

Union Calendar No. 38108TH CONGRESS
1ST SESSION**H. R. 1298****[Report No. 108-60]**

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2003

Mr. HYDE (for himself, Mr. LANTOS, Mr. WELDON of Florida, Ms. LEE, and Mr. LEACH) introduced the following bill; which was referred to the Committee on International Relations

APRIL 7, 2003

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 March 17, 2003]

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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) *SHORT TITLE.*—*This Act may be cited as the*
 3 *“United States Leadership Against HIV/AIDS, Tuber-*
 4 *culosis, and Malaria Act of 2003”.*

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

Sec. 1. Short title; table of contents.

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. HIV/AIDS Response Coordinator.

**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 Ma-
laria.

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.

Sec. 315. Pilot program on family survival partnerships.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

1 **SEC. 2. FINDINGS.**

2 *Congress makes the following findings:*

3 *(1) During the last 20 years, HIV/AIDS has as-*
4 *sumed pandemic proportions, spreading from the*
5 *most severely affected regions, sub-Saharan Africa*
6 *and the Caribbean, to all corners of the world, and*
7 *leaving an unprecedented path of death and devasta-*
8 *tion.*

9 *(2) According to the Joint United Nations Pro-*
10 *gramme on HIV/AIDS (UNAIDS), more than*
11 *65,000,000 individuals worldwide have been infected*
12 *with HIV since the epidemic began, more than*
13 *25,000,000 of these individuals have lost their lives to*
14 *the disease, and more than 14,000,000 children have*
15 *been orphaned by the disease. HIV/AIDS is the*
16 *fourth-highest cause of death in the world.*

17 *(3)(A) At the end of 2002, an estimated*
18 *42,000,000 individuals were infected with HIV or liv-*
19 *ing with AIDS, of which more than 75 percent live*
20 *in Africa or the Caribbean. Of these individuals, more*
21 *than 3,200,000 were children under the age of fifteen*
22 *and more than 19,200,000 were women.*

23 *(B) Women are four times more vulnerable to in-*
24 *fection than are men and are becoming infected at in-*
25 *creasingly high rates, in part because many societies*
26 *do not provide poor women and young girls with the*

1 *social, legal, and cultural protections against high*
2 *risk activities that expose them to HIV/AIDS.*

3 *(C) Women and children who are refugees or are*
4 *internally displaced persons are especially vulnerable*
5 *to sexual exploitation and violence, thereby increasing*
6 *the possibility of HIV infection.*

7 *(4) As the leading cause of death in sub-Saharan*
8 *Africa, AIDS has killed more than 19,400,000 indi-*
9 *viduals (more than 3 times the number of AIDS*
10 *deaths in the rest of the world) and will claim the*
11 *lives of one-quarter of the population, mostly adults,*
12 *in the next decade.*

13 *(5) An estimated 2,000,000 individuals in Latin*
14 *America and the Caribbean and another 7,100,000*
15 *individuals in Asia and the Pacific region are in-*
16 *fected with HIV or living with AIDS. Infection rates*
17 *are rising alarmingly in Eastern Europe (especially*
18 *in the Russian Federation), Central Asia, and China.*

19 *(6) HIV/AIDS threatens personal security by af-*
20 *fecting the health, lifespan, and productive capacity*
21 *of the individual and the social cohesion and eco-*
22 *nomic well-being of the family.*

23 *(7) HIV/AIDS undermines the economic security*
24 *of a country and individual businesses in that coun-*
25 *try by weakening the productivity and longevity of*

1 *the labor force across a broad array of economic sec-*
2 *tors and by reducing the potential for economic*
3 *growth over the long term.*

4 (8) *HIV/AIDS destabilizes communities by strik-*
5 *ing at the most mobile and educated members of soci-*
6 *ety, many of whom are responsible for security at the*
7 *local level and governance at the national and sub-*
8 *national levels as well as many teachers, health care*
9 *personnel, and other community workers vital to com-*
10 *munity development and the effort to combat HIV/*
11 *AIDS. In some countries the overwhelming challenges*
12 *of the HIV/AIDS epidemic are accelerating the out-*
13 *ward migration of critically important health care*
14 *professionals.*

15 (9) *HIV/AIDS weakens the defenses of countries*
16 *severely affected by the HIV/AIDS crisis through high*
17 *infection rates among members of their military*
18 *forces and voluntary peacekeeping personnel. Accord-*
19 *ing to UNAIDS, in sub-Saharan Africa, many mili-*
20 *tary forces have infection rates as much as five times*
21 *that of the civilian population.*

22 (10) *HIV/AIDS poses a serious security issue for*
23 *the international community by—*

24 (A) *increasing the potential for political in-*
25 *stability and economic devastation, particularly*

1 *in those countries and regions most severely af-*
2 *ected by the disease;*

3 *(B) decreasing the capacity to resolve con-*
4 *licts through the introduction of peacekeeping*
5 *forces because the environments into which these*
6 *forces are introduced pose a high risk for the*
7 *spread of HIV/AIDS; and*

8 *(C) increasing the vulnerability of local*
9 *populations to HIV/AIDS in conflict zones from*
10 *peacekeeping troops with HIV infection rates sig-*
11 *nificantly higher than civilian populations.*

12 *(11) The devastation wrought by the HIV/AIDS*
13 *pandemic is compounded by the prevalence of tuber-*
14 *culosis and malaria, particularly in developing coun-*
15 *tries where the poorest and most vulnerable members*
16 *of society, including women, children, and those indi-*
17 *viduals living with HIV/AIDS, become infected. Ac-*
18 *ording to the World Health Organization (WHO),*
19 *HIV/AIDS, tuberculosis, and malaria accounted for*
20 *more than 5,700,000 deaths in 2001 and caused de-*
21 *bitating illnesses in millions more.*

22 *(12) Together, HIV/AIDS, tuberculosis, malaria*
23 *and related diseases are undermining agricultural*
24 *production throughout Africa. According to the*
25 *United Nations Food and Agricultural Organization,*

1 7,000,000 agricultural workers throughout 25 African
2 countries have died from AIDS since 1985. Countries
3 with poorly developed agricultural systems, which al-
4 ready face chronic food shortages, are the hardest hit,
5 particularly in sub-Saharan Africa, where high HIV
6 prevalence rates are compounding the risk of starva-
7 tion for an estimated 14,400,000 people.

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

19 (14) Malaria, the most deadly of all tropical
20 parasitic diseases, has been undergoing a dramatic
21 resurgence in recent years due to increasing resistance
22 of the malaria parasite to inexpensive and effective
23 drugs. At the same time, increasing resistance of mos-
24 quitoes to standard insecticides makes control of
25 transmission difficult to achieve. The World Health

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

9 *(15) HIV/AIDS is first and foremost a health*
10 *problem. Successful strategies to stem the spread of*
11 *the HIV/AIDS pandemic will require clinical medical*
12 *interventions, the strengthening of health care delivery*
13 *systems and infrastructure, and determined national*
14 *leadership and increased budgetary allocations for the*
15 *health sector in countries affected by the epidemic as*
16 *well as measures to address the social and behavioral*
17 *causes of the problem and its impact on families,*
18 *communities, and societal sectors.*

19 *(16) Basic interventions to prevent new HIV in-*
20 *fections and to bring care and treatment to people liv-*
21 *ing with AIDS, such as voluntary counseling and*
22 *testing and mother-to-child transmission programs,*
23 *are achieving meaningful results and are cost-effec-*
24 *tive. The challenge is to expand these interventions*

1 *from a pilot program basis to a national basis in a*
2 *coherent and sustainable manner.*

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

10 *(18) Nongovernmental organizations, including*
11 *faith-based organizations, with experience in health*
12 *care and HIV/AIDS counseling, have proven effective*
13 *in combating the HIV/AIDS pandemic and can be a*
14 *resource in assisting indigenous organizations in se-*
15 *verely affected countries in their efforts to provide*
16 *treatment and care for individuals infected with HIV/*
17 *AIDS.*

18 *(19) Faith-based organizations are making an*
19 *important contribution to HIV prevention and AIDS*
20 *treatment programs around the world. Successful HIV*
21 *prevention programs in Uganda, Jamaica, and else-*
22 *where have included local churches and faith-based*
23 *groups in efforts to promote behavior changes to pre-*
24 *vent HIV, to reduce stigma associated with HIV in-*
25 *fection, to treat those afflicted with the disease, and*

1 *to care for orphans. The Catholic Church alone cur-*
2 *rently cares for one in four people being treated for*
3 *AIDS worldwide. Faith-based organizations possess*
4 *infrastructure, experience, and knowledge that will be*
5 *needed to carry out these programs in the future and*
6 *should be an integral part of United States efforts.*

7 *(20)(A) Uganda has experienced the most signifi-*
8 *cant decline in HIV rates of any country in Africa,*
9 *including a decrease among pregnant women from*
10 *20.6 percent in 1991 to 7.9 percent in 2000.*

11 *(B) Uganda made this remarkable turnaround*
12 *because President Yoweri Museveni spoke out early,*
13 *breaking long-standing cultural taboos, and changed*
14 *widespread perceptions about the disease. His leader-*
15 *ship stands as a model for ways political leaders in*
16 *Africa and other developing countries can mobilize*
17 *their nations, including civic organizations, profes-*
18 *sional associations, religious institutions, business*
19 *and labor to combat HIV/AIDS.*

20 *(C) Uganda's successful AIDS treatment and*
21 *prevention program is referred to as the ABC model:*
22 *"Abstain, Be faithful, use Condoms", in order of pri-*
23 *ority. Jamaica, Zambia, Ethiopia and Senegal have*
24 *also successfully used the ABC model. Beginning in*
25 *1986, Uganda brought about a fundamental change*

1 *in sexual behavior by developing a low-cost program*
2 *with the message: “Stop having multiple partners. Be*
3 *faithful. Teenagers, wait until you are married before*
4 *you begin sex.”.*

5 *(D) By 1995, 95 percent of Ugandans were re-*
6 *porting either one or zero sexual partners in the past*
7 *year, and the proportion of sexually active youth de-*
8 *clined significantly from the late 1980s to the mid-*
9 *1990s. The greatest percentage decline in HIV infec-*
10 *tions and the greatest degree of behavioral change oc-*
11 *curred in those 15 to 19 years old. Uganda’s success*
12 *shows that behavior change, through the use of the*
13 *ABC model, is a very successful way to prevent the*
14 *spread of HIV.*

15 *(21) The magnitude and scope of the HIV/AIDS*
16 *crisis demands a comprehensive, long-term, inter-*
17 *national response focused upon addressing the causes,*
18 *reducing the spread, and ameliorating the con-*
19 *sequences of the HIV/AIDS pandemic, including—*

20 *(A) prevention and education, care and*
21 *treatment, basic and applied research, and*
22 *training of health care workers, particularly at*
23 *the community and provincial levels, and other*
24 *community workers and leaders needed to cope*

1 *with the range of consequences of the HIV/AIDS*
2 *crisis;*

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

7 *(C) development and implementation of na-*
8 *tional and community-based multisector strate-*
9 *gies that address the impact of HIV/AIDS on the*
10 *individual, family, community, and nation and*
11 *increase the participation of at-risk populations*
12 *in programs designed to encourage behavioral*
13 *and social change and reduce the stigma associ-*
14 *ated with HIV/AIDS; and*

15 *(D) coordination of efforts between inter-*
16 *national organizations such as the Global Fund*
17 *to Fight AIDS, Tuberculosis and Malaria, the*
18 *Joint United Nations Programme on HIV/AIDS*
19 *(UNAIDS), the World Health Organization*
20 *(WHO), national governments, and private sec-*
21 *tor organizations, including faith-based organi-*
22 *zations.*

23 *(22) The United States has the capacity to lead*
24 *and enhance the effectiveness of the international com-*
25 *munity's response by—*

1 (A) providing substantial financial re-
2 sources, 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 faith-
12 based and community-based organizations to
13 adopt policies that treat HIV/AIDS as a multi-
14 sectoral public health problem affecting not only
15 health but other areas such as agriculture, edu-
16 cation, the economy, the family and society, and
17 assisting them to develop and implement pro-
18 grams corresponding to these needs;

19 (E) promoting healthy lifestyles, including
20 abstinence, delaying sexual debut, monogamy,
21 marriage, faithfulness, use of condoms, and
22 avoiding substance abuse; and

23 (F) encouraging active involvement of the
24 private sector, including businesses, pharma-
25 ceutical and biotechnology companies, the med-

1 *ical and scientific communities, charitable foun-*
2 *dations, private and voluntary organizations*
3 *and nongovernmental organizations, faith-based*
4 *organizations, community-based organizations,*
5 *and other nonprofit entities.*

6 *(23) Prostitution and other sexual victimization*
7 *are degrading to women and children and it should*
8 *be the policy of the United States to eradicate such*
9 *practices. The sex industry, the trafficking of individ-*
10 *uals into such industry, and sexual violence are addi-*
11 *tional causes of and factors in the spread of the HIV/*
12 *AIDS epidemic. One in nine South Africans is living*
13 *with AIDS, and sexual assault is rampant, at a vic-*
14 *timization rate of one in three women. Meanwhile in*
15 *Cambodia, as many as 40 percent of prostitutes are*
16 *infected with HIV and the country has the highest*
17 *rate of increase of HIV infection in all of Southeast*
18 *Asia. Victims of coercive sexual encounters do not get*
19 *to make choices about their sexual activities.*

20 *(24) Strong coordination must exist among the*
21 *various agencies of the United States to ensure effec-*
22 *tive and efficient use of financial and technical re-*
23 *sources within the United States Government with re-*
24 *spect to the provision of international HIV/AIDS as-*
25 *sistance.*

1 (25) *In his address to Congress on January 28,*
2 *2003, the President announced the Administration’s*
3 *intention to embark on a five-year emergency plan for*
4 *AIDS relief, to confront HIV/AIDS with the goals of*
5 *preventing 7,000,000 new HIV/AIDS infections, treat-*
6 *ing at least 2,000,000 people with life-extending*
7 *drugs, and providing humane care for millions of*
8 *people suffering from HIV/AIDS, and for children or-*
9 *phaned by HIV/AIDS.*

10 (26) *In this address to Congress, the President*
11 *stated the following: “Today, on the continent of Afri-*
12 *ca, nearly 30,000,000 people have the AIDS virus—*
13 *including 3,000,000 children under the age of 15.*
14 *There are whole countries in Africa where more than*
15 *one-third of the adult population carries the infection.*
16 *More than 4,000,000 require immediate drug treat-*
17 *ment. Yet across that continent, only 50,000 AIDS*
18 *victims—only 50,000—are receiving the medicine*
19 *they need.”.*

20 (27) *Furthermore, the President focused on care*
21 *and treatment of HIV/AIDS in his address to Con-*
22 *gress, stating the following: “Because the AIDS diag-*
23 *nosis is considered a death sentence, many do not seek*
24 *treatment. Almost all who do are turned away. A doc-*
25 *tor in rural South Africa describes his frustration. He*

1 says, ‘We have no medicines. Many hospitals tell peo-
2 ple, you’ve got AIDS, we can’t help you. Go home
3 and die.’ In an age of miraculous medicines, no per-
4 son should have to hear those words. AIDS can be
5 prevented. Anti-retroviral drugs can extend life for
6 many years ... Ladies and gentlemen, seldom has
7 history offered a greater opportunity to do so much
8 for so many.”.

9 (28) Finally, the President stated that “[w]e
10 have confronted, and will continue to confront, HIV/
11 AIDS in our own country”, proposing now that the
12 United States should lead the world in sparing inno-
13 cent people from a plague of nature, and asking Con-
14 gress “to commit \$15,000,000,000 over the next five
15 years, including nearly \$10,000,000,000 in new
16 money, to turn the tide against AIDS in the most af-
17 flicted nations of Africa and the Caribbean”.

18 **SEC. 3. DEFINITIONS.**

19 *In this Act:*

20 (1) *AIDS.*—The term “AIDS” means the ac-
21 quired immune deficiency syndrome.

22 (2) *APPROPRIATE CONGRESSIONAL COMMIT-*
23 *TEES.*—The term “appropriate congressional commit-
24 tees” means the Committee on Foreign Relations of

1 *the Senate and the Committee on International Rela-*
2 *tions of the House of Representatives.*

3 (3) *GLOBAL FUND.*—*The term “Global Fund”*
4 *means the public-private partnership known as the*
5 *Global Fund to Fight AIDS, Tuberculosis and Ma-*
6 *laria established pursuant to Article 80 of the Swiss*
7 *Civil Code.*

8 (4) *HIV.*—*The term “HIV” means the human*
9 *immunodeficiency virus, the pathogen that causes*
10 *AIDS.*

11 (5) *HIV/AIDS.*—*The term “HIV/AIDS” means,*
12 *with respect to an individual, an individual who is*
13 *infected with HIV or living with AIDS.*

14 (6) *RELEVANT EXECUTIVE BRANCH AGENCIES.*—
15 *The term “relevant executive branch agencies” means*
16 *the Department of State, the United States Agency for*
17 *International Development, and any other depart-*
18 *ment or agency of the United States that participates*
19 *in international HIV/AIDS activities pursuant to the*
20 *authorities of such department or agency or the For-*
21 *eign Assistance Act of 1961.*

22 **SEC. 4. PURPOSE.**

23 *The purpose of this Act is to strengthen United States*
24 *leadership and the effectiveness of the United States re-*
25 *sponse to certain global infectious diseases by—*

1 (1) *establishing a comprehensive, integrated five-*
2 *year, global strategy to fight HIV/AIDS that encom-*
3 *passes a plan for phased expansion of critical pro-*
4 *grams and improved coordination among relevant ex-*
5 *ecutive branch agencies and between the United States*
6 *and foreign governments and international organiza-*
7 *tions;*

8 (2) *providing increased resources for multilateral*
9 *efforts to fight HIV/AIDS;*

10 (3) *providing increased resources for United*
11 *States bilateral efforts, particularly for technical as-*
12 *sistance and training, to combat HIV/AIDS, tuber-*
13 *culosis, and malaria;*

14 (4) *encouraging the expansion of private sector*
15 *efforts and expanding public-private sector partner-*
16 *ships to combat HIV/AIDS; and*

17 (5) *intensifying efforts to support the develop-*
18 *ment of vaccines and treatment for HIV/AIDS, tuber-*
19 *culosis, and malaria.*

20 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**
21 **PORTS.**

22 *With respect to the reports required by this Act to be*
23 *submitted by the President, to ensure an efficient use of re-*
24 *sources, the President may, in his discretion and notwith-*
25 *standing any other provision of this Act, consolidate or*

1 *combine any of these reports, except for the report required*
2 *by section 101 of this Act, so long as the required elements*
3 *of each report are addressed and reported within a 90-day*
4 *period from the original deadline date for submission of the*
5 *report specified in this Act. The President may also enter*
6 *into contracts with organizations with relevant expertise to*
7 *develop, originate, or contribute to any of the reports re-*
8 *quired by this Act to be submitted by the President.*

9 ***TITLE I—POLICY PLANNING AND***
10 ***COORDINATION***

11 ***SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-***
12 ***YEAR, GLOBAL STRATEGY.***

13 *(a) STRATEGY.—The President shall establish a com-*
14 *prehensive, integrated, five-year strategy to combat global*
15 *HIV/AIDS that strengthens the capacity of the United*
16 *States to be an effective leader of the international cam-*
17 *paign against HIV/AIDS. Such strategy shall maintain*
18 *sufficient flexibility and remain responsive to the ever-*
19 *changing nature of the HIV/AIDS pandemic and shall—*

20 *(1) include specific objectives, multisectoral ap-*
21 *proaches, and specific strategies to treat individuals*
22 *infected with HIV/AIDS and to prevent the further*
23 *spread of HIV infections, with a particular focus on*
24 *the needs of families with children (including the pre-*
25 *vention of mother-to-child transmission), women,*

1 *young people, and children (such as unaccompanied*
2 *minor children and orphans);*

3 *(2) as part of the strategy, implement a tiered*
4 *approach to direct delivery of care and treatment*
5 *through a system based on central facilities aug-*
6 *mented by expanding circles of local delivery of care*
7 *and treatment through local systems and capacity;*

8 *(3) assign priorities for relevant executive branch*
9 *agencies;*

10 *(4) provide that the reduction of HIV/AIDS be-*
11 *havioral risks shall be a priority of all prevention ef-*
12 *forts in terms of funding, educational messages, and*
13 *activities by promoting abstinence from sexual activ-*
14 *ity and substance abuse, encouraging monogamy and*
15 *faithfulness, promoting the effective use of condoms,*
16 *and eradicating prostitution, the sex trade, rape, sex-*
17 *ual assault and sexual exploitation of women and*
18 *children;*

19 *(5) improve coordination among relevant execu-*
20 *tive branch agencies, foreign governments, and inter-*
21 *national organizations;*

22 *(6) project general levels of resources needed to*
23 *achieve the stated objectives;*

24 *(7) expand public-private partnerships and the*
25 *leveraging of resources; and*

1 (8) *maximize United States capabilities in the*
2 *areas of technical assistance and training and re-*
3 *search, including vaccine research.*

4 **(b) REPORT.—**

5 **(1) IN GENERAL.—***Not later than 270 days after*
6 *the date of enactment of this Act, the President shall*
7 *submit to the appropriate congressional committees a*
8 *report setting forth the strategy described in sub-*
9 *section (a).*

10 **(2) REPORT CONTENTS.—***The report required by*
11 *paragraph (1) shall include a discussion of the ele-*
12 *ments described in paragraph (3) and may include a*
13 *discussion of additional elements relevant to the strat-*
14 *egy described in subsection (a). Such discussion may*
15 *include an explanation as to why a particular ele-*
16 *ment described in paragraph (3) is not relevant to*
17 *such strategy.*

18 **(3) REPORT ELEMENTS.—***The elements referred*
19 *to in paragraph (2) are the following:*

20 **(A)** *The objectives, general and specific, of*
21 *the strategy.*

22 **(B)** *A description of the criteria for deter-*
23 *mining success of the strategy.*

24 **(C)** *A description of the manner in which*
25 *the strategy will address the fundamental ele-*

1 *ments of prevention and education, care, and*
2 *treatment (including increasing access to phar-*
3 *maceuticals and to vaccines), the promotion of*
4 *abstinence, monogamy, avoidance of substance*
5 *abuse, and use of condoms, research (including*
6 *incentives for vaccine development and new pro-*
7 *ocols), training of health care workers, the devel-*
8 *opment of health care infrastructure and delivery*
9 *systems, and avoidance of substance abuse.*

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

16 *(E) A description of the specific strategies*
17 *developed to meet the unique needs of women, in-*
18 *cluding the empowerment of women in inter-*
19 *personal situations, young people and children,*
20 *including those orphaned by HIV/AIDS and*
21 *those who are victims of the sex trade, rape, sex-*
22 *ual abuse, assault, and exploitation.*

23 *(F) A description of the programs to be un-*
24 *dertaken to maximize United States contribu-*
25 *tions in the areas of technical assistance, train-*

1 *ing (particularly of health care workers and*
2 *community-based leaders in affected sectors), and*
3 *research, including the promotion of research on*
4 *vaccines and microbicides.*

5 *(G) An identification of the relevant execu-*
6 *tive branch agencies that will be involved and*
7 *the assignment of priorities to those agencies.*

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

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

19 *(J) A description of the mechanisms that*
20 *will be utilized to ensure greater coordination be-*
21 *tween the United States and foreign governments*
22 *and international organizations including the*
23 *Global Fund, UNAIDS, international financial*
24 *institutions, and private sector organizations.*

1 (K) *The level of resources that will be need-*
2 *ed on an annual basis and the manner in which*
3 *those resources would generally be allocated*
4 *among the relevant executive branch agencies.*

5 (L) *A description of the mechanisms to be*
6 *established for monitoring and evaluating pro-*
7 *grams, promoting successful models, and for ter-*
8 *minating unsuccessful programs.*

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

15 (N) *A description of the ways in which*
16 *United States leadership will be used to enhance*
17 *the overall international response to the HIV/*
18 *AIDS pandemic and particularly to heighten the*
19 *engagement of the member states of the G–8 and*
20 *to strengthen key financial and coordination*
21 *mechanisms such as the Global Fund and*
22 *UNAIDS.*

23 (O) *A description of the manner in which*
24 *the United States strategy for combating HIV/*
25 *AIDS relates to and supports other United*

1 *States assistance strategies in developing coun-*
2 *tries.*

3 *(P) A description of the programs to be car-*
4 *ried out under the strategy that are specifically*
5 *targeted at women and girls to educate them*
6 *about the spread of HIV/AIDS.*

7 *(Q) A description of efforts being made to*
8 *address the unique needs of families with chil-*
9 *dren with respect to HIV/AIDS, including efforts*
10 *to preserve the family unit.*

11 *(R) An analysis of the emigration of criti-*
12 *cally important medical and public health per-*
13 *sonnel, including physicians, nurses, and super-*
14 *visors from sub-Saharan African countries that*
15 *are acutely impacted by HIV/AIDS, including a*
16 *description of the causes, effects, and the impact*
17 *on the stability of health infrastructures, as well*
18 *as a summary of incentives and programs that*
19 *the United States could provide, in concert with*
20 *other private and public sector partners and*
21 *international organizations, to stabilize health*
22 *institutions by encouraging critical personnel to*
23 *remain in their home countries.*

24 *(S) A description of the specific strategies*
25 *developed to promote sustainability of HIV/*

1 *AIDS pharmaceuticals (including*
2 *antiretrovirals) and the effects of drug resistance*
3 *on HIV/AIDS patients.*

4 *(T) A description of the specific strategies to*
5 *ensure that the extraordinary benefit of HIV/*
6 *AIDS pharmaceuticals (especially*
7 *antiretrovirals) are not diminished through the*
8 *illegal counterfeiting of pharmaceuticals and*
9 *black market sales of such pharmaceuticals.*

10 *(U) An analysis of the prevalence of*
11 *Human Papilloma Virus (HPV) in sub-Saharan*
12 *Africa and the impact that condom usage has*
13 *upon the spread of HPV in sub-Saharan Africa.*

14 **SEC. 102. HIV/AIDS RESPONSE COORDINATOR.**

15 *(a) ESTABLISHMENT OF POSITION.—Section 1 of the*
16 *State Department Basic Authorities Act of 1956 (22 U.S.C.*
17 *265(a)) is amended—*

18 *(1) by redesignating subsection (f) as subsection*
19 *(g); and*

20 *(2) by inserting after subsection (e) the following:*
21 *“(f) HIV/AIDS RESPONSE COORDINATOR.—*

22 *“(1) IN GENERAL.—There shall be established*
23 *within the Department of State in the immediate of-*
24 *fice of the Secretary of State a Coordinator of United*
25 *States Government Activities to Combat HIV/AIDS*

1 *Globally, who shall be appointed by the President, by*
2 *and with the advice and consent of the Senate. The*
3 *Coordinator shall report directly to the Secretary.*

4 “(2) *AUTHORITIES AND DUTIES; DEFINITIONS.—*

5 “(A) *AUTHORITIES.—The Coordinator, act-*
6 *ing through such nongovernmental organizations*
7 *(including faith-based and community-based or-*
8 *ganizations) and relevant executive branch agen-*
9 *cies as may be necessary and appropriate to ef-*
10 *fect the purposes of this section, is authorized—*

11 “(i) *to operate internationally to carry*
12 *out prevention, care, treatment, support, ca-*
13 *pacitv development, and other activities for*
14 *combatting HIV/AIDS;*

15 “(ii) *to transfer and allocate funds to*
16 *relevant executive branch agencies; and*

17 “(iii) *to provide grants to, and enter*
18 *into contracts with, nongovernmental orga-*
19 *nizations (including faith-based and com-*
20 *munity-based organizations) to carry out*
21 *the purposes of section.*

22 “(B) *DUTIES.—*

23 “(i) *IN GENERAL.—The Coordinator*
24 *shall have primary responsibility for the*
25 *oversight and coordination of all resources*

1 *and international activities of the United*
2 *States Government to combat the HIV/*
3 *AIDS pandemic, including all programs,*
4 *projects, and activities of the United States*
5 *Government relating to the HIV/AIDS pan-*
6 *demic under the United States Leadership*
7 *Against HIV/AIDS, Tuberculosis, and Ma-*
8 *laria Act of 2003 or any amendment made*
9 *by that Act.*

10 “(i) *SPECIFIC DUTIES.—The duties of*
11 *the Coordinator shall specifically include*
12 *the following:*

13 “(I) *Ensuring program and pol-*
14 *icy coordination among the relevant*
15 *executive branch agencies and non-*
16 *governmental organizations, including*
17 *auditing, monitoring, and evaluation*
18 *of all such programs.*

19 “(II) *Ensuring that each relevant*
20 *executive branch agency undertakes*
21 *programs primarily in those areas*
22 *where the agency has the greatest ex-*
23 *pertise, technical capabilities, and po-*
24 *tential for success.*

1 “(III) *Avoiding duplication of ef-*
2 *fort.*

3 “(IV) *Ensuring coordination of*
4 *relevant executive branch agency ac-*
5 *tivities in the field.*

6 “(V) *Pursuing coordination with*
7 *other countries and international orga-*
8 *nizations.*

9 “(VI) *Resolving policy, program,*
10 *and funding disputes among the rel-*
11 *evant executive branch agencies.*

12 “(VII) *Directly approving all ac-*
13 *tivities of the United States (including*
14 *funding) relating to combatting HIV/*
15 *AIDS in each of Botswana, Cote*
16 *d’Ivoire, Ethiopia, Guyana, Haiti,*
17 *Kenya, Mozambique, Namibia, Nige-*
18 *ria, Rwanda, South Africa, Tanzania,*
19 *Uganda, Zambia, and other countries*
20 *designated by the President, which*
21 *other designated countries may include*
22 *those countries in which the United*
23 *States is implementing HIV/AIDS*
24 *programs as of the date of the enact-*
25 *ment of the United States Leadership*

1 *Against HIV/AIDS, Tuberculosis, and*
2 *Malaria Act of 2003.*

3 “(VIII) *Establishing due diligence*
4 *criteria for all recipients of funds sec-*
5 *tion and all activities subject to the co-*
6 *ordination and appropriate moni-*
7 *toring, evaluation, and audits carried*
8 *out by the Coordinator necessary to as-*
9 *sess the measurable outcomes of such*
10 *activities.*

11 “(C) *DEFINITIONS.—In this paragraph:*

12 “(i) *AIDS.—The term ‘AIDS’ means*
13 *acquired immune deficiency syndrome.*

14 “(ii) *HIV.—The term ‘HIV’ means the*
15 *human immunodeficiency virus, the patho-*
16 *gen that causes AIDS.*

17 “(iii) *HIV/AIDS.—The term ‘HIV/*
18 *AIDS’ means, with respect to an indi-*
19 *vidual, an individual who is infected with*
20 *HIV or living with AIDS.*

21 “(iv) *RELEVANT EXECUTIVE BRANCH*
22 *AGENCIES.—The term ‘relevant executive*
23 *branch agencies’ means the Department of*
24 *State, the United States Agency for Inter-*
25 *national Development, the Department of*

1 *Health and Human Services (including the*
2 *Public Health Service), and any other de-*
3 *partment or agency of the United States*
4 *that participates in international HIV/*
5 *AIDS activities pursuant to the authorities*
6 *of such department or agency or this Act.”.*

7 **(b) RESOURCES.**—*Not later than 90 days after the*
8 *date of enactment of this Act, the President shall specify*
9 *the necessary financial and personnel resources, from funds*
10 *appropriated pursuant to the authorization of appropria-*
11 *tions under section 401 for HIV/AIDS assistance, that shall*
12 *be assigned to and under the direct control of the Coordi-*
13 *nator of United States Government Activities to Combat*
14 *HIV/AIDS Globally to establish and maintain the duties*
15 *and supporting activities assigned to the Coordinator by*
16 *this Act and the amendments made by this Act.*

17 **(c) ESTABLISHMENT OF SEPARATE ACCOUNT.**—*There*
18 *is established in the general fund of the Treasury a separate*
19 *account which shall be known as the “Activities to Combat*
20 *HIV/AIDS Globally Fund” and which shall be adminis-*
21 *tered by the Coordinator of United States Government Ac-*
22 *tivities to Combat HIV/AIDS Globally. There shall be de-*
23 *posited into the Fund all amounts appropriated pursuant*
24 *to the authorization of appropriations under section 401*

1 *for HIV/AIDS assistance, except for amounts appropriated*
2 *for United States contributions to the Global Fund.*

3 ***TITLE II—SUPPORT FOR MULTI-***
4 ***LATERAL FUNDS, PROGRAMS,***
5 ***AND PUBLIC-PRIVATE PART-***
6 ***NERSHIPS***

7 ***SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-***
8 ***NERSHIPS.***

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

10 *(1) Innovative partnerships between governments*
11 *and organizations in the private sector (including*
12 *foundations, universities, corporations, faith-based*
13 *and community-based organizations, and other non-*
14 *governmental organizations) have proliferated in re-*
15 *cent years, particularly in the area of health.*

16 *(2) Public-private sector partnerships multiply*
17 *local and international capacities to strengthen the*
18 *delivery of health services in developing countries and*
19 *to accelerate research for vaccines and other pharma-*
20 *ceutical products that are essential to combat infec-*
21 *tious diseases decimating the populations of these*
22 *countries.*

23 *(3) These partnerships maximize the unique ca-*
24 *pabilities of each sector while combining financial*
25 *and other resources, scientific knowledge, and exper-*

1 *tise toward common goals which neither the public*
2 *nor the private sector can achieve alone.*

3 *(4) Sustaining existing public-private partner-*
4 *ships and building new ones are critical to the success*
5 *of the international community's efforts to combat*
6 *HIV/AIDS and other infectious diseases around the*
7 *globe.*

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

10 *(1) the sustainment and promotion of public-pri-*
11 *vate partnerships should be a priority element of the*
12 *strategy pursued by the United States to combat the*
13 *HIV/AIDS pandemic and other global health crises;*
14 *and*

15 *(2) the United States should systematically track*
16 *the evolution of these partnerships and work with oth-*
17 *ers in the public and private sector to profile and*
18 *build upon those models that are most effective.*

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

21 *(a) AUTHORITY FOR UNITED STATES PARTICIPA-*
22 *TION.—*

23 *(1) UNITED STATES PARTICIPATION.—The*
24 *United States is hereby authorized to participate in*
25 *the Global Fund.*

1 (2) *PRIVILEGES AND IMMUNITIES.*—*The Global*
2 *Fund shall be considered a public international orga-*
3 *nization for purposes of section 1 of the International*
4 *Organizations Immunities Act (22 U.S.C. 288).*

5 (b) *REPORTS TO CONGRESS.*—*Not later than 1 year*
6 *after the date of the enactment of this Act, and annually*
7 *thereafter for the duration of the Global Fund, the President*
8 *shall submit to the appropriate congressional committees a*
9 *report on the Global Fund, including contributions pledged*
10 *to, contributions (including donations from the private sec-*
11 *tor) received by, and projects funded by the Global Fund,*
12 *and the mechanisms established for transparency and ac-*
13 *countability in the grant-making process.*

14 (c) *UNITED STATES FINANCIAL PARTICIPATION.*—

15 (1) *AUTHORIZATION OF APPROPRIATIONS.*—*In*
16 *addition to any other funds authorized to be appro-*
17 *priated for bilateral or multilateral HIV/AIDS, tuber-*
18 *culosis, or malaria programs, of the amounts author-*
19 *ized to be appropriated under section 401, there are*
20 *authorized to be appropriated to the President up to*
21 *\$1,000,000,000 in the fiscal year 2004, and such sums*
22 *as may be necessary for the fiscal years 2005–2008,*
23 *for contributions to the Global Fund.*

1 (2) *AVAILABILITY OF FUNDS.*—Amounts appro-
2 priated under paragraph (1) are authorized to re-
3 main available until expended.

4 (3) *REPROGRAMMING OF FISCAL YEAR 2001*
5 *FUNDS.*—Funds made available for fiscal year 2001
6 under section 141 of the *Global AIDS and Tuber-*
7 *culosis Relief Act of 2000*—

8 (A) are authorized to remain available until
9 expended; and

10 (B) shall be transferred to, merged with,
11 and made available for the same purposes as,
12 funds made available for fiscal years 2004
13 through 2008 under paragraph (1).

14 (4) *LIMITATION.*—

15 (A)(i) At any time during fiscal years 2004
16 through 2008, no United States contribution to
17 the *Global Fund* may cause the total amount of
18 United States Government contributions to the
19 *Global Fund* to exceed 33 percent of the total
20 amount of funds contributed to the *Global Fund*
21 from all other sources. Contributions to the *Glob-*
22 *al Fund* from the *International Bank for Recon-*
23 *struction and Development* and the *International*
24 *Monetary Fund* shall not be considered in deter-
25 mining compliance with this paragraph.

1 (ii) If, at any time during any of the fiscal
2 years 2004 through 2008, the President deter-
3 mines that the Global Fund has provided assist-
4 ance to a country, the government of which the
5 Secretary of State has determined, for purposes
6 of section 6(j)(1) of the Export Administration
7 Act of 1979 (50 U.S.C. App. 2405(j)(1)), has re-
8 peatedly provided support for acts of inter-
9 national terrorism, then the United States shall
10 withhold from its contribution for the next fiscal
11 year an amount equal to the amount expended
12 by the Fund to the government of each such
13 country.

14 (B) Any amount made available under this
15 subsection that is withheld by reason of subpara-
16 graph (A) shall be contributed to the Global
17 Fund as soon as practicable, subject to subpara-
18 graph (A), after additional contributions to the
19 Global Fund are made from other sources.

20 (C)(i) The President may suspend the ap-
21 plication of subparagraph (A) with respect to a
22 fiscal year if the President determines that an
23 international health emergency threatens the na-
24 tional security interests of the United States.

1 (ii) *The President shall notify the Com-*
2 *mittee on International Relations of the House of*
3 *Representatives and the Committee on Foreign*
4 *Relations of the Senate not less than 5 days be-*
5 *fore making a determination under clause (i)*
6 *with respect to the application of subparagraph*
7 *(A)(i) and shall include in the notification—*

8 (I) *a justification as to why increased*
9 *United States Government contributions to*
10 *the Global Fund is preferable to increased*
11 *United States assistance to combat HIV/*
12 *AIDS, tuberculosis, and malaria on a bilat-*
13 *eral basis; and*

14 (II) *an explanation as to why other*
15 *government donors to the Global Fund are*
16 *unable to provide adequate contributions to*
17 *the Fund.*

18 (d) *INTERAGENCY TECHNICAL REVIEW PANEL.—*

19 (1) *ESTABLISHMENT.—The Coordinator of*
20 *United States Government Activities to Combat HIV/*
21 *AIDS Globally, established in section 1(f)(1) of the*
22 *State Department Basic Authorities Act of 1956 (as*
23 *added by section 102(a) of this Act), shall establish in*
24 *the executive branch an interagency technical review*
25 *panel.*

1 (2) *DUTIES.*—*The interagency technical review*
2 *panel shall serve as a “shadow” panel to the Global*
3 *Fund by—*

4 (A) *periodically reviewing all proposals re-*
5 *ceived by the Global Fund; and*

6 (B) *providing guidance to the United States*
7 *persons who are representatives on the panels,*
8 *committees, and boards of the Global Fund, on*
9 *the technical efficacy, suitability, and appro-*
10 *priateness of the proposals, and ensuring that*
11 *such persons are fully informed of technical in-*
12 *adequacies or other aspects of the proposals that*
13 *are inconsistent with the purposes of this or any*
14 *other Act relating to the provision of foreign as-*
15 *sistance in the area of AIDS.*

16 (3) *MEMBERSHIP.*—*The interagency technical*
17 *review panel shall consist of qualified medical and de-*
18 *velopment experts who are officers or employees of the*
19 *Department of Health and Human Services, the De-*
20 *partment of State, and the United States Agency for*
21 *International Development.*

22 (4) *CHAIR.*—*The Coordinator referred to in*
23 *paragraph (1) shall chair the interagency technical*
24 *review panel.*

25 (e) *MONITORING BY COMPTROLLER GENERAL.*—

1 (1) *MONITORING.*—*The Comptroller General*
2 *shall monitor and evaluate projects funded by the*
3 *Global Fund.*

4 (2) *REPORT.*—*The Comptroller General shall on*
5 *a biennial basis shall prepare and submit to the ap-*
6 *propriate congressional committees a report that con-*
7 *tains the results of the monitoring and evaluation de-*
8 *scribed in paragraph (1) for the preceding 2-year pe-*
9 *riod.*

10 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL**
11 **VACCINE FUNDS.**

12 (a) *VACCINE FUND.*—*Section 302(k) of the Foreign As-*
13 *sistance Act of 1961 (22 U.S.C. 2222(k)) is amended—*

14 (1) *by striking “\$50,000,000 for each of the fiscal*
15 *years 2001 and 2002” and inserting “such sums as*
16 *may be necessary for each of the fiscal years 2004*
17 *through 2008”; and*

18 (2) *by striking “Global Alliance for Vaccines and*
19 *Immunizations” and inserting “Vaccine Fund”.*

20 (b) *INTERNATIONAL AIDS VACCINE INITIATIVE.*—*Sec-*
21 *tion 302(l) of the Foreign Assistance Act of 1961 (22 U.S.C.*
22 *2222(l)) is amended by striking “\$10,000,000 for each of*
23 *the fiscal years 2001 and 2002” and inserting “such sums*
24 *as may be necessary for each of the fiscal years 2004*
25 *through 2008”.*

1 (c) *SUPPORT FOR THE DEVELOPMENT OF MALARIA*
2 *VACCINE.*—Section 302 of the Foreign Assistance Act of
3 1961 (22 U.S.C. 2222) is amended by adding at the end
4 the following new subsection:

5 “(m) In addition to amounts otherwise available under
6 this section, there are authorized to be appropriated to the
7 President such sums as may be necessary for each of the
8 fiscal years 2004 through 2008 to be available for United
9 States contributions to malaria vaccine development pro-
10 grams, including the Malaria Vaccine Initiative of the Pro-
11 gram for Appropriate Technologies in Health (PATH).”.

12 ***TITLE III—BILATERAL EFFORTS***
13 ***Subtitle A—General Assistance and***
14 ***Programs***

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

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

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

21 (2) by inserting after section 104 the following
22 new section:

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

24 “(a) *FINDING.*—Congress recognizes that the alarming
25 spread of HIV/AIDS in countries in sub-Saharan Africa,

1 *the Caribbean, and other developing countries is a major*
2 *global health, national security, development, and humani-*
3 *tarian crisis.*

4 “(b) *POLICY.*—*It is a major objective of the foreign as-*
5 *sistance program of the United States to provide assistance*
6 *for the prevention, treatment, and control of HIV/AIDS.*
7 *The United States and other developed countries should pro-*
8 *vide assistance to countries in sub-Saharan Africa, the Car-*
9 *ibbean, and other countries and areas to control this crisis*
10 *through HIV/AIDS prevention, treatment, monitoring, and*
11 *related activities, particularly activities focused on women*
12 *and youth, including strategies to protect women and pre-*
13 *vent mother-to-child transmission of the HIV infection.*

14 “(c) *AUTHORIZATION.*—

15 “(1) *IN GENERAL.*—*Consistent with section*
16 *104(c), the President is authorized to furnish assist-*
17 *ance, on such terms and conditions as the President*
18 *may determine, for HIV/AIDS, including to prevent,*
19 *treat, and monitor HIV/AIDS, and carry out related*
20 *activities, in countries in sub-Saharan Africa, the*
21 *Caribbean, and other countries and areas.*

22 “(2) *ROLE OF NGOS.*—*It is the sense of Congress*
23 *that the President should provide an appropriate level*
24 *of assistance under paragraph (1) through nongovern-*
25 *mental organizations (including faith-based and com-*

1 *munity-based organizations) in countries in sub-Sa-*
2 *haran Africa, the Caribbean, and other countries and*
3 *areas affected by the HIV/AIDS pandemic.*

4 “(3) *COORDINATION OF ASSISTANCE EFFORTS.—*
5 *The President shall coordinate the provision of assist-*
6 *ance under paragraph (1) with the provision of re-*
7 *lated assistance by the Joint United Nations Pro-*
8 *gramme on HIV/AIDS (UNAIDS), the United Na-*
9 *tions Children’s Fund (UNICEF), the World Health*
10 *Organization (WHO), the United Nations Develop-*
11 *ment Programme (UNDP), the Global Fund to Fight*
12 *AIDS, Tuberculosis and Malaria and other appro-*
13 *priate international organizations (such as the Inter-*
14 *national Bank for Reconstruction and Development),*
15 *relevant regional multilateral development institu-*
16 *tions, national, state, and local governments of for-*
17 *foreign countries, appropriate governmental and non-*
18 *governmental organizations, and relevant executive*
19 *branch agencies.*

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

23 “(1) *PREVENTION.—Prevention of HIV/AIDS*
24 *through activities including—*

1 “(A) programs and efforts that are designed
2 or intended to impart knowledge with the exclu-
3 sive purpose of helping individuals avoid behav-
4 iors that place them at risk of HIV infection, in-
5 cluding integration of such programs into health
6 programs and the inclusion in counseling pro-
7 grams of information on methods of avoiding in-
8 fection of HIV, including delaying sexual debut,
9 abstinence, fidelity and monogamy, reduction of
10 casual sexual partnering, and where appro-
11 priate, use of condoms;

12 “(B) assistance to establish and implement
13 culturally appropriate HIV/AIDS education and
14 prevention programs that focus on helping indi-
15 viduals avoid infection of HIV/AIDS, imple-
16 mented through nongovernmental organizations,
17 including faith-based and community-based or-
18 ganizations, particularly those organizations
19 that utilize both professionals and volunteers
20 with appropriate skills, experience, and commu-
21 nity presence;

22 “(C) assistance for the purpose of providing
23 voluntary testing and counseling (including the
24 incorporation of confidentiality protections with
25 respect to such testing and counseling);

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

6 “(E) assistance to ensure a safe blood sup-
7 ply and sterile medical equipment; and

8 “(F) assistance to help avoid substance
9 abuse and intravenous drug use that can lead to
10 HIV infection.

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

13 “(A) 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 “(B) assistance to strengthen and expand
22 hospice and palliative care programs to assist
23 patients debilitated by HIV/AIDS, their families,
24 and the primary caregivers of such patients, in-

1 cluding programs that utilize faith-based and
2 community-based organizations; and

3 “(C) assistance for the purpose of the care
4 and treatment of individuals with HIV/AIDS
5 through the provision of pharmaceuticals, includ-
6 ing antiretrovirals and other pharmaceuticals
7 and therapies for the treatment of opportunistic
8 infections, nutritional support, and other treat-
9 ment modalities.

10 “(3) *PREVENTATIVE INTERVENTION EDUCATION*
11 *AND TECHNOLOGIES.*—(A) *With particular emphasis*
12 *on specific populations that represent a particularly*
13 *high risk of contracting or spreading HIV/AIDS, in-*
14 *cluding those exploited through the sex trade, victims*
15 *of rape and sexual assault, individuals already in-*
16 *fected with HIV/AIDS, and in cases of occupational*
17 *exposure of health care workers, assistance with efforts*
18 *to reduce the risk of HIV/AIDS infection including*
19 *post-exposure pharmaceutical prophylaxis, and nec-*
20 *essary pharmaceuticals and commodities, including*
21 *test kits, condoms, and, when proven effective,*
22 *microbicides.*

23 “(B) *Bulk purchases of available test kits,*
24 *condoms, and, when proven effective, microbicides*
25 *that are intended to reduce the risk of HIV/AIDS*

1 *transmission and for appropriate program support*
2 *for the introduction and distribution of these com-*
3 *modities, as well as education and training on the*
4 *use of the technologies.*

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

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

13 “(B) *appropriate evaluation and surveil-*
14 *lance activities;*

15 “(C) *monitoring to ensure that appropriate*
16 *measures are being taken to maintain the sus-*
17 *tainability of HIV/AIDS pharmaceuticals (espe-*
18 *cially antiretrovirals) and ensure that drug re-*
19 *sistance is not compromising the benefits of such*
20 *pharmaceuticals; and*

21 “(D) *monitoring to ensure appropriate law*
22 *enforcement officials are working to ensure that*
23 *HIV/AIDS pharmaceuticals are not diminished*
24 *through illegal counterfeiting or black market*
25 *sales of such pharmaceuticals.*

1 “(5) *PHARMACEUTICALS.*—

2 “(A) *PROCUREMENT.*—*The procurement of*
3 *HIV/AIDS pharmaceuticals, antiviral therapies,*
4 *and other appropriate medicines, including*
5 *medicines to treat opportunistic infections.*

6 “(B) *MECHANISMS FOR QUALITY CONTROL*
7 *AND SUSTAINABLE SUPPLY.*—*Mechanisms to en-*
8 *sure that such HIV/AIDS pharmaceuticals,*
9 *antiretroviral therapies, and other appropriate*
10 *medicines are quality-controlled and sustainably*
11 *supplied.*

12 “(C) *DISTRIBUTION.*—*The distribution of*
13 *such HIV/AIDS pharmaceuticals, antiviral*
14 *therapies, and other appropriate medicines (in-*
15 *cluding medicines to treat opportunistic infec-*
16 *tions) to qualified national, regional, or local or-*
17 *ganizations for the treatment of individuals with*
18 *HIV/AIDS in accordance with appropriate HIV/*
19 *AIDS testing and monitoring requirements and*
20 *treatment protocols and for the prevention of*
21 *mother-to-child transmission of the HIV infec-*
22 *tion.*

23 “(6) *RELATED ACTIVITIES.*—*The conduct of re-*
24 *lated activities, including—*

1 “(A) the care and support of children who
2 are orphaned by the HIV/AIDS pandemic, in-
3 cluding services designed to care for orphaned
4 children in a family environment which rely on
5 extended family members;

6 “(B) improved infrastructure and institu-
7 tional capacity to develop and manage edu-
8 cation, prevention, and treatment programs, in-
9 cluding training and the resources to collect and
10 maintain accurate HIV surveillance data to tar-
11 get programs and measure the effectiveness of
12 interventions; and

13 “(C) vaccine research and development
14 partnership programs with specific plans of ac-
15 tion to develop a safe, effective, accessible, pre-
16 ventive HIV vaccine for use throughout the
17 world.

18 “(7) *COMPREHENSIVE HIV/AIDS PUBLIC-PRIVATE*
19 *PARTNERSHIPS.*—The establishment and operation of
20 public-private partnership entities within countries
21 in sub-Saharan Africa, the Caribbean, and other
22 countries affected by the HIV/AIDS pandemic that
23 are dedicated to supporting the national strategy of
24 such countries regarding the prevention, treatment,

1 *and monitoring of HIV/AIDS. Each such public-pri-*
2 *vate partnership should—*

3 “(A) *support the development, implementa-*
4 *tion, and management of comprehensive HIV/*
5 *AIDS plans in support of the national HIV/*
6 *AIDS strategy;*

7 “(B) *operate at all times in a manner that*
8 *emphasizes efficiency, accountability, and re-*
9 *sults-driven programs;*

10 “(C) *engage both local and foreign develop-*
11 *ment partners and donors, including businesses,*
12 *government agencies, academic institutions, non-*
13 *governmental organizations, foundations, multi-*
14 *lateral development agencies, and faith-based or-*
15 *ganizations, to assist the country in coordinating*
16 *and implementing HIV/AIDS prevention, treat-*
17 *ment, and monitoring programs in accordance*
18 *with its national HIV/AIDS strategy;*

19 “(D) *provide technical assistance, consult-*
20 *ant services, financial planning, monitoring and*
21 *evaluation, and research in support of the na-*
22 *tional HIV/AIDS strategy; and*

23 “(E) *establish local human resource capac-*
24 *ities for the national HIV/AIDS strategy through*

1 *the transfer of medical, managerial, leadership,*
2 *and technical skills.*

3 “(e) *ANNUAL REPORT.*—

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

10 “(2) *REPORT ELEMENTS.*—*Each report shall in-*
11 *clude—*

12 “(A) *a description of efforts made by each*
13 *relevant executive branch agency to implement*
14 *the policies set forth in this section, section*
15 *104B, and section 104C;*

16 “(B) *a description of the programs estab-*
17 *lished pursuant to such sections; and*

18 “(C) *a detailed assessment of the impact of*
19 *programs established pursuant to such sections,*
20 *including—*

21 “(i)(I) *the effectiveness of such pro-*
22 *grams in reducing the spread of the HIV*
23 *infection, particularly in women and girls,*
24 *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 number of patients currently*
4 *receiving treatment for AIDS in each coun-*
5 *try that receives assistance under this Act.*

6 *“(ii) the progress made toward im-*
7 *proving health care delivery systems (in-*
8 *cluding the training of adequate numbers of*
9 *staff) and infrastructure to ensure increased*
10 *access to care and treatment;*

11 *“(iii) with respect to tuberculosis, the*
12 *increase in the number of people treated*
13 *and the increase in number of tuberculosis*
14 *patients cured through each program,*
15 *project, or activity receiving United States*
16 *foreign assistance for tuberculosis control*
17 *purposes; and*

18 *“(iv) with respect to malaria, the in-*
19 *crease in the number of people treated and*
20 *the increase in number of malaria patients*
21 *cured through each program, project, or ac-*
22 *tivity receiving United States foreign assist-*
23 *ance for malaria control purposes.*

24 *“(f) FUNDING LIMITATION.—Of the funds made avail-*
25 *able to carry out this section in any fiscal year, not more*

1 *than 7 percent may be used for the administrative expenses*
2 *of the United States Agency for International Development*
3 *in support of activities described in section 104(c), this sec-*
4 *tion, section 104B, and section 104C. Such amount shall*
5 *be in addition to other amounts otherwise available for such*
6 *purposes.*

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

8 “(1) *AIDS.—The term ‘AIDS’ means acquired*
9 *immune deficiency syndrome.*

10 “(2) *HIV.—The term ‘HIV’ means the human*
11 *immunodeficiency virus, the pathogen that causes*
12 *AIDS.*

13 “(3) *HIV/AIDS.—The term ‘HIV/AIDS’ means,*
14 *with respect to an individual, an individual who is*
15 *infected with HIV or living with AIDS.*

16 “(4) *RELEVANT EXECUTIVE BRANCH AGEN-*
17 *CIES.—The term ‘relevant executive branch agencies’*
18 *means the Department of State, the United States*
19 *Agency for International Development, the Depart-*
20 *ment of Health and Human Services (including its*
21 *agencies and offices), and any other department or*
22 *agency of the United States that participates in inter-*
23 *national HIV/AIDS activities pursuant to the au-*
24 *thorities of such department or agency or this Act.”.*

25 (b) *AUTHORIZATION OF APPROPRIATIONS.—*

1 (1) *IN GENERAL.*—*In addition to funds available*
2 *under section 104(c) of the Foreign Assistance Act of*
3 *1961 (22 U.S.C. 2151b(c)) for such purpose or under*
4 *any other provision of that Act, there are authorized*
5 *to be appropriated to the President, from amounts*
6 *authorized to be appropriated under section 401, such*
7 *sums as may be necessary for each of the fiscal years*
8 *2004 through 2008 to carry out section 104A of the*
9 *Foreign Assistance Act of 1961, as added by sub-*
10 *section (a).*

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

14 (3) *ALLOCATION OF FUNDS.*—*Of the amount au-*
15 *thorized to be appropriated by paragraph (1) for the*
16 *fiscal years 2004 through 2008, such sums as may be*
17 *necessary are authorized to be appropriated to carry*
18 *out section 104A(d)(4) of the Foreign Assistance Act*
19 *of 1961 (as added by subsection (a)), relating to the*
20 *procurement and distribution of HIV/AIDS pharma-*
21 *ceuticals.*

22 (c) *RELATIONSHIP TO ASSISTANCE PROGRAMS TO EN-*
23 *HANCE NUTRITION.*—*In recognition of the fact that mal-*
24 *nutrition may hasten the progression of HIV to AIDS and*
25 *may exacerbate the decline among AIDS patients leading*

1 to a shorter life span, the Administrator of the United
2 States Agency for International Development shall, as ap-
3 propriate—

4 (1) integrate nutrition programs with HIV/
5 AIDS activities, generally;

6 (2) provide, as a component of an anti-retroviral
7 therapy program, support for food and nutrition to
8 individuals infected with and affected by HIV/AIDS;
9 and

10 (3) provide support for food and nutrition for
11 children affected by HIV/AIDS and to communities
12 and households caring for children affected by HIV/
13 AIDS.

14 (d) *ELIGIBILITY FOR ASSISTANCE.*—An organization
15 that is otherwise eligible to receive assistance under section
16 104A of the Foreign Assistance Act of 1961 (as added by
17 subsection (a)) or under any other provision of this Act (or
18 any amendment made by this Act) to prevent, treat, or
19 monitor HIV/AIDS shall not be required, as a condition
20 of receiving the assistance, to endorse or utilize a multise-
21 toral approach to combatting HIV/AIDS.

22 (e) *LIMITATION.*—No funds made available to carry
23 out this Act, or any amendment made by this Act, may
24 be used to promote or advocate the legalization or practice
25 of prostitution or sex trafficking. Nothing in the preceding

1 *sentence shall be construed to preclude the provision to indi-*
2 *viduals of palliative care, treatment, or post-exposure phar-*
3 *maceutical prophylaxis, and necessary pharmaceuticals*
4 *and commodities, including test kits, condoms, and, when*
5 *proven effective, microbicides.*

6 (f) *LIMITATION.*—No funds made available to carry
7 out this Act, or any amendment made by this Act, may
8 be used to provide assistance to any group or organization
9 that does not have a policy explicitly opposing prostitution
10 and sex trafficking.

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

12 (a) *AMENDMENT OF THE FOREIGN ASSISTANCE ACT*
13 *OF 1961.*—Chapter 1 of part I of the Foreign Assistance
14 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by section
15 301 of this Act, is further amended by inserting after section
16 104A the following new section:

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

18 “(a) *FINDINGS.*—Congress makes the following find-
19 ings:

20 “(1) Congress recognizes the growing inter-
21 national problem of tuberculosis and the impact its
22 continued existence has on those countries that had
23 previously largely controlled the disease.

24 “(2) Congress further recognizes that the means
25 exist to control and treat tuberculosis through ex-

1 *panded use of the DOTS (Directly Observed Treat-*
2 *ment Short-course) treatment strategy, including*
3 *DOTS-Plus to address multi-drug resistant tuber-*
4 *culosis, and adequate investment in newly created*
5 *mechanisms to increase access to treatment, including*
6 *the Global Tuberculosis Drug Facility established in*
7 *2001 pursuant to the Amsterdam Declaration to Stop*
8 *TB and the Global Alliance for TB Drug Develop-*
9 *ment.*

10 *“(b) POLICY.—It is a major objective of the foreign as-*
11 *sistance program of the United States to control tuber-*
12 *culosis, including the detection of at least 70 percent of the*
13 *cases of infectious tuberculosis, and the cure of at least 85*
14 *percent of the cases detected, not later than December 31,*
15 *2005, in those countries classified by the World Health Or-*
16 *ganization as among the highest tuberculosis burden, and*
17 *not later than December 31, 2010, in all countries in which*
18 *the United States Agency for International Development*
19 *has established development programs.*

20 *“(c) AUTHORIZATION.—To carry out this section and*
21 *consistent with section 104(c), the President is authorized*
22 *to furnish assistance, on such terms and conditions as the*
23 *President may determine, for the prevention, treatment,*
24 *control, and elimination of tuberculosis.*

1 “(d) *COORDINATION.*—*In carrying out this section, the*
2 *President shall coordinate with the World Health Organiza-*
3 *tion, the Global Fund to Fight AIDS, Tuberculosis, and*
4 *Malaria, and other organizations with respect to the devel-*
5 *opment and implementation of a comprehensive tuber-*
6 *culosis control program.*

7 “(e) *PRIORITY TO DOTS COVERAGE.*—*In furnishing*
8 *assistance under subsection (c), the President shall give pri-*
9 *ority to activities that increase Directly Observed Treat-*
10 *ment Short-course (DOTS) coverage and treatment of*
11 *multi-drug resistant tuberculosis where needed using*
12 *DOTS-Plus, including funding for the Global Tuberculosis*
13 *Drug Facility, the Stop Tuberculosis Partnership, and the*
14 *Global Alliance for TB Drug Development. In order to meet*
15 *the requirement of the preceding sentence, the President*
16 *should ensure that not less than 75 percent of the amount*
17 *made available to carry out this section for a fiscal year*
18 *should be expended for antituberculosis drugs, supplies, di-*
19 *rect patient services, and training in diagnosis and treat-*
20 *ment for Directly Observed Treatment Short-course (DOTS)*
21 *coverage and treatment of multi-drug resistant tuberculosis*
22 *using DOTS-Plus, including substantially increased fund-*
23 *ing for the Global Tuberculosis Drug Facility.*

24 “(f) *DEFINITIONS.*—*In this section:*

1 “(1) *DOTS*.—The term ‘*DOTS*’ or ‘*Directly Ob-*
2 *erved Treatment Short-course*’ means the World
3 *Health Organization-recommended strategy for treat-*
4 *ing tuberculosis.*

5 “(2) *DOTS-PLUS*.—The term ‘*DOTS-Plus*’
6 *means a comprehensive tuberculosis management*
7 *strategy that is built upon and works as a supple-*
8 *ment to the standard DOTS strategy, and which takes*
9 *into account specific issues (such as use of second line*
10 *anti-tuberculosis drugs) that need to be addressed in*
11 *areas where there is high prevalence of multi-drug re-*
12 *sistant tuberculosis.*

13 “(3) *GLOBAL ALLIANCE FOR TUBERCULOSIS*
14 *DRUG DEVELOPMENT*.—The term ‘*Global Alliance for*
15 *Tuberculosis Drug Development*’ means the public-
16 *private partnership that brings together leaders in*
17 *health, science, philanthropy, and private industry to*
18 *devise new approaches to tuberculosis and to ensure*
19 *that new medications are available and affordable in*
20 *high tuberculosis burden countries and other affected*
21 *countries.*

22 “(4) *GLOBAL TUBERCULOSIS DRUG FACILITY*.—
23 The term ‘*Global Tuberculosis Drug Facility (GDF)*’
24 *means the new initiative of the Stop Tuberculosis*

1 *Partnership to increase access to high-quality tuber-*
2 *culosis drugs to facilitate DOTS expansion.*

3 “(5) *STOP TUBERCULOSIS PARTNERSHIP.*—*The*
4 *term ‘Stop Tuberculosis Partnership’ means the part-*
5 *nership of the World Health Organization, donors in-*
6 *cluding the United States, high tuberculosis burden*
7 *countries, multilateral agencies, and nongovernmental*
8 *and technical agencies committed to short- and long-*
9 *term measures required to control and eventually*
10 *eliminate tuberculosis as a public health problem in*
11 *the world.”.*

12 *(b) AUTHORIZATION OF APPROPRIATIONS.*—

13 *(1) IN GENERAL.*—*In addition to funds available*
14 *under section 104(c) of the Foreign Assistance Act of*
15 *1961 (22 U.S.C. 2151b(c)) for such purpose or under*
16 *any other provision of that Act, there are authorized*
17 *to be appropriated to the President, from amounts*
18 *authorized to be appropriated under section 401, such*
19 *sums as may be necessary for each of the fiscal years*
20 *2004 through 2008 to carry out section 104B of the*
21 *Foreign Assistance Act of 1961, as added by sub-*
22 *section (a).*

23 *(2) AVAILABILITY OF FUNDS.*—*Amounts appro-*
24 *priated pursuant to the authorization of appropria-*

1 *tions under paragraph (1) are authorized to remain*
2 *available until expended.*

3 (3) *TRANSFER OF PRIOR YEAR FUNDS.—Unobli-*
4 *gated balances of funds made available for fiscal year*
5 *2001, 2002, or 2003 under section 104(c)(7) of the*
6 *Foreign Assistance Act of 1961 (22 U.S.C.*
7 *2151b(c)(7) (as in effect immediately before the date*
8 *of enactment of this Act) shall be transferred to,*
9 *merged with, and made available for the same pur-*
10 *poses as funds made available for fiscal years 2004*
11 *through 2008 under paragraph (1).*

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

13 (a) *AMENDMENT OF THE FOREIGN ASSISTANCE ACT*
14 *OF 1961.—Chapter 1 of part I of the Foreign Assistance*
15 *Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections*
16 *301 and 302 of this Act, is further amended by inserting*
17 *after section 104B the following new section:*

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

19 *“(a) FINDING.—Congress finds that malaria kills more*
20 *people annually than any other communicable disease ex-*
21 *cept tuberculosis, that more than 90 percent of all malaria*
22 *cases are in sub-Saharan Africa, and that children and*
23 *women are particularly at risk. Congress recognizes that*
24 *there are cost-effective tools to decrease the spread of ma-*

1 *laria and that malaria is a curable disease if promptly di-*
2 *agnosed and adequately treated.*

3 “(b) *POLICY.*—*It is a major objective of the foreign as-*
4 *sistance program of the United States to provide assistance*
5 *for the prevention, control, and cure of malaria.*

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

11 “(d) *COORDINATION.*—*In carrying out this section, the*
12 *President shall coordinate with the World Health Organiza-*
13 *tion, the Global Fund to Fight AIDS, Tuberculosis, and*
14 *Malaria, the Department of Health and Human Services*
15 *(the Centers for Disease Control and Prevention and the*
16 *National Institutes of Health), and other organizations*
17 *with respect to the development and implementation of a*
18 *comprehensive malaria control program.”.*

19 (b) *AUTHORIZATION OF APPROPRIATIONS.*—

20 (1) *IN GENERAL.*—*In addition to funds available*
21 *under section 104(c) of the Foreign Assistance Act of*
22 *1961 (22 U.S.C. 2151b(c)) for such purpose or under*
23 *any other provision of that Act, there are authorized*
24 *to be appropriated to the President, from amounts*
25 *authorized to be appropriated under section 401, such*

1 *sums as may be necessary for fiscal years 2004*
2 *through 2008 to carry out section 104C of the Foreign*
3 *Assistance Act of 1961, as added by subsection (a),*
4 *including for the development of anti-malarial phar-*
5 *maceuticals by the Medicines for Malaria Venture.*

6 (2) *AVAILABILITY OF FUNDS.—Amounts appro-*
7 *priated pursuant to paragraph (1) are authorized to*
8 *remain available until expended.*

9 (3) *TRANSFER OF PRIOR YEAR FUNDS.—Unobli-*
10 *gated balances of funds made available for fiscal year*
11 *2001, 2002, or 2003 under section 104(c) of the For-*
12 *oreign Assistance Act of 1961 (22 U.S.C. 2151b(c) (as*
13 *in effect immediately before the date of enactment of*
14 *this Act) and made available for the control of ma-*
15 *laria shall be transferred to, merged with, and made*
16 *available for the same purposes as funds made avail-*
17 *able for fiscal years 2004 through 2008 under para-*
18 *graph (1).*

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

23 “(4) *RELATIONSHIP TO OTHER LAWS.—Assistance*
24 *made available under this subsection and sections 104A,*
25 *104B, and 104C, and assistance made available under*

1 *chapter 4 of part II to carry out the purposes of this sub-*
2 *section and the provisions cited in this paragraph, may be*
3 *made available notwithstanding any other provision of law*
4 *that restricts assistance to foreign countries, except for the*
5 *provisions of this subsection, the provisions of law cited in*
6 *this paragraph, subsection (f), section 634A of this Act, and*
7 *provisions of law that limit assistance to organizations that*
8 *support or participate in a program of coercive abortion*
9 *or involuntary sterilization included under the Child Sur-*
10 *vival and Health Programs Fund heading in the Consoli-*
11 *dated Appropriations Resolution, 2003 (Public Law 108-*
12 *7).”.*

13 **SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF**
14 **HEALTH CARE PROFESSIONALS IN OVERSEAS**
15 **AREAS SEVERELY AFFECTED BY HIV/AIDS, TU-**
16 **BERCULOSIS, AND MALARIA.**

17 (a) *IN GENERAL.*—*The President should establish a*
18 *program to demonstrate the feasibility of facilitating the*
19 *service of United States health care professionals in those*
20 *areas of sub-Saharan Africa and other parts of the world*
21 *severely affected by HIV/AIDS, tuberculosis, and malaria.*

22 (b) *REQUIREMENTS.*—*Participants in the program*
23 *shall—*

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

4 (2) *provide on-the-job training to medical and*
5 *other personnel in the area in which they are serving*
6 *to strengthen the basic health care system of the af-*
7 *ected countries;*

8 (3) *provide health care educational training for*
9 *residents of the area in which they are serving;*

10 (4) *serve for a period of up to three years; and*

11 (5) *meet the eligibility requirements in sub-*
12 *section (d).*

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

15 (1) *be a national of the United States who is a*
16 *trained health care professional and who meets the*
17 *educational and licensure requirements necessary to*
18 *be such a professional such as a physician, nurse,*
19 *physician assistant, nurse practitioner, pharmacist,*
20 *other type of health care professional, or other indi-*
21 *vidual determined to be appropriate by the President;*
22 *or*

23 (2) *be a retired commissioned officer of the Pub-*
24 *lic Health Service Corps.*

1 (d) *RECRUITMENT.*—*The President shall ensure that*
2 *information on the program is widely distributed, includ-*
3 *ing the distribution of information to schools for health pro-*
4 *fessionals, hospitals, clinics, and nongovernmental organi-*
5 *zations working in the areas of international health and*
6 *aid.*

7 (e) *PLACEMENT OF PARTICIPANTS.*—

8 (1) *IN GENERAL.*—*To the maximum extent prac-*
9 *ticable, participants in the program shall serve in the*
10 *poorest areas of the affected countries, where health*
11 *care needs are likely to be the greatest. The decision*
12 *on the placement of a participant should be made in*
13 *consultation with relevant officials of the affected*
14 *country at both the national and local level as well*
15 *as with local community leaders and organizations.*

16 (2) *COORDINATION.*—*Placement of participants*
17 *in the program shall be coordinated with the United*
18 *States Agency for International Development in coun-*
19 *tries in which that Agency is conducting HIV/AIDS,*
20 *tuberculosis, or malaria programs. Overall coordina-*
21 *tion of placement of participants in the program*
22 *shall be made by the Coordinator of United States*
23 *Government Activities to Combat HIV/AIDS Globally*
24 *(as described in section 1(f) of the State Department*

1 *Basic Authorities Act of 1956 (as added by section*
2 *102(a) of this Act).*

3 (f) *INCENTIVES.*—*The President may offer such incen-*
4 *tives as the President determines to be necessary to encour-*
5 *age individuals to participate in the program, such as par-*
6 *tial payment of principal, interest, and related expenses on*
7 *government and commercial loans for educational expenses*
8 *relating to professional health training and, where possible,*
9 *deferral of repayments on such loans, the provision of re-*
10 *tirement benefits that would otherwise be jeopardized by*
11 *participation in the program, and other incentives.*

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

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

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

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

25 (4) *the potential for expansion of the program.*

1 (h) *AUTHORIZATION OF APPROPRIATIONS.*—

2 (1) *IN GENERAL.*—*In addition to amounts other-*
3 *wise available for such purpose, there are authorized*
4 *to be appropriated to the President, from amounts*
5 *authorized to be appropriated under section 401, such*
6 *sums as may be necessary for each of the fiscal years*
7 *2004 through 2008 to carry out the program.*

8 (2) *AVAILABILITY OF FUNDS.*—*Amounts appro-*
9 *priated pursuant to the authorization of appropri-*
10 *ations under paragraph (1) are authorized to remain*
11 *available until expended.*

12 **SEC. 305. REPORT ON TREATMENT ACTIVITIES BY REL-**
13 **EVANT EXECUTIVE BRANCH AGENCIES.**

14 (a) *IN GENERAL.*—*Not later than 15 months after the*
15 *date of enactment of this Act, the President shall submit*
16 *to appropriate congressional committees a report on the*
17 *programs and activities of the relevant executive branch*
18 *agencies that are directed to the treatment of individuals*
19 *in foreign countries infected with HIV or living with AIDS.*

20 (b) *REPORT ELEMENTS.*—*The report shall include—*

21 (1) *a description of the activities of relevant ex-*
22 *ecutive branch agencies with respect to—*

23 (A) *the treatment of opportunistic infec-*
24 *tions;*

25 (B) *the use of antiretrovirals;*

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

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 (E) the status of strategies to promote sus-
10 tainability of HIV/AIDS pharmaceuticals (in-
11 cluding antiretrovirals) and the effects of drug
12 resistance on HIV/AIDS patients; and

13 (F) the status of appropriate law enforce-
14 ment officials working to ensure that HIV/AIDS
15 pharmaceutical treatment is not diminished
16 through illegal counterfeiting and black market
17 sales of such pharmaceuticals;

18 (2) information on existing pilot projects, in-
19 cluding a discussion of why a given population was
20 selected, the number of people treated, the cost of
21 treatment, the mechanisms established to ensure that
22 treatment is being administered effectively and safely,
23 and plans for scaling up pilot projects (including
24 projected timelines and required resources); and

1 (3) *an explanation of how those activities relate*
2 *to efforts to prevent the transmission of the HIV infec-*
3 *tion.*

4 ***Subtitle B—Assistance for Children***
5 ***and Families***

6 ***SEC. 311. FINDINGS.***

7 *Congress makes the following findings:*

8 (1) *Approximately 2,000 children around the*
9 *world are infected each day with HIV through moth-*
10 *er-to-child transmission. Transmission can occur dur-*
11 *ing pregnancy, labor, and delivery or through breast*
12 *feeding. Over ninety percent of these cases are in de-*
13 *veloping nations with little or no access to public*
14 *health facilities.*

15 (2) *Mother-to-child transmission is largely pre-*
16 *ventable with the proper application of pharma-*
17 *ceuticals, therapies, and other public health interven-*
18 *tions.*

19 (3) *The drug nevirapine reduces mother-to-child*
20 *transmission by nearly 50 percent. Universal avail-*
21 *ability of this drug could prevent up to 400,000 infec-*
22 *tions per year and dramatically reduce the number of*
23 *AIDS-related deaths.*

24 (4) *At the United Nations Special Session on*
25 *HIV/AIDS in June 2001, the United States com-*

1 mitted to the specific goals with respect to the preven-
2 tion of mother-to-child transmission, including the
3 goals of reducing the proportion of infants infected
4 with HIV by 20 percent by the year 2005 and by 50
5 percent by the year 2010, as specified in the Declara-
6 tion of Commitment on HIV/AIDS adopted by the
7 United Nations General Assembly at the Special Ses-
8 sion.

9 (5) Several United States Government agencies
10 including the United States Agency for International
11 Development and the Centers for Disease Control are
12 already supporting programs to prevent mother-to-
13 child transmission in resource-poor nations and have
14 the capacity to expand these programs rapidly by
15 working closely with foreign governments and non-
16 governmental organizations.

17 (6) Efforts to prevent mother-to-child trans-
18 mission can provide the basis for a broader response
19 that includes care and treatment of mothers, fathers,
20 and other family members who are infected with HIV
21 or living with AIDS.

22 (7) HIV/AIDS has devastated the lives of count-
23 less children and families across the globe. Since the
24 epidemic began, an estimated 13,200,000 children
25 under the age of 15 have been orphaned by AIDS,

1 *that is they have lost their mother or both parents to*
2 *the disease. The Joint United Nations Program on*
3 *HIV/AIDS (UNAIDS) estimates that this number*
4 *will double by the year 2010.*

5 *(8) HIV/AIDS also targets young people between*
6 *the ages of 15 to 24, particularly young women,*
7 *many of whom carry the burden of caring for family*
8 *members living with HIV/AIDS. An estimated*
9 *10,300,000 young people are now living with HIV/*
10 *AIDS. One-half of all new infections are occurring*
11 *among this age group.*

12 **SEC. 312. POLICY AND REQUIREMENTS.**

13 *(a) POLICY.—The United States Government’s re-*
14 *sponse to the global HIV/AIDS pandemic should place high*
15 *priority on the prevention of mother-to-child transmission,*
16 *the care and treatment of family members and caregivers,*
17 *and the care of children orphaned by AIDS. To the max-*
18 *imum extent possible, the United States Government should*
19 *seek to leverage its funds by seeking matching contributions*
20 *from the private sector, other national governments, and*
21 *international organizations.*

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

24 *(1) provide for meeting or exceeding the goal to*
25 *reduce the rate of mother-to-child transmission of*

1 *HIV by 20 percent by 2005 and by 50 percent by*
2 *2010;*

3 *(2) include programs to make available testing*
4 *and treatment to HIV-positive women and their fam-*
5 *ily members, including drug treatment and therapies*
6 *to prevent mother-to-child transmission; and*

7 *(3) expand programs designed to care for chil-*
8 *dren orphaned by AIDS.*

9 **SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
10 **TO-CHILD TRANSMISSION OF THE HIV INFEC-**
11 **TION.**

12 *(a) IN GENERAL.—Not later than one year after the*
13 *date of the enactment of this Act, and annually thereafter*
14 *for a period of five years, the President shall submit to ap-*
15 *propriate congressional committees a report on the activi-*
16 *ties of relevant executive branch agencies during the report-*
17 *ing period to assist in the prevention of mother-to-child*
18 *transmission of the HIV infection.*

19 *(b) REPORT ELEMENTS.—Each report shall include—*

20 *(1) a statement of whether or not all relevant ex-*
21 *ecutive branch agencies have met the goal described in*
22 *section 312(b)(1); and*

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

1 *by the relevant executive branch agencies for children*
2 *affected by HIV/AIDS;*

3 *(2) work in conjunction with indigenous commu-*
4 *nity-based programs and activities, particularly those*
5 *that offer proven services for children;*

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

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

17 *(5) provide nutritional support and food secu-*
18 *rity, and the improvement of overall family health;*

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

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

1 (c) *REPORT.*—Not later than 18 months after the date
2 of enactment of this Act, the President should submit a re-
3 port on the implementation of this section to the appro-
4 priate congressional committees.

5 (d) *AUTHORIZATION OF APPROPRIATIONS.*—

6 (1) *IN GENERAL.*—In addition to amounts other-
7 wise available for such purpose, there are authorized
8 to be appropriated to the President, from amounts
9 authorized to be appropriated under section 401, such
10 sums as may be necessary for each of the fiscal years
11 2004 through 2008 to carry out the program.

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

15 **SEC. 315. PILOT PROGRAM ON FAMILY SURVIVAL PARTNER-**
16 **SHIPS.**

17 (a) *PURPOSE.*—The purpose of this section is to au-
18 thorize the President to establish a program, through a pub-
19 lic-private partnership, for the provision of medical care
20 and support services to HIV positive parents and their chil-
21 dren identified through existing programs to prevent moth-
22 er-to-child transmission of HIV in countries with or at risk
23 for severe HIV epidemic with particular attention to re-
24 source constrained countries.

25 (b) *GRANTS.*—

1 (1) *IN GENERAL.*—*The President is authorized to*
2 *establish a program for the award of grants to eligible*
3 *administrative organizations to enable such organiza-*
4 *tions to award subgrants to eligible entities to expand*
5 *activities to prevent the mother-to-child transmission*
6 *of HIV by providing medical care and support serv-*
7 *ices to HIV infected parents and their children.*

8 (2) *USE OF FUNDS.*—*Amounts provided under a*
9 *grant awarded under paragraph (1) shall be used—*

10 (A) *to award subgrants to eligible entities to*
11 *enable such entities to carry out activities de-*
12 *scribed in subsection (c);*

13 (B) *for administrative support and*
14 *subgrant management;*

15 (C) *for administrative data collection and*
16 *reporting concerning grant activities;*

17 (D) *for the monitoring and evaluation of*
18 *grant activities;*

19 (E) *for training and technical assistance for*
20 *subgrantees; and*

21 (F) *to promote sustainability.*

22 (c) *SUBGRANTS.*—

23 (1) *IN GENERAL.*—*An organization awarded a*
24 *grant under subsection (b) shall use amounts received*

1 *under the grant to award subgrants to eligible enti-*
2 *ties.*

3 (2) *ELIGIBILITY.—To be eligible to receive a*
4 *subgrant under paragraph (1), an entity shall—*

5 (A) *be a local health organization, an inter-*
6 *national organization, or a partnership of such*
7 *organizations; and*

8 (B) *demonstrate to the awarding organiza-*
9 *tion that such entity—*

10 (i) *is currently administering a proven*
11 *intervention to prevent mother-to-child*
12 *transmission of HIV in countries with or at*
13 *risk for severe HIV epidemic with par-*
14 *ticular attention to resource constrained*
15 *countries, as determined by the President;*

16 (ii) *has demonstrated support for the*
17 *proposed program from relevant government*
18 *entities; and*

19 (iii) *is able to provide HIV care, in-*
20 *cluding antiretroviral treatment when*
21 *medically indicated, to HIV positive*
22 *women, men, and children with the support*
23 *of the project funding.*

24 (3) *LOCAL HEALTH AND INTERNATIONAL ORGA-*
25 *NIZATIONS.—For purposes of paragraph (2)(A)—*

1 (A) *the term “local health organization”*
2 *means a public sector health system, nongovern-*
3 *mental organization, institution of higher edu-*
4 *cation, community-based organization, or non-*
5 *profit health system that provides directly, or*
6 *has a clear link with a provider for the indirect*
7 *provision of, primary health care services; and*

8 (B) *the term “international organization”*
9 *means—*

10 (i) *a nonprofit international entity;*

11 (ii) *an international charitable insti-*
12 *tution;*

13 (iii) *a private voluntary international*
14 *entity; or*

15 (iv) *a multilateral institution.*

16 (4) *PRIORITY REQUIREMENT.—In awarding sub-*
17 *grants under this subsection, the organization shall*
18 *give priority to eligible applicants that are currently*
19 *administering a program of proven intervention to*
20 *HIV positive individuals to prevent mother-to-child*
21 *transmission in countries with or at risk for severe*
22 *HIV epidemic with particular attention to resource*
23 *constrained countries, and who are currently admin-*
24 *istering a program to HIV positive women, men, and*

1 *children to provide life-long care in family-centered*
2 *care programs using non-Federal funds.*

3 (5) *SELECTION OF SUBGRANT RECIPIENTS.—In*
4 *awarding subgrants under this subsection, the organi-*
5 *zation should—*

6 (A) *consider applicants from a range of*
7 *health care settings, program approaches, and*
8 *geographic locations; and*

9 (B) *if appropriate, award not less than 1*
10 *grant to an applicant to fund a national system*
11 *of health care delivery to HIV positive families.*

12 (6) *USE OF SUBGRANT FUNDS.—An eligible enti-*
13 *ty awarded a subgrant under this subsection shall use*
14 *subgrant funds to expand activities to prevent moth-*
15 *er-to-child transmission of HIV by providing medical*
16 *treatment and care and support services to parents*
17 *and their children, which may include—*

18 (A) *providing treatment and therapy, when*
19 *medically indicated, to HIV-infected women,*
20 *their children, and families;*

21 (B) *the hiring and training of local per-*
22 *sonnel, including physicians, nurses, other health*
23 *care providers, counselors, social workers, out-*
24 *reach personnel, laboratory technicians, data*
25 *managers, and administrative support personnel;*

1 (C) paying laboratory costs, including costs
2 related to necessary equipment and diagnostic
3 testing and monitoring (including rapid testing),
4 complete blood counts, standard chemistries, and
5 liver function testing for infants, children, and
6 parents, and costs related to the purchase of nec-
7 essary laboratory equipment;

8 (D) purchasing pharmaceuticals for HIV-
9 related conditions, including antiretroviral
10 therapies;

11 (E) funding support services, including ad-
12 herence and psychosocial support services;

13 (F) operational support activities; and

14 (G) conducting community outreach and
15 capacity building activities, including activities
16 to raise the awareness of individuals of the pro-
17 gram carried out by the subgrantee, other com-
18 munications activities in support of the pro-
19 gram, local advisory board functions, and trans-
20 portation necessary to ensure program participa-
21 tion.

22 (d) *REPORTS.*—The President shall require that each
23 organization awarded a grant under subsection (b)(1) to
24 submit an annual report that includes—

1 (1) *the progress of programs funded under this*
2 *section;*

3 (2) *the benchmarks of success of programs funded*
4 *under this section; and*

5 (3) *recommendations of how best to proceed with*
6 *the programs funded under this section upon the expi-*
7 *ration of funding under subsection (e).*

8 (e) *FUNDING.—There are authorized to be appro-*
9 *priated to the President, from amounts authorized to be ap-*
10 *propriated under section 401, such sums as may be nec-*
11 *essary for each of the fiscal years 2004 through 2008 to*
12 *carry out the program.*

13 (f) *LIMITATION ON ADMINISTRATIVE EXPENSES.—An*
14 *organization shall ensure that not more than 7 percent of*
15 *the amount of a grant received under this section by the*
16 *organization is used for administrative expenses.*

17 ***TITLE IV—AUTHORIZATION OF***
18 ***APPROPRIATIONS***

19 ***SEC. 401. AUTHORIZATION OF APPROPRIATIONS.***

20 (a) *IN GENERAL.—There are authorized to be appro-*
21 *priated to the President to carry out this Act and the*
22 *amendments made by this Act \$3,000,000,000 for each of*
23 *the fiscal years 2004 through 2008.*

1 (b) *AVAILABILITY*.—Amounts appropriated pursuant
2 to the authorization of appropriations in subsection (a) are
3 authorized to remain available until expended.

4 (c) *AVAILABILITY OF AUTHORIZATIONS*.—Authoriza-
5 tions of appropriations under subsection (a) shall remain
6 available until the appropriations are made.

7 **SEC. 402. SENSE OF CONGRESS.**

8 (a) *INCREASE IN HIV/AIDS ANTIRETROVIRAL TREAT-*
9 *MENT*.—It is a sense of the Congress that an urgent priority
10 of United States assistance programs to fight HIV/AIDS
11 should be the rapid increase in distribution of
12 antiretroviral treatment so that—

13 (1) by the end of fiscal year 2004, at least
14 500,000 individuals with HIV/AIDS are receiving
15 antiretroviral treatment through United States assist-
16 ance programs;

17 (2) by the end of fiscal year 2005, at least
18 1,000,000 such individuals are receiving such treat-
19 ment; and

20 (3) by the end of fiscal year 2006, at least
21 2,000,000 such individuals are receiving such treat-
22 ment.

23 (b) *EFFECTIVE DISTRIBUTION OF HIV/AIDS*
24 *FUNDS*.—It is the sense of Congress that, of the amounts
25 appropriated pursuant to the authorization of appropria-

1 *tions under section 401 for HIV/AIDS assistance, an effec-*
2 *tive distribution of such amounts would be—*

3 *(1) 55 percent of such amounts for treatment of*
4 *individuals with HIV/AIDS;*

5 *(2) 15 percent of such amounts for palliative*
6 *care of individuals with HIV/AIDS;*

7 *(3) 20 percent of such amounts for HIV/AIDS*
8 *prevention consistent with section 104A(d) of the For-*
9 *foreign Assistance Act of 1961 (as added by section 301*
10 *of this Act); and*

11 *(4) 10 percent of such amounts for orphans and*
12 *vulnerable children.*

13 **SEC. 403. ALLOCATION OF FUNDS.**

14 *For fiscal years 2006 through 2008, not less than 55*
15 *percent of the amounts appropriated pursuant to the au-*
16 *thorization of appropriations under section 401 for HIV/*
17 *AIDS assistance for each such fiscal year shall be expended*
18 *for therapeutic medical care of individuals infected with*
19 *HIV, of which such amount at least 75 percent should be*
20 *expended for the purchase and distribution of antiretroviral*
21 *pharmaceuticals and at least 25 percent should be expended*
22 *for related care.*

Union Calendar No. 38

108TH CONGRESS
1ST SESSION

H. R. 1298

[Report No. 108-60]

A BILL

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

APRIL 7, 2003

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