(F) *In this paragraph:*

11 “(i) *The term ‘HIV’ means infection with the*
12 *human immunodeficiency virus.*

13 “(ii) *The term ‘AIDS’ means acquired immune*
14 *deficiency syndrome.”.*

15 (b) *AVAILABILITY OF ASSISTANCE UNDER SECTION*
16 *104(c).—Section 104(c) of the Foreign Assistance Act of*
17 *1961 (22 U.S.C. 2151b(c)) is amended—*

18 (1) *by redesignating paragraph (7) as para-*
19 *graph (5); and*

20 (2) *by adding at the end the following:*

21 “(6) *Assistance made available under any paragraph*
22 *of this subsection, and assistance made available under*
23 *chapter 4 of part II of this Act to carry out the purposes*
24 *of any paragraph of this subsection, may be made available*
25 *notwithstanding any other provision of law.”.*

1 **SEC. 4. ASSISTANCE FOR PROCUREMENT AND DISTRIBUTION OF HIV/AIDS PHARMACEUTICALS AND**
2 **RELATED MEDICINES.**
3

4 (a) *ASSISTANCE.*—*The Administrator of the United*
5 *States Agency for International Development shall provide*
6 *assistance to countries in sub-Saharan Africa and other de-*
7 *veloping countries for—*

8 (1) *the procurement of HIV/AIDS pharma-*
9 *ceuticals, anti-viral therapies, and other appropriate*
10 *medicines; and*

11 (2) *the distribution of such HIV/AIDS pharma-*
12 *ceuticals, anti-viral therapies, and other appropriate*
13 *medicines to qualified national, regional, or local or-*
14 *ganizations for the treatment of individuals with*
15 *HIV/AIDS in accordance with appropriate HIV/*
16 *AIDS testing and monitoring requirements and for*
17 *the prevention of transmission of HIV/AIDS from*
18 *mother to child.*

19 (b) *ADDITIONAL AUTHORITY.*—*The authority con-*
20 *tained in section 104(c)(6) of the Foreign Assistance Act*
21 *of 1961, as amended by section 3(b) of this Act, shall apply*
22 *to assistance made available under subsection (a).*

23 (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
24 *authorized to be appropriated to the President to carry out*
25 *this section \$50,000,000 for fiscal year 2002.*

1 **SEC. 5. INTERAGENCY TASK FORCE ON HIV/AIDS.**

2 (a) *ESTABLISHMENT.*—*The President shall establish*
3 *an interagency task force (hereafter referred to as the “task*
4 *force”)* to ensure coordination of all Federal programs re-
5 *lated to the prevention, treatment, and monitoring of HIV/*
6 *AIDS in foreign countries.*

7 (b) *DUTIES.*—*The duties of the task force shall*
8 *include—*

9 (1) *reviewing all Federal programs related to the*
10 *prevention, treatment, and monitoring of HIV/AIDS*
11 *in foreign countries to ensure proper coordination*
12 *and compatibility of activities and policies of such*
13 *programs;*

14 (2) *exchanging information regarding design*
15 *and impact of such programs to ensure that the*
16 *United States Government can catalogue the best pos-*
17 *sible practices for HIV/AIDS prevention, treatment,*
18 *and monitoring and improve the effectiveness of such*
19 *programs in the countries in which they operate; and*

20 (3) *fostering discussions with United States and*
21 *foreign nongovernmental organizations to determine*
22 *how United States Government programs can be im-*
23 *proved, including by engaging in a dialogue with the*
24 *Global Health Advisory Board established under sec-*
25 *tion 6 of this Act.*

26 (c) *MEMBERSHIP.*—

1 (1) *COMPOSITION.*—*The task force shall be com-*
2 *posed of the Secretary of State, the Administrator of*
3 *the United States Agency for International Develop-*
4 *ment, the Secretary of Health and Human Services,*
5 *the Director of the National Institutes of Health, the*
6 *Director of the Centers for Disease Control, the Sec-*
7 *retary of Defense, and the head of any other agency*
8 *that the President determines is appropriate.*

9 (2) *CHAIRPERSON.*—*The Secretary of State shall*
10 *serve as chairperson of the task force.*

11 (d) *PUBLIC MEETINGS.*—*At least once each calendar*
12 *year, the task force shall hold a public meeting in order*
13 *to afford an opportunity for any person to present views*
14 *regarding the activities of the United States Government*
15 *with respect to the prevention, treatment, and monitoring*
16 *of HIV/AIDS in foreign countries. The Secretary of State*
17 *shall maintain a record of each meeting and shall make*
18 *the record available to the public.*

