

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5761

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis,  
and malaria, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 19, 2002

Mr. HYDE (for himself and Mr. LANTOS) introduced the following bill; which  
was referred to the Committee on International Relations

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## A BILL

To provide assistance to foreign countries to combat HIV/  
AIDS, tuberculosis, and malaria, and for other purposes.

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; TABLE OF CONTENTS.**

4        (a) **SHORT TITLE.**—This Act may be cited as the  
5        “United States Leadership Against HIV/AIDS, Tuber-  
6        culosis, and Malaria Act of 2002”.

7        (b) **TABLE OF CONTENTS.**—The table of contents for  
8        this Act is as follows:

Sec. 2. Findings.

Sec. 3. Definitions.

Sec. 4. Purpose.

Sec. 5. Authority to consolidate and combine reports.

## TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of a comprehensive, five-year, global strategy.  
 Sec. 102. Comprehensive plan to empower women to prevent the spread of HIV/AIDS.  
 Sec. 103. HIV/AIDS Response Coordinator.  
 Sec. 104. Report on reversing the exodus of critical talent.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS,  
AND PUBLIC-PRIVATE PARTNERSHIPS

- Sec. 201. Sense of Congress on public-private partnerships.  
 Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis, and Malaria.  
 Sec. 203. Voluntary contributions to international vaccine funds.

## TITLE III—BILATERAL EFFORTS

## Subtitle A—General Assistance and Programs

- Sec. 301. Assistance to combat HIV/AIDS.  
 Sec. 302. Assistance to combat tuberculosis.  
 Sec. 303. Assistance to combat malaria.  
 Sec. 304. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.  
 Sec. 305. Report on treatment activities by relevant Executive branch agencies.

## Subtitle B—Assistance for Children and Families

- Sec. 311. Findings.  
 Sec. 312. Policy and requirements.  
 Sec. 313. Annual reports on prevention of mother-to-child transmission of the HIV infection.  
 Sec. 314. Pilot program of assistance for children and families affected by HIV/AIDS.

## TITLE IV—BUSINESS PRINCIPLES

- Sec. 401. Principles for United States firms operating in countries affected by the HIV/AIDS pandemic.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

- 3 (1) During the last 20 years, HIV/AIDS has  
 4 assumed pandemic proportions, spreading from the  
 5 most severely affected region, sub-Saharan Africa, to  
 6 all corners of the world, and leaving an unprece-  
 7 dented path of death and devastation.

1           (2) According to the Joint United Nations Pro-  
2           gramme on HIV/AIDS (UNAIDS), more than  
3           60,000,000 people worldwide have been infected with  
4           HIV since the epidemic began; more than  
5           22,000,000 of these have lost their lives to the dis-  
6           ease; and more than 13,000,000 children have been  
7           orphaned by the disease. HIV/AIDS is the fourth-  
8           highest cause of death in the world.

9           (3) At the end of 2001, an estimated  
10          40,000,000 people were infected with HIV or living  
11          with AIDS. Of these, more than 2,700,000 were  
12          children under the age of fifteen and more than  
13          17,600,000 were women. Women are four times  
14          more vulnerable to infection than are men and are  
15          becoming infected at increasingly high rates because  
16          in many societies women lack control over sexual en-  
17          counters and cannot insist on the use of protective  
18          measures. Women and children who are refugees or  
19          are internally displaced persons are especially vul-  
20          nerable to sexual violence, thereby increasing the  
21          possibility of HIV infection.

22          (4) As the leading cause of death in sub-Saha-  
23          ran Africa, AIDS has killed more than 17,000,000  
24          people (more than 3 times the number of AIDS  
25          deaths in the rest of the world) and will claim the

1 lives of one-quarter of the population, mostly adults,  
2 in the next decade.

3 (5) An estimated 1,800,000 people in Latin  
4 America and the Caribbean and another 7,100,000  
5 people in Asia and the Pacific region are infected  
6 with HIV or living with AIDS. Infection rates are  
7 rising alarmingly in Eastern Europe (especially in  
8 the Russian Federation), Central Asia, and China.

9 (6) HIV/AIDS threatens personal security by  
10 affecting the health, lifespan, and productive capac-  
11 ity of the individual and the social cohesion and eco-  
12 nomic well-being of the family.

13 (7) HIV/AIDS undermines the economic secu-  
14 rity of a country and individual businesses in that  
15 country by weakening the productivity and longevity  
16 of the labor force across a broad array of economic  
17 sectors and by reducing the potential for economic  
18 growth over the long term.

19 (8) HIV/AIDS destabilizes communities by  
20 striking at the most mobile and educated members  
21 of society, many of whom are responsible for secu-  
22 rity at the local level and governance at the national  
23 and subnational levels as well as many teachers,  
24 health care personnel, and other community workers  
25 vital to community development and the effort to

1 combat HIV/AIDS. In some countries the over-  
2 whelming challenges of the HIV/AIDS epidemic are  
3 accelerating the outward migration of critically im-  
4 portant health care professionals.

5 (9) HIV/AIDS weakens the defenses of coun-  
6 tries severely affected by the HIV/AIDS crisis  
7 through high infection rates among members of their  
8 military forces. According to UNAIDS, in sub-Saha-  
9 ran Africa, many military forces have infection rates  
10 as much as five times that of the civilian population.

11 (10) HIV/AIDS poses a serious security issue  
12 for the international community by—

13 (A) increasing the potential for political in-  
14 stability and economic devastation, particularly  
15 in those countries and regions most severely af-  
16 fected by the disease; and

17 (B) decreasing the capacity to resolve con-  
18 flicts through the introduction of peacekeeping  
19 forces because the environments into which  
20 these forces are introduced pose a high risk for  
21 the spread of HIV/AIDS.

22 (11) The devastation wrought by the HIV/  
23 AIDS pandemic is compounded by the prevalence of  
24 tuberculosis and malaria, particularly in developing  
25 countries where the poorest and most vulnerable

1 members of society, including women, children, and  
2 those living with HIV/AIDS, become infected.  
3 According to the World Health Organization  
4 (WHO), HIV/AIDS, tuberculosis, and malaria ac-  
5 counted for more than 5,700,000 deaths in 2001  
6 and caused debilitating illnesses in millions more.

7 (12) Tuberculosis is the cause of death for one  
8 out of every three people with AIDS worldwide and  
9 is a highly communicable disease. HIV infection is  
10 the leading threat to tuberculosis control. Because  
11 HIV infection so severely weakens the immune sys-  
12 tem, individuals with HIV and latent tuberculosis in-  
13 fection have a 100 times greater risk of developing  
14 active tuberculosis diseases thereby increasing the  
15 risk of spreading tuberculosis to others. Tuber-  
16 culosis, in turn, accelerates the onset of AIDS in in-  
17 dividuals infected with HIV.

18 (13) Malaria, the most deadly of all tropical  
19 parasitic diseases, has been undergoing a dramatic  
20 resurgence in recent years due to increasing resist-  
21 ance of the malaria parasite to inexpensive and ef-  
22 fective drugs. At the same time, increasing resist-  
23 ance of mosquitoes to standard insecticides makes  
24 control of transmission difficult to achieve. The  
25 World Health Organization estimates that between

1 300,000,000 and 500,000,000 new cases of malaria  
2 occur each year, and annual deaths from the disease  
3 number between 2,000,000 and 3,000,000. Persons  
4 infected with HIV are particularly vulnerable to the  
5 malaria parasite. The spread of HIV infection con-  
6 tributes to the difficulties of controlling resurgence  
7 of the drug resistant malaria parasite.

8 (14) Although HIV/AIDS is first and foremost  
9 a health problem, successful strategies to stem the  
10 spread of the pandemic will require not only medical  
11 interventions, the strengthening of health care deliv-  
12 ery systems and infrastructure and determined na-  
13 tional leadership and increased budgetary allocations  
14 for the health sector in countries affected by the epi-  
15 demic but also measures to address the social and  
16 behavioral causes of the problem and its impact on  
17 families, communities, and societal sectors.

18 (15) Basic interventions to prevent new HIV in-  
19 fections and to bring care and treatment to people  
20 living with AIDS, such as voluntary counseling and  
21 testing and mother-to-child transmission programs,  
22 are achieving meaningful results and are cost-effec-  
23 tive. The challenge is to expand these interventions  
24 from a pilot program basis to a national basis in a  
25 coherent and sustainable manner.

1           (16) Appropriate treatment of individuals with  
2           HIV/AIDS can prolong the lives of such individuals,  
3           preserve their families, prevent children from becom-  
4           ing orphans, and increase productivity of such indi-  
5           viduals by allowing them to lead active lives and re-  
6           duce the need for costly hospitalization for treatment  
7           of opportunistic infections caused by HIV.

8           (17) United States nongovernmental organiza-  
9           tions, including faith-based organizations, with expe-  
10          rience in health care and HIV/AIDS counseling,  
11          have proven effective in combating the HIV/AIDS  
12          pandemic and can be a resource in assisting indige-  
13          nous organizations in severely affected countries in  
14          their efforts to provide treatment and care for indi-  
15          viduals infected with HIV/AIDS.

16          (18) The magnitude and scope of the HIV/  
17          AIDS crisis demands a comprehensive, long-term,  
18          international response focused upon addressing the  
19          causes, reducing the spread, and ameliorating the  
20          consequences of the HIV/AIDS pandemic, includ-  
21          ing—

22                 (A) prevention and education, care and  
23                 treatment, basic and applied research, and  
24                 training of health care workers, particularly at  
25                 the community and provincial levels, and other

1 community workers and leaders needed to cope  
2 with the range of consequences of the HIV/  
3 AIDS crisis;

4 (B) development of health care infrastruc-  
5 ture and delivery systems through cooperative  
6 and coordinated public efforts and public and  
7 private partnerships;

8 (C) development and implementation of  
9 national and community-based multisector  
10 strategies that address the impact of HIV/  
11 AIDS on the individual, family, community, and  
12 nation and increase the participation of at-risk  
13 populations in programs designed to encourage  
14 behavioral and social change and reduce the  
15 stigma associated with HIV/AIDS; and

16 (D) coordination of efforts between inter-  
17 national organizations such as the Global Fund  
18 to Fight AIDS, Tuberculosis and Malaria, the  
19 Joint United Nations Programme on HIV/  
20 AIDS (UNAIDS), the World Health Organiza-  
21 tion (WHO), national governments, and private  
22 sector organizations.

23 (19) The United States has the capacity to lead  
24 and enhance the effectiveness of the international  
25 community's response by—

1 (A) providing substantial financial  
2 resources, technical expertise, and training, par-  
3 ticularly of health care personnel and commu-  
4 nity workers and leaders;

5 (B) promoting vaccine and microbicide re-  
6 search and the development of new treatment  
7 protocols in the public and commercial pharma-  
8 ceutical research sectors;

9 (C) making available pharmaceuticals and  
10 diagnostics for HIV/AIDS therapy;

11 (D) encouraging governments and commu-  
12 nity-based organizations to adopt policies that  
13 treat HIV/AIDS as a multisectoral problem af-  
14 fecting not only health but other areas such as  
15 education, the economy, the family and society,  
16 and assisting them to develop and implement  
17 programs corresponding to these needs; and

18 (E) encouraging active involvement of the  
19 private sector, including businesses, pharma-  
20 ceutical and biotechnology companies, the med-  
21 ical and scientific communities, charitable foun-  
22 dations, private and voluntary organizations  
23 and nongovernmental organizations, faith-based  
24 organizations, community-based organizations,  
25 and other nonprofit entities.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) AIDS.—The term “AIDS” means the ac-  
4 quired immune deficiency syndrome.

5 (2) APPROPRIATE CONGRESSIONAL COMMIT-  
6 TEES.—The term “appropriate congressional com-  
7 mittees” means the Committee on Foreign Relations  
8 of the Senate and the Committee on International  
9 Relations of the House of Representatives.

10 (3) DESIGNATED CONGRESSIONAL COMMIT-  
11 TEES.—The term “designated congressional commit-  
12 tees” means the Committee on Foreign Relations  
13 and the Committee on Health, Education, Labor,  
14 and Pensions of the Senate and the Committee on  
15 International Relations and the Committee on En-  
16 ergy and Commerce of the House of Representa-  
17 tives.

18 (4) GLOBAL FUND.—The term “Global Fund”  
19 means the public-private partnership known as the  
20 Global Fund to Fight AIDS, Tuberculosis and Ma-  
21 laria that was established upon the call of the  
22 United Nations Secretary General in April 2001.

23 (5) HIV.—The term “HIV” means the human  
24 immunodeficiency virus, the pathogen that causes  
25 AIDS.

1           (6) HIV/AIDS.—The term “HIV/AIDS”  
2 means, with respect to an individual, an individual  
3 who is infected with HIV or living with AIDS.

4           (7) RELEVANT EXECUTIVE BRANCH AGEN-  
5 CIES.—The term “relevant Executive branch agen-  
6 cies” means the Department of State, the United  
7 States Agency for International Development, the  
8 Department of Health and Human Services, and  
9 any other department or agency of the United States  
10 that participates in international HIV/AIDS activi-  
11 ties or programs.

12 **SEC. 4. PURPOSE.**

13       The purpose of this Act is to strengthen United  
14 States leadership and the effectiveness of the United  
15 States response to certain global infectious diseases by—

16           (1) establishing a comprehensive, integrated  
17 five-year, global strategy to fight HIV/AIDS that en-  
18 compasses a plan for phased expansion of critical  
19 programs and improved coordination among relevant  
20 Executive branch agencies and between the United  
21 States and foreign governments and international  
22 organizations;

23           (2) providing increased resources for multilat-  
24 eral efforts to fight HIV/AIDS;

1           (3) providing increased resources for United  
2 States bilateral efforts, particularly for technical as-  
3 sistance and training, to combat HIV/AIDS, tuber-  
4 culosis, and malaria;

5           (4) encouraging the expansion of private sector  
6 efforts and expanding public-private sector partner-  
7 ships to combat HIV/AIDS; and

8           (5) intensifying efforts to support the develop-  
9 ment of vaccines and treatment for HIV/AIDS, tu-  
10 berculosis, and malaria.

11 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**  
12 **PORTS.**

13       With respect to the reports required by this Act to  
14 be submitted by the President, to ensure an efficient use  
15 of resources, the President may, in his discretion and not-  
16 withstanding any other provision of this Act, consolidate  
17 or combine any of these reports, except for the report re-  
18 quired by section 101 of this Act, so long as the required  
19 elements of each report are addressed and reported within  
20 a 90-day period from the original deadline date for sub-  
21 mission of the report specified in this Act. The President  
22 may also enter into contracts with organizations with rel-  
23 evant expertise to develop, originate, or contribute to any  
24 of the reports required by this Act to be submitted by the  
25 President.

1 **TITLE I—POLICY PLANNING AND**  
2 **COORDINATION**

3 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-**  
4 **YEAR, GLOBAL STRATEGY.**

5 (a) STRATEGY.—The President shall establish a com-  
6 prehensive, integrated, five-year strategy to combat global  
7 HIV/AIDS that promotes the goals and objectives of the  
8 Declaration of Commitment on HIV/AIDS, adopted by the  
9 United Nations General Assembly at its Special Session  
10 on HIV/AIDS in June 2001, and strengthens the capacity  
11 of the United States to be an effective leader of the inter-  
12 national campaign against HIV/AIDS. Such strategy  
13 shall—

14 (1) include specific objectives, multisectoral ap-  
15 proaches, and specific strategies to treat individuals  
16 infected with HIV/AIDS and to prevent the further  
17 spread of HIV infections, with a particular focus on  
18 the needs of women, young people, and children;

19 (2) assign priorities for relevant Executive  
20 branch agencies;

21 (3) improve coordination among relevant Exec-  
22 utive branch agencies and foreign governments and  
23 international organizations;

24 (4) project general levels of resources needed to  
25 achieve the stated objectives;

1           (5) expand public-private partnerships and the  
2 leveraging of resources; and

3           (6) maximize United States capabilities in the  
4 areas of technical assistance and training and re-  
5 search, including vaccine research.

6           (b) REPORT.—

7           (1) IN GENERAL.—Not later than 270 days  
8 after the date of enactment of this Act, the Presi-  
9 dent shall submit to designated congressional com-  
10 mittees a report setting forth the strategy described  
11 in subsection (a).

12           (2) REPORT CONTENTS.—The report required  
13 by paragraph (1) shall include a discussion of the  
14 elements described in paragraph (3) and may in-  
15 clude a discussion of additional elements relevant to  
16 the strategy described in subsection (a). Such dis-  
17 cussion may include an explanation as to why a par-  
18 ticular element described in paragraph (3) is not rel-  
19 evant to such strategy.

20           (3) REPORT ELEMENTS.—The elements re-  
21 ferred to in paragraph (2) are the following:

22           (A) The objectives, general and specific, of  
23 the strategy.

24           (B) A description of the criteria for deter-  
25 mining success of the strategy.

1           (C) A description of the manner in which  
2 the strategy will address the fundamental ele-  
3 ments of prevention and education; care and  
4 treatment, including increasing access to phar-  
5 maceuticals and to vaccines and microbicides  
6 when available; research, including incentives  
7 for vaccine development and new protocols; and  
8 training of health care workers, and the devel-  
9 opment of health care infrastructure and deliv-  
10 ery systems.

11           (D) A description of the manner in which  
12 the strategy will promote the development and  
13 implementation of national and community-  
14 based multisectoral strategies and programs, in-  
15 cluding those designed to enhance leadership  
16 capacity particularly at the community level.

17           (E) A description of the specific strategies  
18 developed to meet the unique needs of women,  
19 including the empowerment of women in inter-  
20 personal situations, young people and children,  
21 including those orphaned by HIV/AIDS.

22           (F) A description of the programs to be  
23 undertaken to maximize United States con-  
24 tributions in the areas of technical assistance,  
25 training particularly of health care workers and

1 community-based leaders in affected sectors,  
2 and research including the promotion of re-  
3 search on vaccines.

4 (G) An identification of the relevant Exec-  
5 utive branch agencies that will be involved and  
6 the assignment of priorities to those agencies.

7 (H) A description of the role of each rel-  
8 evant Executive branch agency and the types of  
9 programs that the agency will be undertaking.

10 (I) A description of the mechanisms that  
11 will be utilized to coordinate the efforts of the  
12 relevant Executive branch agencies, to avoid du-  
13 plication of efforts, to enhance on-site coordina-  
14 tion efforts, and to ensure that each agency un-  
15 dertakes programs primarily in those areas  
16 where the agency has the greatest expertise,  
17 technical capabilities, and potential for success.

18 (J) A description of the mechanisms that  
19 will be utilized to ensure greater coordination  
20 between the United States and foreign govern-  
21 ments and international organizations including  
22 the Global Fund, UNAIDS, international finan-  
23 cial institutions, and private sector organiza-  
24 tions.

1           (K) The level of resources that will be  
2 needed on an annual basis and the manner in  
3 which those resources would generally be allo-  
4 cated among relevant Executive agencies.

5           (L) A description of the mechanisms to be  
6 established for monitoring and evaluating pro-  
7 grams and for terminating unsuccessful pro-  
8 grams.

9           (M) A description of the manner in which  
10 private, nongovernmental entities will factor  
11 into the United States Government-led effort  
12 and a description of the type of partnerships  
13 that will be created to maximize the capabilities  
14 of these private sector entities and to leverage  
15 resources.

16           (N) A description of the manner in which  
17 the United States strategy for combating HIV/  
18 AIDS relates to and promotes the goals and ob-  
19 jectives of the United Nations General Assem-  
20 bly's Declaration of Commitment on HIV/  
21 AIDS.

22           (O) A description of the ways in which  
23 United States leadership will be used to en-  
24 hance the overall international response to the  
25 HIV/AIDS pandemic and particularly to height-

1           en the engagement of the member states of the  
2           G-8 and to strengthen key financial and coordi-  
3           nation mechanisms such as the Global Fund  
4           and UNAIDS.

5           (P) A description of the manner in which  
6           the United States strategy for combating HIV/  
7           AIDS relates to and enhances other United  
8           States assistance strategies in developing coun-  
9           tries.

10 **SEC. 102. COMPREHENSIVE PLAN TO EMPOWER WOMEN TO**  
11 **PREVENT THE SPREAD OF HIV/AIDS.**

12           (a) STATEMENT OF POLICY.—It is in the national in-  
13           terest of the United States—

14           (1) to assist in empowering women socially, eco-  
15           nomicallly, and intellectually to prevent coercive prac-  
16           tices which contribute to the spread of HIV/AIDS;

17           (2) to ensure that there are affordable effective  
18           female controlled preventative technologies widely  
19           available;

20           (3) to assist in providing adequate pre- and  
21           post-natal care to women infected with HIV or living  
22           with AIDS to prevent an increase in the number of  
23           AIDS orphans; and

1           (4) to educate communities in order to lessen  
2           the stigma facing women who are infected with HIV  
3           or living with AIDS.

4           (b) DEVELOPMENT OF PLAN.—The United States  
5           Agency for International Development, working in con-  
6           junction with other relevant Executive branch agencies,  
7           shall develop a comprehensive plan to empower women to  
8           protect themselves against the spread of HIV/AIDS. The  
9           plan shall include—

10           (1) immediately providing women greatly in-  
11           creased access to and program support for currently  
12           available prevention technologies for women and  
13           microbicides when they become available;

14           (2) providing funding for research to develop  
15           safe, effective, usable microbicides, including support  
16           for—

17                   (A) development and preclinical evaluation  
18                   of topical microbicides;

19                   (B) the conduct of clinical studies of can-  
20                   didate microbicides to assess safety, accept-  
21                   ability, and effectiveness in reducing the HIV  
22                   infection and other sexually transmitted infec-  
23                   tions;

1 (C) behavioral and social science research  
2 relevant to microbicide development, testing, ac-  
3 ceptability, and use; and

4 (D) introductory studies of safe and effec-  
5 tive microbicides in developing countries;

6 (3) increasing women's access to microfinance  
7 programs;

8 (4) comprehensive education for women and  
9 girls including health education that emphasizes  
10 skills building on negotiation and the prevention of  
11 sexually transmitted infections and other related re-  
12 productive health risks and strategies that empha-  
13 size the delay of sexual debut;

14 (5) community-based strategies to combat gen-  
15 der-based violence and sexual coercion of women and  
16 minors;

17 (6) expansion of peer education strategies for  
18 men which emphasize responsible sexual behavior  
19 and consultation with their wives and partners in  
20 making decisions about sex and reproduction;

21 (7) resources for households headed by females  
22 caring for AIDS orphans;

23 (8) followup monitoring of and care and sup-  
24 port for post-natal women living with HIV or at  
25 high risk of infection; and

1           (9) targeted plans to reduce the vulnerability of  
2       HIV/AIDS for women, young people, and children  
3       who are refugees or internally displaced persons.

4       (c) REQUIREMENT.—The plan shall specify, for the  
5       assistance to achieve each of the objectives set forth in  
6       paragraphs (1) through (9) of subsection (b), the section  
7       of the Foreign Assistance Act of 1961 or other law that  
8       authorizes such assistance.

9       (d) STAFFING.—The Administrator of the United  
10      States Agency for International Development shall ensure  
11      that the Agency dedicates a sufficient number of employ-  
12      ees to implementing the plan described in subsection (b).

13      (e) REPORT.—Not later than 270 days after the date  
14      of enactment of this Act and every year for the next 3  
15      years thereafter, the Administrator of the United States  
16      Agency for International Development shall submit to the  
17      appropriate congressional committees a report on the plan  
18      being implemented by the United States Agency for Inter-  
19      national Development on empowering women in order to  
20      prevent the spread of HIV/AIDS. The report shall include  
21      a description of—

22           (1) the programs being carried out that are  
23           specifically targeted at women and girls to educate  
24           them about the spread of HIV/AIDS and the use  
25           and availability of currently available prevention

1 technologies for women, together with the number of  
2 women and girls reached through these programs;

3 (2) the steps taken to increase the availability  
4 of such technologies; and

5 (3) the progress on developing a safe, effective,  
6 user-friendly microbicide.

7 **SEC. 103. HIV/AIDS RESPONSE COORDINATOR.**

8 (a) ESTABLISHMENT OF POSITION.—Section 1 of the  
9 State Department Basic Authorities Act of 1956 (22  
10 U.S.C. 265(a)) is amended—

11 (1) by redesignating subsections (f) and (g) as  
12 subsections (g) and (h), respectively; and

13 (2) by adding after subsection (e) the following:

14 “(f) HIV/AIDS RESPONSE COORDINATOR.—

15 “(1) IN GENERAL.—There shall be within the  
16 Department of State a Coordinator of United States  
17 Government Activities to Combat HIV/AIDS Glob-  
18 ally, who shall be appointed by the President, by and  
19 with the advice and consent of the Senate. The Co-  
20 ordinator shall report directly to the Secretary of  
21 State and shall have the rank and status of ambas-  
22 sador.

23 “(2) DUTIES.—

24 “(A) IN GENERAL.—The Coordinator shall  
25 have primary responsibility for the oversight

1 and coordination of all international activities of  
2 the United States Government to combat the  
3 HIV/AIDS pandemic, including all programs,  
4 projects, and activities of the United States  
5 Government under titles I through IV of the  
6 United States Leadership Against HIV/AIDS,  
7 Tuberculosis, and Malaria Act of 2002 or any  
8 amendment made by those titles.

9 “(B) SPECIFIC DUTIES.—The duties of the  
10 Coordinator shall specifically include the fol-  
11 lowing:

12 “(i) Ensuring program and policy co-  
13 ordination among the relevant Executive  
14 branch agencies.

15 “(ii) Ensuring that each relevant Ex-  
16 ecutive branch agency undertakes pro-  
17 grams primarily in those areas where the  
18 agency has the greatest expertise, technical  
19 capabilities, and potential for success.

20 “(iii) Avoiding duplication of effort.

21 “(iv) Ensuring coordination of rel-  
22 evant Executive branch agency activities in  
23 the field.

24 “(v) Pursuing coordination with other  
25 countries and international organizations.

1                   “(vi) Resolving policy, program, and  
2                   funding disputes among the relevant Exec-  
3                   utive branch agencies.”.

4           (b) **FIRST COORDINATOR.**—The President may des-  
5           ignate the incumbent Special Representative of the Sec-  
6           retary of State for HIV/AIDS as of the date of enactment  
7           of this Act as the first Coordinator of United States Gov-  
8           ernment Activities to Combat HIV/AIDS Globally.

9           (c) **RESOURCES.**—Not later than 90 days after the  
10          date of enactment of this Act, the President shall identify  
11          the necessary financial and personnel resources that would  
12          be assigned to the HIV/AIDS Response Coordinator to es-  
13          tablish and sustain the duties and supporting activities as-  
14          signed to the Coordinator by this Act.

15   **SEC. 104. REPORT ON REVERSING THE EXODUS OF CRIT-**  
16                                   **ICAL TALENT.**

17          (a) **IN GENERAL.**—Not later than one year after the  
18          date of enactment of this Act, the President shall submit  
19          a report to designated congressional committees analyzing  
20          the emigration of critically important medical and public  
21          health personnel, including physicians, nurses, and super-  
22          visors from sub-Saharan African countries that are acute-  
23          ly impacted by HIV/AIDS.

24          (b) **ELEMENTS OF THE REPORT.**—The report shall  
25          include—

1           (1) an analysis of the causes for the exodus of  
2 such personnel, the present and projected trend  
3 lines, and the impact on the stability of health infra-  
4 structures; and

5           (2) a description of incentives and programs  
6 that the United States could provide, in concert with  
7 other private and public sector partners and inter-  
8 national organizations, to stabilize health institu-  
9 tions by encouraging critical personnel to remain in  
10 their home countries.

11 **TITLE II—SUPPORT FOR MULTI-**  
12 **LATERAL FUNDS, PROGRAMS,**  
13 **AND PUBLIC-PRIVATE PART-**  
14 **NERSHIPS**

15 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**  
16 **NERSHIPS.**

17           (a) FINDINGS.—Congress makes the following find-  
18 ings:

19           (1) Innovative partnerships between govern-  
20 ments and organizations in the private sector  
21 (including foundations, universities, corporations,  
22 faith-based and community-based organizations, and  
23 other nongovernmental organizations) have pro-  
24 liferated in recent years, particularly in the area of  
25 health.

1           (2) Public-private sector partnerships multiply  
2 local and international capacities to strengthen the  
3 delivery of health services in developing countries  
4 and to accelerate research for vaccines and other  
5 pharmaceutical products that are essential to combat  
6 infectious diseases decimating the populations of  
7 these countries.

8           (3) These partnerships maximize the unique ca-  
9 pabilities of each sector while combining financial  
10 and other resources, scientific knowledge, and exper-  
11 tise toward common goals which neither the public  
12 nor the private sector can achieve alone.

13           (4) Sustaining existing public-private partner-  
14 ships and building new ones are critical to the suc-  
15 cess of the international community's efforts to com-  
16 bat HIV/AIDS and other infectious diseases around  
17 the globe.

18           (b) SENSE OF CONGRESS.—It is the sense of Con-  
19 gress that—

20           (1) the sustainment and promotion of public-  
21 private partnerships should be a priority element of  
22 the strategy pursued by the United States to combat  
23 the HIV/AIDS pandemic and other global health cri-  
24 ses; and

1           (2) the United States should systematically  
2 track the evolution of these partnerships and work  
3 with others in the public and private sector to profile  
4 and build upon those models that are most effective.

5 **SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT**  
6 **AIDS, TUBERCULOSIS, AND MALARIA.**

7           (a) **AUTHORITY FOR UNITED STATES PARTICIPA-**  
8 **TION.—**

9           (1) **UNITED STATES PARTICIPATION.—**The  
10 United States is hereby authorized to participate in  
11 the Global Fund to Fight AIDS, Tuberculosis and  
12 Malaria.

13           (2) **PRIVILEGES AND IMMUNITIES.—**The Global  
14 Fund shall be considered a public international orga-  
15 nization for purposes of section 1 of the Inter-  
16 national Organizations Immunities Act (22 U.S.C.  
17 288).

18           (b) **REPORTS TO CONGRESS.—**Not later than one  
19 year after the date of the enactment of this Act, and annu-  
20 ally thereafter for the duration of the Global Fund, the  
21 President shall submit to the appropriate congressional  
22 committees a report on the Global Fund, including con-  
23 tributions pledged, contributions received (including dona-  
24 tions from the private sector), projects funded, and the

1 mechanisms established for transparency and account-  
2 ability in the grant making process.

3 (c) UNITED STATES FINANCIAL PARTICIPATION.—

4 (1) AUTHORIZATION OF APPROPRIATIONS.—In  
5 addition to funds otherwise available for such pur-  
6 pose, there are authorized to be appropriated to the  
7 President \$750,000,000 for the fiscal year 2003 and  
8 \$1,200,000,000 for the fiscal year 2004 for con-  
9 tributions to the Global Fund.

10 (2) AVAILABILITY OF FUNDS.—Amounts appro-  
11 priated pursuant to paragraph (1) are authorized to  
12 remain available until expended.

13 (3) REPROGRAMMING OF FISCAL YEAR 2001  
14 FUNDS.—Funds made available for fiscal year 2001  
15 under section 141 of the Global AIDS and Tuber-  
16 culosis Relief Act of 2000—

17 (A) are authorized to remain available  
18 until expended; and

19 (B) shall be transferred to, merged with,  
20 and made available for the same purposes as,  
21 funds made available for fiscal year 2002 under  
22 paragraph (1).

23 (4) STATUTORY CONSTRUCTION.—Nothing in  
24 this Act may be construed to substitute for, or re-  
25 duce resources provided under any other law for bi-

1 lateral and multilateral HIV/AIDS, tuberculosis, and  
2 malaria programs.

3 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**  
4 **NATIONAL VACCINE FUNDS.**

5 (a) VACCINE FUND.—Section 302(k) of the Foreign  
6 Assistance Act of 1961 (22 U.S.C. 2222(k)) is amended—

7 (1) by striking “\$50,000,000” and all that fol-  
8 lows through “2002” and inserting “\$60,000,000  
9 for the fiscal year 2003 and \$70,000,000 for the fis-  
10 cal year 2004”; and

11 (2) by striking “Global Alliance for Vaccines  
12 and Immunizations” and inserting “Vaccine Fund”.

13 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—  
14 Section 302(l) of the Foreign Assistance Act of 1961 (22  
15 U.S.C. 2222(l)) is amended by striking “\$10,000,000”  
16 and all that follows through “2002” and inserting  
17 “\$12,000,000 for the fiscal year 2003 and \$15,000,000  
18 for the fiscal year 2004”.

19 (c) MALARIA VACCINE INITIATIVE OF THE PROGRAM  
20 FOR APPROPRIATE TECHNOLOGIES IN HEALTH  
21 (PATH).—Section 302 of the Foreign Assistance Act of  
22 1961 (22 U.S.C. 2222)) is amended by adding at the end  
23 the following new subsection:

24 “(m) In addition to amounts otherwise available  
25 under this section, there are authorized to be appropriated

1 to the President \$5,000,000 for the fiscal year 2003 and  
2 \$6,000,000 for the fiscal year 2004 to be available for  
3 United States contributions to the Malaria Vaccine Initia-  
4 tive of the Program for Appropriate Technologies in  
5 Health (PATH).”.

6 **TITLE III—BILATERAL EFFORTS**  
7 **Subtitle A—General Assistance and**  
8 **Programs**

9 **SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.**

10 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT  
11 OF 1961.—Chapter 1 of part I of the Foreign Assistance  
12 Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

13 (1) in section 104(c) (22 U.S.C. 2151b(c)), by  
14 striking paragraphs (4) through (7); and

15 (2) by inserting after section 104 the following  
16 new section:

17 **“SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.**

18 “(a) FINDING.—Congress recognizes that the alarm-  
19 ing spread of HIV/AIDS in countries in sub-Saharan Afri-  
20 ca and other developing countries is a major global health,  
21 national security, and humanitarian crisis.

22 “(b) POLICY.—It is a major objective of the foreign  
23 assistance program of the United States to provide assist-  
24 ance for the prevention, treatment, and control of HIV/  
25 AIDS. The United States and other developed countries

1 should provide assistance to countries in sub-Saharan Af-  
2 rica and other countries and areas to control this crisis  
3 through HIV/AIDS prevention, treatment, monitoring,  
4 and related activities, particularly activities focused on  
5 women and youth, including strategies to prevent mother-  
6 to-child transmission of the HIV infection.

7 “(c) AUTHORIZATION.—

8 “(1) IN GENERAL.—Consistent with section  
9 104(c), the President is authorized to furnish assist-  
10 ance, on such terms and conditions as the President  
11 may determine, to prevent, treat, and monitor HIV/  
12 AIDS, and carry out related activities, in countries  
13 in sub-Saharan Africa and other countries and  
14 areas.

15 “(2) ROLE OF NGOS.—It is the sense of Con-  
16 gress that the President should provide an appro-  
17 priate level of assistance under paragraph (1)  
18 through nongovernmental organizations in countries  
19 in sub-Saharan Africa and other countries and areas  
20 affected by the HIV/AIDS pandemic.

21 “(3) COORDINATION OF ASSISTANCE EF-  
22 FORTS.—The President shall coordinate the provi-  
23 sion of assistance under paragraph (1) with the pro-  
24 vision of related assistance by the Joint United Na-  
25 tions Programme on HIV/AIDS (UNAIDS), the

1 United Nations Children’s Fund (UNICEF), the  
2 World Health Organization (WHO), the United Na-  
3 tions Development Programme (UNDP), the Global  
4 Fund to Fight AIDS, Tuberculosis and Malaria and  
5 other appropriate international organizations (such  
6 as the International Bank for Reconstruction and  
7 Development), relevant regional multilateral develop-  
8 ment institutions, national, state, and local govern-  
9 ments of foreign countries, appropriate governmental  
10 and nongovernmental organizations, and relevant  
11 Executive branch agencies.

12 “(d) ACTIVITIES SUPPORTED.—Assistance provided  
13 under subsection (c) shall, to the maximum extent prac-  
14 ticable, be used to carry out the following activities:

15 “(1) PREVENTION.—Prevention of HIV/AIDS  
16 through activities including—

17 “(A) education, voluntary testing, and  
18 counseling (including the incorporation of con-  
19 fidentiality protections with respect to such  
20 testing and counseling), including integration of  
21 such programs into health programs and the in-  
22 clusion in counseling programs of information  
23 on methods of preventing transmission of the  
24 HIV infection, including delaying sexual debut,  
25 abstinence, reduction of casual sexual

1           partnering, and, where appropriate, the use of  
2           condoms;

3           “(B) assistance for the purpose of pre-  
4           venting mother-to-child transmission of the  
5           HIV infection, including medications to prevent  
6           such transmission and access to infant formula  
7           and other alternatives for infant feeding;

8           “(C) assistance to ensure a safe blood sup-  
9           ply, to provide—

10           “(i) post-exposure prophylaxis to vic-  
11           tims of rape and sexual assault and in  
12           cases of occupational exposure of health  
13           care workers; and

14           “(ii) necessary commodities, including  
15           test kits, pharmaceuticals, and condoms;

16           “(D) assistance through nongovernmental  
17           organizations, including faith-based organiza-  
18           tions, particularly those organizations that uti-  
19           lize both professionals and volunteers with ap-  
20           propriate skills and experience, to establish and  
21           implement culturally appropriate HIV/AIDS  
22           education and prevention programs;

23           “(E) research on microbicides which pre-  
24           vent the spread of HIV/AIDS; and

1           “(F) bulk purchases of available prevention  
2 technologies for women and for appropriate pro-  
3 gram support for the introduction and distribu-  
4 tion of these technologies, as well as education  
5 and training on the use of the technologies.

6           “(2) TREATMENT.—The treatment and care of  
7 individuals with HIV/AIDS, including—

8           “(A) assistance to establish and implement  
9 programs to strengthen and broaden indigenous  
10 health care delivery systems and the capacity of  
11 such systems to deliver HIV/AIDS pharma-  
12 ceuticals and otherwise provide for the treat-  
13 ment of individuals with HIV/AIDS, including  
14 clinical training for indigenous organizations  
15 and health care providers;

16           “(B) assistance to strengthen and expand  
17 hospice and palliative care programs to assist  
18 patients debilitated by HIV/AIDS, their fami-  
19 lies, and the primary caregivers of such pa-  
20 tients, including programs that utilize faith-  
21 based and community-based organizations; and

22           “(C) assistance for the purpose of the care  
23 and treatment of individuals with HIV/AIDS  
24 through the provision of pharmaceuticals, in-  
25 cluding antiretrovirals and other pharma-

1           ceuticals and therapies for the treatment of op-  
2           portunistic infections, nutritional support, and  
3           other treatment modalities.

4           “(3) MONITORING.—The monitoring of pro-  
5           grams, projects, and activities carried out pursuant  
6           to paragraphs (1) and (2), including—

7                   “(A) monitoring to ensure that adequate  
8                   controls are established and implemented to  
9                   provide HIV/AIDS pharmaceuticals and other  
10                  appropriate medicines to poor individuals with  
11                  HIV/AIDS; and

12                  “(B) appropriate evaluation and surveil-  
13                  lance activities.

14           “(4) PHARMACEUTICALS.—

15                   “(A) PROCUREMENT.—The procurement of  
16                   HIV/AIDS pharmaceuticals, antiviral therapies,  
17                   and other appropriate medicines, including  
18                   medicines to treat opportunistic infections.

19                   “(B) MECHANISMS FOR QUALITY CONTROL  
20                   AND SUSTAINABLE SUPPLY.—Mechanisms to  
21                   ensure that such HIV/AIDS pharmaceuticals,  
22                   antiretroviral therapies, and other appropriate  
23                   medicines are quality-controlled and sustainably  
24                   supplied.

1           “(C) DISTRIBUTION.—The distribution of  
2 such HIV/AIDS pharmaceuticals, antiviral  
3 therapies, and other appropriate medicines  
4 (including medicines to treat opportunistic in-  
5 fections) to qualified national, regional, or local  
6 organizations for the treatment of individuals  
7 with HIV/AIDS in accordance with appropriate  
8 HIV/AIDS testing and monitoring requirements  
9 and treatment protocols and for the prevention  
10 of mother-to-child transmission of the HIV in-  
11 fection.

12           “(5) RELATED ACTIVITIES.—The conduct of re-  
13 lated activities, including—

14           “(A) the care and support of children who  
15 are orphaned by the HIV/AIDS pandemic, in-  
16 cluding services designed to care for orphaned  
17 children in a family environment which rely on  
18 extended family members;

19           “(B) improved infrastructure and institu-  
20 tional capacity to develop and manage edu-  
21 cation, prevention, and treatment programs, in-  
22 cluding training and the resources to collect  
23 and maintain accurate HIV surveillance data to  
24 target programs and measure the effectiveness  
25 of interventions; and

1           “(C) vaccine research and development  
2           partnership programs with specific plans of ac-  
3           tion to develop a safe, effective, accessible, pre-  
4           ventive HIV vaccine for use throughout the  
5           world.

6           “(e) ANNUAL REPORT.—

7           “(1) IN GENERAL.—Not later than January 31  
8           of each year, the President shall submit to the Com-  
9           mittee on Foreign Relations of the Senate and the  
10          Committee on International Relations of the House  
11          of Representatives a report on the implementation of  
12          this section for the prior fiscal year.

13          “(2) REPORT ELEMENTS.—Each report shall  
14          include—

15                 “(A) a description of efforts made to im-  
16                 plement the policies set forth in this section;

17                 “(B) a description of the programs estab-  
18                 lished pursuant to this section; and

19                 “(C) a detailed assessment of the impact  
20                 of programs established pursuant to this sec-  
21                 tion, including—

22                         “(i) the effectiveness of such pro-  
23                         grams in reducing the spread of the HIV  
24                         infection, particularly in women and girls,  
25                         in reducing mother-to-child transmission of

1 the HIV infection, and in reducing mor-  
2 tality rates from HIV/AIDS; and

3 “(ii) the progress made toward im-  
4 proving health care delivery systems  
5 (including the training of adequate num-  
6 bers of staff) and infrastructure to ensure  
7 increased access to care and treatment.

8 “(f) FUNDING LIMITATION.—Of the funds made  
9 available to carry out this section in any fiscal year, not  
10 more than 7 percent may be used for the administrative  
11 expenses of the United States Agency for International  
12 Development in support of activities described in this sec-  
13 tion. Such amount shall be in addition to other amounts  
14 otherwise available for such purposes.

15 “(g) DEFINITIONS.—In this section:

16 “(1) AIDS.—The term ‘AIDS’ means acquired  
17 immune deficiency syndrome.

18 “(2) HIV.—The term ‘HIV’ means the human  
19 immunodeficiency virus, the pathogen that causes  
20 AIDS.

21 “(3) HIV/AIDS.—The term ‘HIV/AIDS’  
22 means, with respect to an individual, an individual  
23 who is infected with HIV or living with AIDS.”.

24 (b) AUTHORIZATION OF APPROPRIATIONS.—

1           (1) IN GENERAL.—In addition to funds avail-  
2           able under section 104(c) of the Foreign Assistance  
3           Act of 1961 (22 U.S.C. 2151b(c)) for such purpose  
4           or under any other provision of that Act, there are  
5           authorized to be appropriated to the President  
6           \$550,000,000 for the fiscal year 2003 and  
7           \$900,000,000 for the fiscal year 2004 to carry out  
8           section 104A of the Foreign Assistance Act of 1961,  
9           as added by subsection (a).

10           (2) AVAILABILITY OF FUNDS.—Amounts appro-  
11           priated pursuant to paragraph (1) are authorized to  
12           remain available until expended.

13           (3) ALLOCATION OF FUNDS.—

14           (A) RESEARCH ON MICROBICIDES.—Of the  
15           amounts authorized to be appropriated by para-  
16           graph (1) for the fiscal years 2003 and 2004,  
17           \$18,000,000 for the fiscal year 2003 and  
18           \$24,000,000 for the fiscal year 2004 are au-  
19           thorized to be available to carry out section  
20           104A(d)(1)(D) of the Foreign Assistance Act of  
21           1961 (as added by subsection (a)), relating to  
22           research on microbicides which prevent the  
23           spread of HIV/AIDS.

24           (B) PHARMACEUTICALS.—Of the amounts  
25           authorized to be appropriated by paragraph (1)

1           for the fiscal years 2003 and 2004,  
2           \$50,000,000 for the fiscal year 2003 and  
3           \$120,000,000 for the fiscal year 2004 are au-  
4           thorized to be available to carry out section  
5           104A(d)(4) of the Foreign Assistance Act of  
6           1961 (as added by subsection (a)), relating to  
7           the procurement and distribution of HIV/AIDS  
8           pharmaceuticals.

9           (4) **TRANSFER OF PRIOR YEAR FUNDS.**—Unob-  
10          ligated balances of funds made available for the fis-  
11          cal year 2001 or the fiscal year 2002 under section  
12          104(c)(6) of the Foreign Assistance Act of 1961 (22  
13          U.S.C. 2151b(c)(6) (as in effect immediately before  
14          the date of enactment of this Act) shall be trans-  
15          ferred to, merged with, and made available for the  
16          same purposes as funds made available for fiscal  
17          year 2003 under paragraph (1).

18 **SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.**

19          (a) **AMENDMENT OF THE FOREIGN ASSISTANCE ACT**  
20 **OF 1961.**—Chapter 1 of part I of the Foreign Assistance  
21 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-  
22 tion 301 of this Act, is further amended by inserting after  
23 section 104A the following new section:

1 **“SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

2 “(a) FINDINGS.—Congress makes the following find-  
3 ings:

4 “(1) Congress recognizes the growing inter-  
5 national problem of tuberculosis and the impact its  
6 continued existence has on those countries that had  
7 previously largely controlled the disease.

8 “(2) Congress further recognizes that the  
9 means exist to control and treat tuberculosis  
10 through expanded use of the DOTS (Directly Ob-  
11 served Treatment Short-course) treatment strategy  
12 and adequate investment in newly created mecha-  
13 nisms to increase access to treatment, including the  
14 Global Tuberculosis Drug Facility established in  
15 2001 pursuant to the Amsterdam Declaration to  
16 Stop TB.

17 “(b) POLICY.—It is a major objective of the foreign  
18 assistance program of the United States to control tuber-  
19 culosis, including the detection of at least 70 percent of  
20 the cases of infectious tuberculosis, and the cure of at  
21 least 85 percent of the cases detected, not later than De-  
22 cember 31, 2005, in those countries classified by the  
23 World Health Organization as among the highest tuber-  
24 culosis burden, and not later than December 31, 2010,  
25 in all countries in which the United States Agency for

1 International Development has established development  
2 programs.

3 “(c) AUTHORIZATION.—To carry out this section and  
4 consistent with section 104(c), the President is authorized  
5 to furnish assistance, on such terms and conditions as the  
6 President may determine, for the prevention, treatment,  
7 control, and elimination of tuberculosis.

8 “(d) COORDINATION.—In carrying out this section,  
9 the President shall coordinate with the World Health Or-  
10 ganization, the Global Fund to Fight AIDS, Tuberculosis,  
11 and Malaria, the Department of Health and Human Serv-  
12 ices (including the Centers for Disease Control and Pre-  
13 vention and the National Institutes of Health), and other  
14 organizations with respect to the development and imple-  
15 mentation of a comprehensive tuberculosis control pro-  
16 gram.

17 “(e) ANNUAL REPORT.—Not later than January 31  
18 of each year, the President shall submit a report to the  
19 Committee on Foreign Relations of the Senate and the  
20 Committee on International Relations of the House of  
21 Representatives specifying the increases in the number of  
22 people treated and the increases in number of tuberculosis  
23 patients cured through each program, project, or activity  
24 receiving United States foreign assistance for tuberculosis  
25 control purposes.

1       “(f) PRIORITY TO DOTS COVERAGE.—In furnishing  
2 assistance under subsection (c), the President shall give  
3 priority to activities that increase directly observed treat-  
4 ment shortcourse (DOTS) coverage, including funding for  
5 the Global Tuberculosis Drug Facility and the Stop Tu-  
6 berculosis Partnership.

7       “(g) DEFINITIONS.—In this section:

8           “(1) DOTS.—The term ‘DOTS’ or ‘Directly  
9 Observed Treatment Short-course’ means the World  
10 Health Organization-recommended strategy for  
11 treating tuberculosis.

12           “(2) GLOBAL TUBERCULOSIS DRUG FACIL-  
13 ITY.—The term ‘Global Tuberculosis Drug Facility  
14 (GDF)’ means the new initiative of the Stop Tuber-  
15 culosis Partnership to increase access to high-quality  
16 tuberculosis drugs to facilitate DOTS expansion.

17           “(3) STOP TUBERCULOSIS PARTNERSHIP.—The  
18 term ‘Stop Tuberculosis Partnership’ means the  
19 partnership of the World Health Organization, do-  
20 nors including the United States, high tuberculosis  
21 burden countries, multilateral agencies, and non-  
22 governmental and technical agencies committed to  
23 short- and long-term measures required to control  
24 and eventually eliminate tuberculosis as a public  
25 health problem in the world.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—

2 (1) IN GENERAL.—In addition to funds avail-  
3 able under section 104(c) of the Foreign Assistance  
4 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose  
5 or under any other provision of that Act, there are  
6 authorized to be appropriated to the President  
7 \$85,000,000 for the fiscal year 2003 and  
8 \$200,000,000 for the fiscal year 2004 to carry out  
9 section 104B of the Foreign Assistance Act of 1961,  
10 as added by subsection (a).

11 (2) AVAILABILITY OF FUNDS.—Amounts appro-  
12 priated pursuant to paragraph (1) are authorized to  
13 remain available until expended.

14 (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-  
15 ligated balances of funds made available for the fis-  
16 cal year 2001 or the fiscal year 2002 under section  
17 104(c)(7) of the Foreign Assistance Act of 1961 (22  
18 U.S.C. 2151b(c)(7) (as in effect immediately before  
19 the date of enactment of this Act) shall be trans-  
20 ferred to, merged with, and made available for the  
21 same purposes as funds made available for fiscal  
22 year 2003 under paragraph (1).

23 **SEC. 303. ASSISTANCE TO COMBAT MALARIA.**

24 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT  
25 OF 1961.—Chapter 1 of part I of the Foreign Assistance

1 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-  
2 tions 301 and 302 of this Act, is further amended by in-  
3 serting after section 104B the following new section:

4 **“SEC. 104C. ASSISTANCE TO COMBAT MALARIA.**

5       “(a) FINDING.—Congress finds that malaria kills  
6 more people annually than any other communicable dis-  
7 ease except tuberculosis, that more than 90 percent of all  
8 malaria cases are in sub-Saharan Africa, and that children  
9 and women are particularly at risk. Congress recognizes  
10 that there are cost-effective tools to decrease the spread  
11 of malaria and that malaria is a curable disease if prompt-  
12 ly diagnosed and adequately treated.

13       “(b) POLICY.—It is a major objective of the foreign  
14 assistance program of the United States to provide assist-  
15 ance for the prevention, control, and cure of malaria.

16       “(c) AUTHORIZATION.—To carry out this section and  
17 consistent with section 104(c), the President is authorized  
18 to furnish assistance, on such terms and conditions as the  
19 President may determine, for the prevention, treatment,  
20 control, and elimination of malaria.

21       “(d) COORDINATION.—In carrying out this section,  
22 the President shall coordinate with the World Health Or-  
23 ganization, the Global Fund to Fight AIDS, Tuberculosis,  
24 and Malaria, the Department of Health and Human Serv-  
25 ices (the Centers for Disease Control and Prevention and

1 the National Institutes of Health), and other organiza-  
2 tions with respect to the development and implementation  
3 of a comprehensive malaria control program.

4 “(e) ANNUAL REPORT.—Not later than January 31  
5 of each year, the President shall submit a report to the  
6 Committee on Foreign Relations of the Senate and the  
7 Committee on International Relations of the House of  
8 Representatives specifying the increases in the number of  
9 people treated and the increases in number of malaria pa-  
10 tients cured through each program, project, or activity re-  
11 ceiving United States foreign assistance for malaria con-  
12 trol purposes.”.

13 (b) AUTHORIZATION OF APPROPRIATIONS.—

14 (1) IN GENERAL.—In addition to funds avail-  
15 able under section 104(c) of the Foreign Assistance  
16 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose  
17 or under any other provision of that Act, there are  
18 authorized to be appropriated to the President  
19 \$70,000,000 for the fiscal year 2003 and  
20 \$80,000,000 for the fiscal year 2004 to carry out  
21 section 104C of the Foreign Assistance Act of 1961,  
22 as added by subsection (a).

23 (2) AVAILABILITY OF FUNDS.—Amounts appro-  
24 priated pursuant to paragraph (1) are authorized to  
25 remain available until expended.

1           (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-  
2           ligated balances of funds made available for the fis-  
3           cal year 2001 or the fiscal year 2002 under section  
4           104(c) of the Foreign Assistance Act of 1961 (22  
5           U.S.C. 2151b(c) (as in effect immediately before the  
6           date of enactment of this Act) and made available  
7           for the control of malaria shall be transferred to,  
8           merged with, and made available for the same pur-  
9           poses as funds made available for fiscal year 2003  
10          under paragraph (1).

11          (c) CONFORMING AMENDMENT.—Section 104(c) of  
12          the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)),  
13          as amended by section 301 of this Act, is further amended  
14          by adding after paragraph (3) the following:

15                 “(4) RELATIONSHIP TO OTHER LAWS.—Assist-  
16                 ance made available under this subsection and sec-  
17                 tions 104A, 104B, and 104C, and assistance made  
18                 available under chapter 4 of part II to carry out the  
19                 purposes of this subsection and such other sections  
20                 of this Act, may be made available in accordance  
21                 with this subsection and such other provisions of  
22                 this Act notwithstanding any other provision of  
23                 law.”.

1 **SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF**  
2 **HEALTH CARE PROFESSIONALS IN OVERSEAS**  
3 **AREAS SEVERELY AFFECTED BY HIV/AIDS,**  
4 **TUBERCULOSIS, AND MALARIA.**

5 (a) **IN GENERAL.**—The President shall establish a  
6 program to demonstrate the feasibility of facilitating the  
7 service of American health care professionals in sub-Saha-  
8 ran Africa and other parts of the world severely affected  
9 by HIV/AIDS, tuberculosis, and malaria.

10 (b) **REQUIREMENTS.**—Participants in the program  
11 shall—

12 (1) provide basic health care services for those  
13 infected and affected by HIV/AIDS, tuberculosis,  
14 and malaria in the area in which they are serving;

15 (2) provide on-the-job training to medical and  
16 other personnel in the area in which they are serving  
17 to strengthen the basic health care system of the af-  
18 fected countries;

19 (3) provide health care educational training for  
20 residents of the area in which they are serving;

21 (4) serve for a period of up to two years; and

22 (5) meet the eligibility requirements in sub-  
23 section (d).

24 (c) **ELIGIBILITY REQUIREMENTS.**—To be eligible to  
25 participate in the program, a candidate shall—

1           (1) be a national of the United States who is  
2           a trained health care professional and who meets the  
3           educational and licensure requirements necessary to  
4           be such a professional such as a physician, nurse,  
5           nurse practitioner, pharmacist, or other individual  
6           determined to be appropriate by the President; or

7           (2) a retired commissioned officer of the Public  
8           Health Service Corps.

9           (d) RECRUITMENT.—The President shall ensure that  
10          information on the program is widely distributed, includ-  
11          ing the distribution of information to schools for health  
12          professionals, hospitals, clinics, and nongovernmental or-  
13          ganizations working in the areas of international health  
14          and aid.

15          (e) PLACEMENT OF PARTICIPANTS.—To the max-  
16          imum extent practicable, participants in the program shall  
17          serve in the poorest areas of the affected countries, where  
18          health care needs are likely to be the greatest. The deci-  
19          sion on the placement of a participant should be made in  
20          consultation with relevant officials of the affected country  
21          at both the national and local level as well as with local  
22          community leaders and organizations.

23          (f) EXTENDED PERIOD OF SERVICE.—The President  
24          may extend the period of service of a participant by an  
25          additional period of 6 to 12 months.

1           (g) INCENTIVES.—The President may offer such in-  
2 centives as the President determines to be necessary to  
3 encourage individuals to participate in the program, such  
4 as partial payment of principal, interest, and related ex-  
5 penses on government and commercial loans for edu-  
6 cational expenses relating to professional health training  
7 and, where possible, deferment of repayments on such  
8 loans, the provision of retirement benefits that would oth-  
9 erwise be jeopardized by participation in the program, and  
10 other incentives.

11           (h) REPORT.—Not later than 18 months after the  
12 date of enactment of this Act, the President shall submit  
13 a report to the designated congressional committees on  
14 steps taken to establish the program, including—

15                 (1) the process of recruitment, including the  
16 venues for recruitment, the number of candidates re-  
17 cruited, the incentives offered, if any, and the cost  
18 of those incentives;

19                 (2) the process, including the criteria used, for  
20 the selection of participants;

21                 (3) the number of participants placed, the coun-  
22 tries in which they were placed, and why those coun-  
23 tries were selected; and

24                 (4) the potential for expansion of the program.

25           (i) AUTHORIZATION OF APPROPRIATIONS.—



1 (C) the status of research into successful  
2 treatment protocols for individuals in the devel-  
3 oping world; and

4 (D) technical assistance and training of  
5 local health care workers (in countries affected  
6 by the pandemic) to administer antiretrovirals,  
7 manage side effects, and monitor patients' viral  
8 loads and immune status;

9 (2) information on existing pilot projects, in-  
10 cluding a discussion of why a given population was  
11 selected, the number of people treated, the cost of  
12 treatment, the mechanisms established to ensure  
13 that treatment is being administered effectively and  
14 safely, and plans for scaling up pilot projects  
15 (including projected timelines and required re-  
16 sources); and

17 (3) an explanation of how those activities relate  
18 to efforts to prevent the transmission of the HIV in-  
19 fection.

## 20 **Subtitle B—Assistance for Children** 21 **and Families**

### 22 **SEC. 311. FINDINGS.**

23 Congress makes the following findings:

24 (1) Approximately 2,000 children around the  
25 world are infected each day with HIV through moth-

1 er-to-child transmission. Transmission can occur  
2 during pregnancy, labor, and delivery or through  
3 breast feeding. Over ninety percent of these cases  
4 are in developing nations with little or no access to  
5 public health facilities.

6 (2) Mother-to-child transmission is largely pre-  
7 ventable with the proper application of pharma-  
8 ceuticals, therapies, and other public health interven-  
9 tions.

10 (3) The drug nevirapine, reduces mother-to-  
11 child transmission by nearly 50 percent. Universal  
12 availability of this drug could prevent up to 400,000  
13 infections per year and dramatically reduce the num-  
14 ber of AIDS-related deaths.

15 (4) At the United Nations Special Session on  
16 HIV/AIDS in June 2001, the United States com-  
17 mitted to the specific goals with respect to the pre-  
18 vention of mother-to-child transmission, including  
19 the goals of reducing the proportion of infants in-  
20 fected with HIV by 20 percent by the year 2005 and  
21 by 50 percent by the year 2010, as specified in the  
22 Declaration of Commitment on HIV/AIDS adopted  
23 by the United Nations General Assembly at the Spe-  
24 cial Session.

1           (5) Several United States Government agencies  
2 including the United States Agency for International  
3 Development and the Centers for Disease Control  
4 are already supporting programs to prevent mother-  
5 to-child transmission in resource-poor nations and  
6 have the capacity to expand these programs rapidly  
7 by working closely with foreign governments and  
8 nongovernmental organizations.

9           (6) Efforts to prevent mother-to-child trans-  
10 mission can provide the basis for a broader response  
11 that includes care and treatment of mothers, fa-  
12 thers, and other family members that are infected  
13 with HIV or living with AIDS.

14           (7) HIV/AIDS has devastated the lives of  
15 countless children and families across the globe.  
16 Since the epidemic began, an estimated 13,200,000  
17 children under the age of 15 have been orphaned by  
18 AIDS, that is they have lost their mother or both  
19 parents to the disease. The Joint United Nations  
20 Program on HIV/AIDS (UNAIDS) estimates that  
21 this number will double by the year 2010.

22           (8) HIV/AIDS also targets young people be-  
23 tween the ages of 15 to 24, many of whom carry the  
24 burden of caring for family members living with  
25 HIV/AIDS. An estimated 10,300,000 young people

1       are now living with HIV/AIDS. One-half of all new  
2       infections are occurring among this age group.

3       **SEC. 312. POLICY AND REQUIREMENTS.**

4       (a) **POLICY.**—The United States Government’s re-  
5       sponse to the global HIV/AIDS pandemic should place  
6       high priority on the prevention of mother-to-child trans-  
7       mission, the care and treatment of family members and  
8       caregivers, and the care of children orphaned by AIDS.  
9       To the maximum extent possible, the United States Gov-  
10      ernment should seek to leverage its funds by seeking  
11      matching contributions from the private sector, other na-  
12      tional governments, and international organizations.

13      (b) **REQUIREMENTS.**—The 5-year United States Gov-  
14      ernment strategy required by section 101 of this Act  
15      shall—

16           (1) provide for meeting or exceeding the goal  
17           set by the United Nations General Assembly Dec-  
18           laration of Commitment on HIV/AIDS to reduce the  
19           rate of mother-to-child transmission of HIV by 20  
20           percent by 2005 and by 50 percent by 2010;

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

1           (3) expand programs designed to care for chil-  
2           dren orphaned by AIDS.

3 **SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-**  
4           **TO-CHILD TRANSMISSION OF THE HIV INFEC-**  
5           **TION.**

6           (a) IN GENERAL.—Beginning 270 days after the date  
7 of enactment of this Act, and annually thereafter for the  
8 ensuing eight years, the President shall submit to des-  
9 ignated congressional committees a report on the activities  
10 of relevant Executive branch agencies during the reporting  
11 period to assist in the prevention of mother-to-child trans-  
12 mission of the HIV infection.

13          (b) REPORT ELEMENTS.—Each report shall in-  
14 clude—

15           (1) a statement of whether or not all relevant  
16 Executive branch agencies have adopted the targets  
17 set by the United Nations General Assembly at the  
18 Special Session for HIV/AIDS, held June 25 to 27,  
19 2001, with respect to mother-to-child transmission  
20 of the HIV infection;

21           (2) a description of efforts made by the United  
22 States Agency for International Development and  
23 the Centers for Disease Control and Prevention to  
24 expand those activities, including—

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

4 (B) the specific activities supported;

5 (C) the number of women tested and coun-  
6 seled; and

7 (D) the number of women receiving pre-  
8 ventative drug therapies;

9 (3) a statement of the percentage of funds ex-  
10 pended out of the budget of each relevant Executive  
11 branch agency for activities to prevent mother-to-  
12 child transmission of the HIV infection and, in the  
13 case of United States Agency for International De-  
14 velopment, whether or not its expenditures on bilat-  
15 eral assistance have met the 8.3 percent target in  
16 section 104(c)(6)(D) of the Foreign Assistance Act  
17 of 1961 (22 U.S.C. 2151b(c)(6)(D)), as in effect im-  
18 mediately before the date of enactment of this Act,  
19 with respect to strategies to prevent mother-to-child  
20 transmission of the HIV infection;

21 (4) a discussion of the extent to which the pro-  
22 grams of the relevant Executive branch agencies are  
23 meeting targets set by the United Nations General  
24 Assembly; and



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

4           (3) reduce the stigma of HIV/AIDS to encour-  
5           age vulnerable children infected with HIV or living  
6           with AIDS and their family members and caregivers  
7           to avail themselves of voluntary counseling and test-  
8           ing, and related programs, including treatments;

9           (4) provide, in conjunction with other relevant  
10          Executive branch agencies, the range of services for  
11          the care and treatment, including the provision of  
12          antiretrovirals and other necessary pharmaceuticals,  
13          of children, parents, and caregivers infected with  
14          HIV or living with AIDS;

15          (5) provide nutritional support and food secu-  
16          rity, and the improvement of overall family health;

17          (6) work with parents, caregivers, and commu-  
18          nity-based organizations to provide children with  
19          educational opportunities; and

20          (7) provide appropriate counseling and legal as-  
21          sistance for the appointment of guardians and the  
22          handling of other issues relating to the protection of  
23          children.

24          (c) REPORT.—Not later than 18 months after the  
25          date of enactment of this Act, the President, acting

1 through the United States Agency for International Devel-  
2 opment, shall submit a report on the implementation of  
3 this section to the appropriate congressional committees.  
4 The report shall include a plan for scaling up the program  
5 over the following year.

6 (d) AUTHORIZATION OF APPROPRIATIONS.—

7 (1) IN GENERAL.—In addition to amounts oth-  
8 erwise available for such purpose, there is authorized  
9 to be appropriated to the President \$30,000,000 for  
10 the fiscal year 2004 to carry out the program.

11 (2) AVAILABILITY OF FUNDS.—Amounts appro-  
12 priated pursuant to paragraph (1) are authorized to  
13 remain available until expended.

## 14 **TITLE IV—BUSINESS**

### 15 **PRINCIPLES**

16 **SEC. 401. PRINCIPLES FOR UNITED STATES FIRMS OPER-**  
17 **ATING IN COUNTRIES AFFECTED BY THE HIV/**  
18 **AIDS PANDEMIC.**

19 (a) FINDINGS.—Congress finds that the global  
20 spread of HIV/AIDS presents not only a health crisis but  
21 also a crisis in the workplace that affects—

22 (1) the productivity, earning power, and lon-  
23 gevity of individual workers;

24 (2) the productivity, competitiveness, and finan-  
25 cial solvency of individual businesses; and

1           (3) the economic productivity and development  
2           of individual communities and the United States as  
3           a whole.

4           (b) SENSE OF CONGRESS.—It is the sense of Con-  
5           gress that United States firms operating in countries af-  
6           fected by the HIV/AIDS pandemic can make significant  
7           contributions to the United States effort to respond to this  
8           pandemic through the voluntary adoption of the principles  
9           and practices described in subsection (c).

10          (c) PRINCIPLES AND PRACTICES.—The principles  
11          and practices referred to in subsection (b) are the fol-  
12          lowing:

13               (1) With respect to employment and health poli-  
14               cies and practices, the treatment of HIV/AIDS in  
15               the same manner as any other illness.

16               (2) The promotion of policies and practices that  
17               eliminate discrimination and stigmatization against  
18               employees on the basis of real or perceived HIV/  
19               AIDS status, including—

20                       (A) assessing employees on merit and abil-  
21                       ity to perform;

22                       (B) not subjecting employees to personal  
23                       discrimination or abuse; and

24                       (C) imposing disciplinary measures where  
25                       discrimination occurs.

1           (3) A prohibition on compulsory HIV/AIDS  
2 testing for recruitment, promotion, or career devel-  
3 opment.

4           (4) An assurance of the confidentiality of an  
5 employee's HIV/AIDS status.

6           (5) Permission for employees with HIV/AIDS-  
7 related illnesses to work as long as they are medi-  
8 cally fit and, when they are no longer able to work  
9 and sick leave has been exhausted, an assurance  
10 that the employment relationship will be terminated  
11 in accordance with antidiscrimination and labor laws  
12 and respect for general procedures and full benefits.

13           (6) An assurance that employment practices  
14 will comply, at a minimum, with national and inter-  
15 national employment and labor laws and codes.

16           (7) The involvement of employees and individ-  
17 uals infected with HIV or living with AIDS, drawn  
18 from the workplace or the community, in the devel-  
19 opment and assessment of HIV/AIDS policies and  
20 programs for the workplace.

21           (8) An offer to all employees of access to cul-  
22 turally appropriate preventive education programs  
23 and services to support those programs.

24           (9) An assurance that programs offered in the  
25 workplace will support and be integrated into larger

1 community-based responses to the problems posed  
2 by HIV/AIDS.

3 (10) Work with community leaders to expand  
4 the availability of treatment for those employees and  
5 others infected with HIV or living with AIDS.

○