19 (e) *AVAILABILITY OF FUNDS.*—*Amounts made avail-*
20 *able for a fiscal year pursuant to section 104(c)(4)(E)(ii)*
21 *of the Foreign Assistance Act of 1961, as amended by sec-*
22 *tion 3(a) of this Act, are authorized to be made available*
23 *to carry out this section for such fiscal year.*

1 **SEC. 6. GLOBAL HEALTH ADVISORY BOARD.**

2 (a) *ESTABLISHMENT.*—*There is established a perma-*
3 *nent Global Health Advisory Board (hereafter referred to*
4 *as the “Board”) to assist the President and other Federal*
5 *officials, including the Secretary of State and the Adminis-*
6 *trator of the United States Agency for International Devel-*
7 *opment, in the administration and implementation of*
8 *United States international health programs, particularly*
9 *programs relating to the prevention, treatment, and moni-*
10 *toring of HIV/AIDS.*

11 (b) *DUTIES.*—

12 (1) *IN GENERAL.*—*The Board shall serve as a li-*
13 *aison between the United States Government and pri-*
14 *vate and voluntary organizations, other nongovern-*
15 *mental organizations, and academic institutions in*
16 *the United States that are active in international*
17 *health issues, particularly prevention, treatment, and*
18 *care with respect to HIV/AIDS and other infectious*
19 *diseases.*

20 (2) *SPECIFIC ACTIVITIES.*—*In carrying out*
21 *paragraph (1), the Board—*

22 (A) *shall provide advice to the United*
23 *States Agency for International Development*
24 *and other Federal agencies on health and man-*
25 *agement issues relating to foreign assistance in*

1 *which both the United States Government and*
2 *private and voluntary organizations participate;*

3 *(B) shall provide advice on the formulation*
4 *of basic policy, procedures, and criteria for the*
5 *review, selection, and monitoring of project pro-*
6 *posals for United States Government inter-*
7 *national health programs and for the establish-*
8 *ment of transparency in the provision and im-*
9 *plementation of grants made under such pro-*
10 *grams;*

11 *(C) shall provide advice on the establish-*
12 *ment of evaluation and monitoring programs to*
13 *measure the effectiveness of United States Gov-*
14 *ernment international health programs, includ-*
15 *ing standards and criteria to assess the extent to*
16 *which programs have met their goals and objec-*
17 *tives and the development of indicators to track*
18 *progress of specific initiatives;*

19 *(D) shall review and evaluate the overall*
20 *health strategy for United States bilateral assist-*
21 *ance for each country receiving significant*
22 *United States bilateral assistance in the health*
23 *sector;*

24 *(E) shall recommend which developing*
25 *countries could benefit most from programs car-*

1 *ried out under United States Government inter-*
2 *national health programs; and*

3 *(F) shall assess the impact and effectiveness*
4 *of programs carried out under section 104(c)(4)*
5 *of the Foreign Assistance Act of 1961, as amend-*
6 *ed by section 3(a) of this Act, in meeting the ob-*
7 *jectives set out in the HIV/AIDS country strat-*
8 *egy established by the United States Agency for*
9 *International Development.*

10 *(c) MEMBERSHIP.—*

11 *(1) COMPOSITION.—The Board shall be composed*
12 *of 12 members—*

13 *(A)(i) all of whom shall have a substantial*
14 *expertise and background in international health*
15 *research, policy, or management, particularly in*
16 *the area of prevention, treatment, and care with*
17 *respect to HIV/AIDS and other infectious dis-*
18 *eases; and*

19 *(ii) of whom at least one member shall be*
20 *an expert on women’s and children’s health*
21 *issues; and*

22 *(B) of whom—*

23 *(i) three members shall be individuals*
24 *from academic institutions;*

1 (ii) five members shall be individuals
2 from nongovernmental organizations active
3 in international health programs, particu-
4 larly HIV/AIDS prevention, treatment and
5 monitoring programs in foreign countries,
6 of which not more than two members may
7 be from faith-based organizations;

8 (iii) two members shall be individuals
9 from health policy and advocacy institutes;
10 and

11 (iv) two members shall be individuals
12 from private foundations that make sub-
13 stantial contributions to global health pro-
14 grams.

15 (2) *APPOINTMENT.*—The individuals referred to
16 in paragraph (1) shall be appointed by the President,
17 after consultation with the chairman and ranking
18 member of the Committee on International Relations
19 of the House of Representatives and the Committee on
20 Foreign Relations of the Senate.

21 (3) *TERMS.*—

22 (A) *IN GENERAL.*—Except as provided in
23 subparagraph (B), each member shall be ap-
24 pointed for a term of two years and no member

1 *or organization shall serve on the Advisory*
2 *Board for more than two consecutive terms.*

3 *(B) TERMS OF INITIAL APPOINTEES.—As*
4 *designated by the President at the time of ap-*
5 *pointment, of the members first appointed—*

6 *(i) six members shall be appointed for*
7 *a term of three years; and*

8 *(ii) six members, to the extent prac-*
9 *ticable equally divided among the categories*
10 *described in clauses (i) through (iv) of para-*
11 *graph (1)(B), shall be appointed for a term*
12 *of two years.*

13 *(4) CHAIRPERSON.—At the first meeting of the*
14 *Board in each calendar year, a majority of the mem-*
15 *bers of the Commission present and voting shall elect,*
16 *from among the members of the Board, an individual*
17 *to serve as chairperson of the Board.*

18 *(d) TRAVEL EXPENSES.—Each member of the Board*
19 *shall receive travel expenses, including per diem in lieu of*
20 *subsistence, in accordance with applicable provisions under*
21 *subchapter I of chapter 57 of title 5, United States Code.*

22 *(e) AVAILABILITY OF FUNDS.—Amounts made avail-*
23 *able for a fiscal year pursuant to section 104(c)(4)(E)(ii)*
24 *of the Foreign Assistance Act of 1961, as amended by sec-*

1 *tion 3(a) of this Act, are authorized to be made available*
2 *to carry out this section for such fiscal year.*

3 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS FOR MULTI-**
4 **LATERAL EFFORTS TO PREVENT, TREAT, AND**
5 **MONITOR HIV/AIDS.**

6 *(a) AUTHORIZATION.—There is authorized to be ap-*
7 *propriated to the President \$750,000,000 for fiscal year*
8 *2002 for United States contributions to a global health fund*
9 *or other multilateral efforts to prevent, treat, and monitor*
10 *HIV/AIDS in countries in sub-Saharan Africa and other*
11 *developing countries, including efforts to provide hospice*
12 *and palliative care for individuals with HIV/AIDS.*

13 *(b) CHARACTERISTICS OF GLOBAL HEALTH FUND.—*
14 *It is the sense of Congress that United States contributions*
15 *should be provided to a global health fund under subsection*
16 *(a) only if the fund—*

17 *(1) is a public-private partnership that includes*
18 *participation of, and seeks contributions from, gov-*
19 *ernments, foundations, corporations, nongovernmental*
20 *organizations, organizations that are part of the*
21 *United Nations system, and other entities or individ-*
22 *uals;*

23 *(2)(A) includes donors, recipient countries, civil*
24 *society, and other relevant parties in the governance*
25 *of the fund; and*

1 *(B) contains safeguards against conflicts of in-*
2 *terest in the governance of the fund by the individuals*
3 *and entities described in subparagraph (A);*

4 *(3) supports targeted initiatives to address HIV/*
5 *AIDS, tuberculosis, and malaria through an inte-*
6 *grated approach that includes prevention interven-*
7 *tions, care and treatment programs, and infrastruc-*
8 *ture capacity-building;*

9 *(4) permits strategic targeting of resources to ad-*
10 *dress needs not currently met by existing bilateral*
11 *and multilateral efforts and includes separate sub-ac-*
12 *counts for different activities allowing donors to des-*
13 *ignate funds for specific categories of programs and*
14 *activities;*

15 *(5) reserves a minimum of 5 percent of its grant*
16 *funds to support scientific or medical research in con-*
17 *nection with the projects it funds in developing coun-*
18 *tries;*

19 *(6) provides public disclosure with respect to—*

20 *(A) the membership and official proceedings*
21 *of the mechanism established to manage and dis-*
22 *burse amounts contributed to the fund; and*

23 *(B) grants and projects supported by the*
24 *fund;*

1 (7) *authorizes and enforces requirements for the*
2 *periodic financial and performance auditing of*
3 *projects and makes future funding conditional upon*
4 *the results of such audits; and*

5 (8) *provides public disclosure of the findings of*
6 *all financial and performance audits of the fund.*

7 **SEC. 8. DEFINITION.**

8 *In this Act:*

9 (1) *HIV.*—*The term “HIV” means infection*
10 *with the human immunodeficiency virus.*

11 (2) *AIDS.*—*The term “AIDS” means acquired*
12 *immune deficiency syndrome.*

Union Calendar No. 78

107TH CONGRESS
1ST SESSION

H. R. 2069

[Report No. 107-137]

A BILL

To amend the Foreign Assistance Act of 1961 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.

JULY 12, 2001

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed