

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

# S. 2731

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MARCH 7, 2008

Mr. BIDEN (for himself, Mr. LUGAR, Mr. KENNEDY, and Mr. SUNUNU) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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## A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

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

4       (a) SHORT TITLE.—This Act may be cited as the  
5       “Tom Lantos and Henry J. Hyde United States Global  
6       Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
7       Reauthorization Act of 2008”.

1 (b) TABLE OF CONTENTS.—The table of contents for  
 2 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 an updated, comprehensive, 5-year, global strategy.
- Sec. 102. Interagency working group.
- Sec. 103. Sense of Congress.

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

- Sec. 201. Voluntary contributions to international vaccine funds.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Program to facilitate availability of microbicides to prevent transmission of HIV and other diseases.
- Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.
- Sec. 205. Facilitating effective operations of the Centers for Disease Control and Prevention.

#### 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. Malaria Response Coordinator.
- Sec. 305. Amendment to Immigration and Nationality Act.
- Sec. 306. Clerical amendment.
- Sec. 308. Requirements.
- Sec. 309. Annual report on prevention of mother-to-child transmission of HIV.

#### TITLE IV—FUNDING ALLOCATIONS

- Sec. 401. Authorization of appropriations.
- Sec. 402. Sense of Congress.
- Sec. 403. Allocation of funds.

### 3 **SEC. 2. FINDINGS.**

4 Section 2 of the United States Leadership Against  
 5 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22

1 U.S.C. 7601) is amended by adding at the end the fol-  
2 lowing:

3           “(29) On May 27, 2003, the President signed  
4 this Act into law, launching the largest international  
5 public health program of its kind ever created.

6           “(30) Between 2003 and 2008, the United  
7 States, through the President’s Emergency Plan for  
8 AIDS Relief (PEPFAR) and in conjunction with  
9 other bilateral programs and the multilateral Global  
10 Fund has helped to—

11                   “(A) provide antiretroviral therapy for over  
12 1,900,000 people;

13                   “(B) ensure that over 150,000 infants,  
14 most of whom would have likely been infected  
15 with HIV during pregnancy or childbirth, were  
16 not infected; and

17                   “(C) provide palliative care and HIV pre-  
18 vention assistance to millions of other people.

19           “(31) While United States leadership in the  
20 battles against HIV/AIDS, tuberculosis, and malaria  
21 has had an enormous impact, these diseases con-  
22 tinue to take a terrible toll on the human race.

23           “(32) According to the 2007 AIDS Epidemic  
24 Update of the Joint United Nations Programme on  
25 HIV/AIDS (UNAIDS)—

1           “(A) an estimated 2,100,000 people died  
2 of AIDS-related causes in 2007; and

3           “(B) an estimated 2,500,000 people were  
4 newly infected with HIV during that year.

5           “(33) According to the World Health Organiza-  
6 tion, malaria kills more than 1,000,000 people per  
7 year, 70 percent of whom are children under 5 years  
8 of age.

9           “(34) According to the World Health Organiza-  
10 tion,  $\frac{1}{3}$  of the world’s population is infected with the  
11 tuberculosis bacterium, and tuberculosis is 1 of the  
12 greatest infectious causes of death of adults world-  
13 wide, killing 1,600,000 people per year.

14           “(35) Efforts to promote abstinence, fidelity,  
15 the correct and consistent use of condoms, the delay  
16 of sexual debut, and the reduction of concurrent sex-  
17 ual partners represent important elements of strate-  
18 gies to prevent the transmission of HIV/AIDS.

19           “(36) According to UNAIDS—

20           “(A) women and girls make up nearly 60  
21 percent of persons in sub-Saharan Africa who  
22 are HIV positive;

23           “(B) women and girls are more bio-  
24 logically, economically, and socially vulnerable  
25 to HIV infection; and

1           “(C) gender issues are critical components  
2           in the effort to prevent HIV/AIDS and to care  
3           for those affected by the disease.

4           “(37) Children who have lost a parent to HIV/  
5           AIDS, who are otherwise directly affected by the dis-  
6           ease, or who live in areas of high HIV prevalence  
7           may be vulnerable to the disease or its socioeconomic  
8           effects.

9           “(38) Lack of health capacity, including insuffi-  
10          cient personnel and inadequate infrastructure, in  
11          sub-Saharan Africa and other regions of the world  
12          is a critical barrier that limits the effectiveness of ef-  
13          forts to combat HIV/AIDS, tuberculosis, and ma-  
14          laria, and to achieve other global health goals.

15          “(39) On March 30, 2007, the Institute of  
16          Medicine of the National Academies released a re-  
17          port entitled ‘PEPFAR Implementation: Progress  
18          and Promise’, which found that budget allocations  
19          setting percentage levels for spending on prevention,  
20          care, and treatment and for certain subsets of activi-  
21          ties within the prevention category—

22                  “(A) have ‘adversely affected implementa-  
23                  tion of the U.S. Global AIDS Initiative’;

24                  “(B) have inhibited comprehensive, inte-  
25                  grated, evidence based approaches;

1           “(C) ‘have been counterproductive’;

2           “(D) ‘may have been helpful initially in en-  
3           suring a balance of attention to activities within  
4           the 4 categories of prevention, treatment, care,  
5           and orphans and vulnerable children’;

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

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

14                 “(i) ‘ensure accountability for results  
15                 from Country Teams to the U.S. Global  
16                 AIDS Coordinator and to Congress’; and

17                 “(ii) ‘ensure that spending is directly  
18                 linked to and commensurate with nec-  
19                 essary efforts to achieve both country and  
20                 overall performance targets for prevention,  
21                 treatment, care, and orphans and vulner-  
22                 able children’.

23          “(40) The United States Government has en-  
24          dorsed the principles of harmonization in coordi-

1 nating efforts to combat HIV/AIDS commonly re-  
2 ferred to as the ‘Three Ones’, which includes—

3 “(A) 1 agreed HIV/AIDS action frame-  
4 work that provides the basis for coordination of  
5 the work of all partners;

6 “(B) 1 national HIV/AIDS coordinating  
7 authority, with a broadbased multisectoral man-  
8 date; and

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

11 “(41) In the Abuja Declaration on HIV/AIDS,  
12 Tuberculosis and Other Related Infectious Diseases,  
13 of April 26–27, 2001 (referred to in this Act as the  
14 ‘Abuja Declaration’), the Heads of State and Gov-  
15 ernment of the Organization of African Unity  
16 (OAU)—

17 “(A) declared that they would ‘place the  
18 fight against HIV/AIDS at the forefront and as  
19 the highest priority issue in our respective na-  
20 tional development plans’;

21 “(B) committed ‘TO TAKE PERSONAL  
22 RESPONSIBILITY AND PROVIDE LEAD-  
23 ERSHIP for the activities of the National  
24 AIDS Commissions/Councils’;

1           “(C) resolved ‘to lead from the front the  
2           battle against HIV/AIDS, Tuberculosis and  
3           Other Related Infectious Diseases by personally  
4           ensuring that such bodies were properly con-  
5           vened in mobilizing our societies as a whole and  
6           providing focus for unified national policy-  
7           making and programme implementation, ensur-  
8           ing coordination of all sectors at all levels with  
9           a gender perspective and respect for human  
10          rights, particularly to ensure equal rights for  
11          people living with HIV/AIDS’; and

12           “(D) pledged ‘to set a target of allocating  
13          at least 15% of our annual budget to the im-  
14          provement of the health sector’.”.

15 **SEC. 3. DEFINITIONS.**

16          Section 3 of the United States Leadership Against  
17          HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
18          U.S.C. 7602) is amended—

19           (1) in paragraph (2), by striking “Committee  
20          on International Relations” and inserting “Com-  
21          mittee on Foreign Affairs of the House of Rep-  
22          resentatives, the Committee on Appropriations of the  
23          Senate, and the Committee on Appropriations”;

24           (2) by redesignating paragraph (6) as para-  
25          graph (11);



1           (3) by redesignating paragraphs (3) through  
2           (5), as paragraphs (4) through (6), respectively;

3           (4) by inserting after paragraph (2) the fol-  
4           lowing:

5           “(3) GLOBAL AIDS COORDINATOR.—The term  
6           ‘Global AIDS Coordinator’ means the Coordinator of  
7           United States Government Activities to Combat  
8           HIV/AIDS Globally.”; and

9           (5) by inserting after paragraph (6), as redesign-  
10          nated, the following:

11          “(7) IMPACT EVALUATION RESEARCH.—The  
12          term ‘impact evaluation research’ means the applica-  
13          tion of research methods and statistical analysis to  
14          measure the extent to which change in a population-  
15          based outcome can be attributed to program inter-  
16          vention instead of other environmental factors.

17          “(8) OPERATIONS RESEARCH.—The term ‘oper-  
18          ations research’ means the application of social  
19          science research methods and statistical analysis to  
20          judge, compare, and improve policies and program  
21          outcomes, from the earliest stages of defining and  
22          designing programs through their development and  
23          implementation, with the objective of the rapid dis-  
24          semination of conclusions and concrete impact on  
25          programming.

1           “(9) PARTNER GOVERNMENT.—The term ‘part-  
2           ner government’ means a government with which the  
3           United States is working to provide assistance to  
4           combat HIV/AIDS, tuberculosis, or malaria on be-  
5           half of people living within the jurisdiction of such  
6           government.

7           “(10) PROGRAM MONITORING.—The term ‘pro-  
8           gram monitoring’ means the collection, analysis, and  
9           use of routine program data to determine—

10                   “(A) how well a program is carried out;

11                   and

12                   “(B) how much the program costs.”.

13 **SEC. 4. PURPOSE.**

14           Section 4 of the United States Leadership Against  
15 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
16 U.S.C. 7603) is amended to read as follows:

17 **“SEC. 4. PURPOSE.**

18           “The purpose of this Act is to strengthen and en-  
19 hance United States leadership and the effectiveness of  
20 the United States response to the HIV/AIDS, tuber-  
21 culosis, and malaria pandemics and other related and pre-  
22 ventable infectious diseases as part of the overall United  
23 States health and development agenda by—

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

4                   “(A) building on progress and successes to  
5           date;

6                   “(B) improving harmonization of United  
7           States efforts with national strategies of part-  
8           ner governments and other public and private  
9           entities; and

10                   “(C) emphasizing capacity building initia-  
11           tives in order to promote a transition toward  
12           greater sustainability through the support of  
13           country-driven efforts;

14           “(2) providing increased resources for bilateral  
15           and multilateral efforts to fight HIV/AIDS, tuber-  
16           culosis, and malaria as integrated components of  
17           United States development assistance;

18           “(3) intensifying efforts to—

19                   “(A) prevent HIV infection;

20                   “(B) ensure the continued support for, and  
21           expanded access to, treatment and care pro-  
22           grams;

23                   “(C) enhance the effectiveness of preven-  
24           tion, treatment, and care programs; and

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

3           “(4) encouraging the expansion of private sec-  
4           tor efforts and expanding public-private sector part-  
5           nerships to combat HIV/AIDS, tuberculosis, and  
6           malaria;

7           “(5) reinforcing efforts to—

8                 “(A) develop safe and effective vaccines,  
9                 microbicides, and other prevention and treat-  
10                ment technologies; and

11               “(B) improve diagnostics capabilities for  
12                HIV/AIDS, tuberculosis, and malaria; and

13           “(6) helping partner countries to—

14               “(A) strengthen health systems;

15               “(B) improve human health capacity; and

16               “(C) address infrastructural weaknesses.”.

17 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**  
18 **PORTS.**

19           Section 5 of the United States Leadership Against  
20 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
21 U.S.C. 7604) is amended by inserting “, with the excep-  
22 tion of the 5-year strategy” before the period at the end.

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

3 **SEC. 101. DEVELOPMENT OF AN UPDATED, COMPREHEN-**  
4 **SIVE, 5-YEAR, GLOBAL STRATEGY.**

5 (a) STRATEGY.—Section 101(a) of the United States  
6 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
7 Act of 2003 (22 U.S.C. 7611(a)) is amended to read as  
8 follows:

9 “(a) STRATEGY.—The President shall establish a  
10 comprehensive, integrated, 5-year strategy to expand and  
11 improve efforts to combat global HIV/AIDS. This strategy  
12 shall—

13 “(1) further strengthen the capability of the  
14 United States to be an effective leader of the inter-  
15 national campaign against this disease and strength-  
16 en the capacities of nations experiencing HIV/AIDS  
17 epidemics to combat this disease;

18 “(2) maintain sufficient flexibility and remain  
19 responsive to—

20 “(A) changes in the epidemic;

21 “(B) challenges facing partner countries in  
22 developing and implementing an effective na-  
23 tional response; and

1           “(C) evidence-based improvements and in-  
2           novations in the prevention, care, and treatment  
3           of HIV/AIDS;

4           “(3) situate United States efforts to combat  
5           HIV/AIDS, tuberculosis, and malaria within the  
6           broader United States global health and development  
7           agenda, establishing a roadmap to link investments  
8           in specific disease programs to the broader goals of  
9           strengthening health systems and infrastructure and  
10          to integrate and coordinate HIV/AIDS, tuberculosis,  
11          or malaria programs with other health or develop-  
12          ment programs, as appropriate;

13          “(4) provide a plan to—

14                 “(A) prevent 12,000,000 new HIV infec-  
15                 tions worldwide;

16                 “(B) support treatment of at least  
17                 3,000,000 individuals with HIV/AIDS and sup-  
18                 port additional treatment through coordinated  
19                 multilateral efforts;

20                 “(C) support care for 12,000,000 individ-  
21                 uals with HIV/AIDS, including 5,000,000 or-  
22                 phans and vulnerable children affected by HIV/  
23                 AIDS, with an emphasis on promoting a com-  
24                 prehensive, coordinated system of services to be  
25                 integrated throughout the continuum of care;

1           “(D) help partner countries in the effort to  
2           achieve goals of 80 percent access to counseling,  
3           testing, and treatment to prevent the trans-  
4           mission of HIV from mother to child, empha-  
5           sizing a continuum of care model;

6           “(E) help partner countries to achieve ac-  
7           cess for children with HIV to care and treat-  
8           ment services in proportion to their percentage  
9           within the HIV-infected population in each  
10          country; and

11          “(F) help partner countries to train health  
12          care professionals and workers, with a goal of  
13          training and retaining at least 140,000 new  
14          health care professionals and workers and to  
15          strengthen capacities in developing countries,  
16          especially in sub-Saharan Africa, to deliver pri-  
17          mary health care with the objective of helping  
18          countries achieve staffing levels of at least 2.3  
19          doctors, nurses, and midwives per 1,000 popu-  
20          lation, as called for by the World Health Orga-  
21          nization;

22          “(5) include multisectoral approaches and spe-  
23          cific strategies to treat individuals infected with  
24          HIV/AIDS and to prevent the further transmission  
25          of HIV infections, with a particular focus on the

1 needs of families with children (including the preven-  
2 tion of mother-to-child transmission), women, young  
3 people, orphans, and vulnerable children;

4 “(6) establish a timetable with annual global  
5 treatment targets;

6 “(7) expand the integration of timely and rel-  
7 evant research within the prevention, care, and  
8 treatment of HIV/AIDS;

9 “(8) include a plan for program monitoring, op-  
10 erations research, and impact evaluation and for the  
11 dissemination of a best practices report to highlight  
12 findings;

13 “(9) provide for consultation with local leaders  
14 and officials to develop prevention strategies and  
15 programs that are tailored to the unique needs of  
16 each country and community and targeted particu-  
17 larly toward those most at risk of acquiring HIV in-  
18 fection;

19 “(10) make the reduction of HIV/AIDS behav-  
20 ioral risks a priority of all prevention efforts by—

21 “(A) promoting abstinence from sexual ac-  
22 tivity and encouraging monogamy and faithful-  
23 ness;

24 “(B) encouraging the correct and con-  
25 sistent use of male and female condoms and in-



1           creasing the availability of, and access to, these  
2           commodities;

3           “(C) promoting the delay of sexual debut  
4           and the reduction of multiple concurrent sexual  
5           partners;

6           “(D) promoting education for discordant  
7           couples (where an individual is infected with  
8           HIV and the other individual is uninfected or  
9           whose status is unknown) about safer sex prac-  
10          tices;

11          “(E) promoting voluntary counseling and  
12          testing, addiction therapy, and other prevention  
13          and treatment tools for illicit injection drug  
14          users and other substance abusers;

15          “(F) educating men and boys about the  
16          risks of procuring sex commercially and about  
17          the need to end violent behavior toward women  
18          and girls;

19          “(G) supporting comprehensive programs  
20          to promote alternative livelihoods, safety, and  
21          social reintegration strategies for commercial  
22          sex workers and their families;

23          “(H) promoting cooperation with law en-  
24          forcement to prosecute offenders of trafficking,

1 rape, and sexual assault crimes with the goal of  
2 eliminating such crimes; and

3 “(I) working to eliminate rape, gender-  
4 based violence, sexual assault, and the sexual  
5 exploitation of women and children;

6 “(11) include programs to reduce the trans-  
7 mission of HIV through structural prevention ef-  
8 forts, particularly addressing the heightened  
9 vulnerabilities of women and girls to HIV in many  
10 countries; and

11 “(12) support other important means of pre-  
12 venting or reducing the transmission of HIV, includ-  
13 ing—

14 “(A) medical male circumcision;

15 “(B) the maintenance of a safe blood sup-  
16 ply; and

17 “(C) other nonbehavior change mecha-  
18 nisms to reduce the transmission of HIV;

19 “(13) increase support for prevention of moth-  
20 er-to-child transmission;

21 “(14) build capacity within the public health  
22 sector of developing countries by improving health  
23 systems and public health infrastructure and devel-  
24 oping indicators to measure changes in broader pub-  
25 lic health sector capabilities;

1           “(15) increase the coordination of HIV/AIDS  
2 programs with development programs;

3           “(16) provide a framework for expanding or de-  
4 veloping existing or new country or regional pro-  
5 grams, including—

6                 “(A) drafting compacts or other agree-  
7 ments, as appropriate;

8                 “(B) establishing criteria and objectives for  
9 such compacts and agreements; and

10                “(C) promoting sustainability;

11           “(17) provide a plan for national and regional  
12 priorities for resource distribution and a global in-  
13 vestment plan by region;

14           “(18) provide a plan to address the immediate  
15 and ongoing needs of women and girls, which—

16                 “(A) addresses the vulnerabilities that con-  
17 tribute to their elevated risk of infection;

18                 “(B) includes specific goals and targets to  
19 address these factors;

20                 “(C) provides clear guidance to field mis-  
21 sions to integrate gender across prevention,  
22 care, and treatment programs;

23                 “(D) sets forth gender-specific indicators  
24 to monitor progress on outcomes and impacts of  
25 gender programs;

1           “(E) supports efforts in countries in which  
2 women or orphans lack inheritance rights and  
3 other fundamental protections to promote the  
4 passage, implementation, and enforcement of  
5 such laws;

6           “(F) supports life skills training and other  
7 structural prevention activities, especially  
8 among women and girls, with the goal of reduc-  
9 ing vulnerabilities to HIV/AIDS;

10           “(G) addresses and prevents gender-based  
11 violence; and

12           “(H) addresses the posttraumatic and psy-  
13 chosocial consequences and provides  
14 postexposure prophylaxis protecting against  
15 HIV infection to victims of gender-based vio-  
16 lence and rape;

17           “(19) provide a plan to address the  
18 vulnerabilities and needs of orphans and children  
19 who are vulnerable to, or affected by, HIV/AIDS;

20           “(20) provide a framework to work with inter-  
21 national actors and partner countries toward uni-  
22 versal access to HIV/AIDS prevention, treatment,  
23 and care programs, recognizing that prevention is of  
24 particular importance in terms of sequencing;

1           “(21) enhance the coordination of United  
2 States bilateral efforts to combat global HIV/AIDS  
3 with other major public and private entities;

4           “(22) enhance the attention given to the na-  
5 tional strategic HIV/AIDS plans of countries receiv-  
6 ing United States assistance by—

7                 “(A) reviewing the planning and pro-  
8 grammatic decisions associated with that assist-  
9 ance; and

10               “(B) helping to strengthen such national  
11 strategies, if necessary;

12           “(23) support activities described in the Global  
13 Plan to Stop TB, including—

14                 “(A) expanding and enhancing the cov-  
15 erage of the Directly Observed Treatment  
16 Short-course (DOTS) in order to treat individ-  
17 uals infected with tuberculosis and HIV, includ-  
18 ing multi-drug resistant or extensively drug re-  
19 sistant tuberculosis; and

20                 “(B) improving coordination and integra-  
21 tion of HIV/AIDS and tuberculosis program-  
22 ming;

23           “(24) ensure coordination between the Global  
24 AIDS Coordinator and the Malaria Coordinator and

1 address issues of comorbidity between HIV/AIDS  
2 and malaria; and

3 “(25) include a longer term estimate of the pro-  
4 jected resource needs, progress toward greater sus-  
5 tainability and country ownership of HIV/AIDS pro-  
6 grams, and the anticipated role of the United States  
7 in the global effort to combat HIV/AIDS during the  
8 10-year period beginning on October 1, 2013.”.

9 (b) REPORT.—Section 101(b) of such Act (22 U.S.C.  
10 7611(b)) is amended to read as follows:

11 “(b) REPORT.—

12 “(1) IN GENERAL.—Not later than October 1,  
13 2009, the President shall submit a report to the ap-  
14 propriate congressional committees that sets forth  
15 the strategy described in subsection (a).

16 “(2) CONTENTS.—The report required under  
17 paragraph (1) shall include a discussion of the fol-  
18 lowing elements:

19 “(A) The purpose, scope, methodology, and  
20 general and specific objectives of the strategy.

21 “(B) The problems, risks, and threats to  
22 the successful pursuit of the strategy.

23 “(C) The desired goals, objectives, activi-  
24 ties, and outcome-related performance measures  
25 of the strategy.

1           “(D) A description of future costs and re-  
2 sources needed to carry out the strategy.

3           “(E) A delineation of United States Gov-  
4 ernment roles, responsibility, and coordination  
5 mechanisms of the strategy.

6           “(F) A description of the strategy—

7               “(i) to promote harmonization of  
8 United States assistance with that of other  
9 international, national, and private actors  
10 as elucidated in the ‘Three Ones’; and

11               “(ii) to address existing challenges in  
12 harmonization and alignment.

13           “(G) A description of the manner in which  
14 the strategy will—

15               “(i) further the development and im-  
16 plementation of the national multisectoral  
17 strategic HIV/AIDS frameworks of partner  
18 governments; and

19               “(ii) enhance the centrality, effective-  
20 ness, and sustainability of those national  
21 plans.

22           “(H) A description of how the strategy will  
23 seek to achieve the specific targets described in  
24 subsection (a) and other targets, as appro-  
25 priate.

1           “(I) A description of, and rationale for, the  
2 timetable for annual global treatment targets.

3           “(J) A description of how operations re-  
4 search is addressed in the strategy and how  
5 such research can most effectively be integrated  
6 into care, treatment, and prevention activities  
7 in order to—

8                   “(i) improve program quality and effi-  
9 ciency;

10                   “(ii) ascertain cost effectiveness;

11                   “(iii) ensure transparency and ac-  
12 countability;

13                   “(iv) assess population-based impact;

14                   “(v) disseminate findings and best  
15 practices; and

16                   “(vi) optimize delivery of services.

17           “(K) An analysis of United States-assisted  
18 strategies to prevent the transmission of HIV/  
19 AIDS, including behavior change methodologies  
20 to promote abstinence, monogamy, faithfulness,  
21 the correct and consistent use of male and fe-  
22 male condoms, reductions in concurrent sexual  
23 partners, and delay of sexual debut, and of in-  
24 tended monitoring and evaluation approaches to  
25 measure the effectiveness of prevention pro-



1           grams and ensure that they are targeted to ap-  
2           propriate audiences.

3           “(L) Within the analysis required under  
4           subparagraph (J), an examination of additional  
5           planned means of preventing the transmission  
6           of HIV including medical male circumcision,  
7           maintenance of a safe blood supply, and other  
8           tools.

9           “(M) A description of the specific targets,  
10          goals, and strategies developed to address the  
11          needs and vulnerabilities of women and girls to  
12          HIV/AIDS, including—

13                 “(i) structural prevention activities;

14                 “(ii) activities directed toward men  
15                 and boys;

16                 “(iii) activities to enhance educational,  
17                 microfinance, and livelihood opportunities  
18                 for women and girls;

19                 “(iv) activities to promote and protect  
20                 the legal empowerment of women, girls,  
21                 and orphans and vulnerable children;

22                 “(v) programs targeted toward gen-  
23                 der-based violence and sexual coercion;

24                 “(vi) strategies to meet the particular  
25                 needs of adolescents;

1           “(vii) assistance for victims of rape,  
2           sexual abuse, assault, exploitation, and  
3           trafficking; and

4           “(viii) programs to prevent alcohol  
5           abuse.

6           “(N) A description of strategies—

7           “(i) to address the needs of orphans  
8           and vulnerable children, including an anal-  
9           ysis of—

10           “(I) factors contributing to chil-  
11           dren’s vulnerability to HIV/AIDS; and

12           “(II) vulnerabilities caused by  
13           the impact of HIV/AIDS on children  
14           and their families; and

15           “(ii) in areas of higher HIV/AIDS  
16           prevalence, to promote a community-based  
17           approach to vulnerability, maximizing com-  
18           munity input into determining which chil-  
19           dren participate.

20           “(O) A description of capacity-building ef-  
21           forts undertaken by countries themselves, in-  
22           cluding adherents of the Abuja Declaration and  
23           an assessment of the impact of International  
24           Monetary Fund macroeconomic and fiscal poli-

1           cies on national and donor investments in  
2           health.

3           “(P) A description of the strategy to—

4                 “(i) strengthen capacity building with-  
5                 in the public health sector;

6                 “(ii) improve health care in those  
7                 countries;

8                 “(iii) help countries to develop and  
9                 implement national health workforce strat-  
10                egies;

11                “(iv) strive to achieve goals in train-  
12                ing, retaining, and effectively deploying  
13                health staff;

14                “(v) promote ethical recruiting prac-  
15                tices for health care workers; and

16                “(vi) increase the sustainability of  
17                health programs.

18           “(Q) A description of the criteria for selec-  
19           tion, objectives, methodology, and structure of  
20           compacts or other framework agreements with  
21           countries or regional organizations, including—

22                 “(i) the role of civil society;

23                 “(ii) the degree of transparency;

24                 “(iii) benchmarks for success of such  
25                 compacts or agreements; and

1                   “(iv) the relationship between such  
2                   compacts or agreements and the national  
3                   HIV/AIDS and public health strategies  
4                   and commitments of partner countries.

5                   “(R) A strategy to better coordinate HIV/  
6                   AIDS assistance with nutrition and food assist-  
7                   ance programs.

8                   “(S) A description of transnational or re-  
9                   gional initiatives to combat regionalized  
10                  epidemics.

11                  “(T) A description of planned resource dis-  
12                  tribution and global investment by region.

13                  “(U) A description of coordination efforts  
14                  in order to better implement the Stop TB  
15                  Strategy and to address the problem of coinfe-  
16                  ction of HIV/AIDS and tuberculosis and of pro-  
17                  jected challenges or barriers to successful imple-  
18                  mentation.

19                  “(V) A description of coordination efforts  
20                  to address malaria and comorbidity with ma-  
21                  laria and HIV/AIDS.”.

22                  (c) STUDY.—Section 101(c) of such Act (22 U.S.C.  
23 7611(c)) is amended to read as follows:

24                  “(c) STUDY OF PROGRESS TOWARD ACHIEVEMENT  
25 OF POLICY OBJECTIVES.—

1           “(1) DESIGN AND BUDGET PLAN FOR DATA  
2 EVALUATION.—The Global AIDS Coordinator shall  
3 enter into a contract with the Institute of Medicine  
4 of the National Academies that provides that not  
5 later than 18 months after the date of the enact-  
6 ment of the Tom Lantos and Henry J. Hyde United  
7 States Global Leadership Against HIV/AIDS, Tu-  
8 berculosis, and Malaria Reauthorization Act of  
9 2008, the Institute, in consultation with the Global  
10 AIDS Coordinator and other relevant parties rep-  
11 resenting the public and private sector, shall provide  
12 the Global AIDS Coordinator with a design plan and  
13 budget for the evaluation and collection of baseline  
14 and subsequent data to address the elements set  
15 forth in paragraph (2)(B). The Global AIDS Coordi-  
16 nator shall submit the budget and design plan to the  
17 appropriate congressional committees.

18           “(2) STUDY.—

19           “(A) IN GENERAL.—Not later than 4 years  
20 after the date of the enactment of the Tom  
21 Lantos and Henry J. Hyde United States Glob-  
22 al Leadership Against HIV/AIDS, Tuberculosis,  
23 and Malaria Reauthorization Act of 2008, the  
24 Institute of Medicine of the National Academies  
25 shall publish a study that includes—

1           “(i) an assessment of the performance  
2 of United States-assisted global HIV/AIDS  
3 programs; and

4           “(ii) an evaluation of the impact on  
5 health of prevention, treatment, and care  
6 efforts that are supported by United States  
7 funding, including multilateral and bilat-  
8 eral programs involving joint operations.

9           “(B) CONTENT.—The study conducted  
10 under this paragraph shall include—

11           “(i) an assessment of progress toward  
12 prevention, treatment, and care targets;

13           “(ii) an assessment of the effects on  
14 health systems, including on the financing  
15 and management of health systems and  
16 the quality of service delivery and staffing;

17           “(iii) an assessment of efforts to ad-  
18 dress gender-specific aspects of HIV/AIDS,  
19 including gender related constraints to ac-  
20 cessing services and addressing underlying  
21 social and economic vulnerabilities of  
22 women and men;

23           “(iv) an evaluation of the impact of  
24 treatment and care programs on 5-year

1 survival rates, drug adherence, and the  
2 emergence of drug resistance;

3 “(v) an evaluation of the impact of  
4 prevention programs on HIV incidence in  
5 relevant population groups;

6 “(vi) an evaluation of the impact on  
7 child health and welfare of interventions  
8 authorized under this Act on behalf of or-  
9 phans and vulnerable children;

10 “(vii) an evaluation of the impact of  
11 programs and activities authorized in this  
12 Act on child mortality; and

13 “(viii) recommendations for improving  
14 the programs referred to in subparagraph  
15 (A)(i).

16 “(C) METHODOLOGIES.—Assessments and  
17 impact evaluations conducted under the study  
18 shall utilize sound statistical methods and tech-  
19 niques for the behavioral sciences, including  
20 random assignment methodologies as feasible.  
21 Qualitative data on process variables should be  
22 used for assessments and impact evaluations,  
23 wherever possible.

24 “(3) CONTRACT AUTHORITY.—The Institute of  
25 Medicine may enter into contracts or cooperative

1 agreements or award grants to conduct the study  
2 under paragraph (2).

3 “(4) AUTHORIZATION OF APPROPRIATIONS.—  
4 There are authorized to be appropriated such sums  
5 as may be necessary to carry out the study under  
6 this subsection.”.

7 (d) REPORT.—Section 101 of such Act, as amended  
8 by this section, is further amended by adding at the end  
9 the following:

10 “(d) COMPTROLLER GENERAL REPORT.—

11 “(1) REPORT REQUIRED.—Not later than 3  
12 years after the date of the enactment of the Tom  
13 Lantos and Henry J. Hyde United States Global  
14 Leadership Against HIV/AIDS, Tuberculosis, and  
15 Malaria Reauthorization Act of 2008, the Comp-  
16 troller General of the United States shall submit a  
17 report on the global HIV/AIDS programs of the  
18 United States to the appropriate congressional com-  
19 mittees.

20 “(2) CONTENTS.—The report required under  
21 paragraph (1) shall include—

22 “(A) a description and assessment of the  
23 monitoring and evaluation practices and policies  
24 in place for these programs;



1           “(B) an assessment of coordination within  
2           Federal agencies involved in these programs,  
3           examining both internal coordination within  
4           these programs and integration with the larger  
5           global health and development agenda of the  
6           United States;

7           “(C) an assessment of procurement policies  
8           and practices within these programs;

9           “(D) an assessment of harmonization with  
10          national government HIV/AIDS and public  
11          health strategies as well as other international  
12          efforts;

13          “(E) an assessment of the impact of global  
14          HIV/AIDS funding and programs on other  
15          United States global health programming; and

16          “(F) recommendations for improving the  
17          global HIV/AIDS programs of the United  
18          States.

19          “(e) BEST PRACTICES REPORT.—

20                 “(1) IN GENERAL.—Not later than 1 year after  
21                 the date of the enactment of the Tom Lantos and  
22                 Henry J. Hyde United States Global Leadership  
23                 Against HIV/AIDS, Tuberculosis, and Malaria Re-  
24                 authorization Act of 2008, and annually thereafter,  
25                 the Global AIDS Coordinator shall publish a best

1 practices report that highlights the programs receiv-  
2 ing financial assistance from the United States that  
3 have the potential for replication or adaption, par-  
4 ticularly at a low cost, across global AIDS programs,  
5 including those that focus on both generalized and  
6 localized epidemics.

7 “(2) DISSEMINATION OF FINDINGS.—

8 “(A) PUBLICATION ON INTERNET  
9 WEBSITE.—The Global AIDS Coordinator shall  
10 disseminate the full findings of the annual best  
11 practices report on the Internet website of the  
12 Office of the Global AIDS Coordinator.

13 “(B) DISSEMINATION GUIDANCE.—The  
14 Global AIDS Coordinator shall develop guid-  
15 ance to ensure timely submission and dissemi-  
16 nation of significant information regarding best  
17 practices with respect to global AIDS programs.

18 “(f) INSPECTORS GENERAL.—

19 “(1) OVERSIGHT PLAN.—

20 “(A) DEVELOPMENT.—The Inspectors  
21 General of the Department of State, the De-  
22 partment of Health and Human Services, and  
23 the United States Agency for International De-  
24 velopment shall jointly develop 5 coordinated  
25 annual plans for oversight activity in each of

1 the fiscal years 2009 through 2013, with regard  
2 to the programs authorized under this Act and  
3 section 104A of the Foreign Assistance Act of  
4 1961 (22 U.S.C. 2151b–2).

5 “(B) CONTENTS.—The plans developed  
6 under subparagraph (A) shall include a sched-  
7 ule for financial audits and performance re-  
8 views, as appropriate.

9 “(C) SUBMISSION DEADLINE.—

10 “(i) INITIAL PLAN.—The first plan  
11 developed under subparagraph (A) shall be  
12 submitted to the appropriate congressional  
13 committees not later than the later of—

14 “(I) September 1, 2008; or

15 “(II) 60 days after the date of  
16 the enactment of the Tom Lantos and  
17 Henry J. Hyde United States Global  
18 Leadership Against HIV/AIDS, Tu-  
19 berculosis, and Malaria Reauthoriza-  
20 tion Act of 2008.

21 “(ii) SUBSEQUENT PLANS.—Each of  
22 the last four plans developed under sub-  
23 paragraph (A) shall be submitted 30 days  
24 before each of the fiscal years 2010 and  
25 2013, respectively.

1           “(2) COORDINATION.—In order to avoid dupli-  
2           cation and maximize efficiency, the Inspectors Gen-  
3           eral described in paragraph (1) shall coordinate their  
4           activities with—

5                   “(A) the Government Accountability Of-  
6                   fice; and

7                   “(B) the Inspectors General of the Depart-  
8                   ment of Commerce, the Department of Defense,  
9                   the Department of Labor, and the Peace Corps,  
10                  as appropriate, pursuant to the 2004 Memo-  
11                  randum of Agreement Coordinating Audit Cov-  
12                  erage of Programs and Activities Implementing  
13                  the President’s Emergency Plan for AIDS Re-  
14                  lief, or any successor agreement.

15           “(3) FUNDING.—The Global AIDS Coordinator  
16           and the Coordinator of the United States Govern-  
17           ment Activities to Combat Malaria Globally shall  
18           make available necessary funds not exceeding  
19           \$10,000,000 during the 5-year period beginning on  
20           October 1, 2008 to the Inspectors General described  
21           in paragraph (1) for the audits and reviews de-  
22           scribed in that paragraph.”.

1 **SEC. 102. INTERAGENCY WORKING GROUP.**

2 Section 1(f)(2) of the State Department Basic Au-  
3 thorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amend-  
4 ed—

5 (1) in subparagraph (A), by inserting “, part-  
6 ner country finance, health, and other relevant min-  
7 istries,” after “community based organizations)”  
8 each place it appears;

9 (2) in subparagraph (B)(ii)—

10 (A) by striking subclauses (IV) and (V);

11 (B) by inserting after subclause (III) the  
12 following:

13 “(IV) Establishing an inter-  
14 agency working group on HIV/AIDS  
15 headed by the Global AIDS Coordi-  
16 nator and comprised of representa-  
17 tives from the United States Agency  
18 for International Development and the  
19 Department of Health and Human  
20 Services, for the purposes of coordina-  
21 tion of activities relating to HIV/  
22 AIDS, including—

23 “(aa) meeting regularly to  
24 review progress in partner coun-  
25 tries toward HIV/AIDS preven-

1 tion, treatment, and care objec-  
2 tives;

3 “(bb) participating in the  
4 process of identifying countries to  
5 consider for increased assistance  
6 based on the epidemiology of  
7 HIV/AIDS in those countries, in-  
8 cluding clear evidence of a public  
9 health threat, as well as govern-  
10 ment commitment to address the  
11 HIV/AIDS problem, relative  
12 need, and coordination and joint  
13 planning with other significant  
14 actors;

15 “(cc) assisting the Coordi-  
16 nator in the evaluation, execu-  
17 tion, and oversight of country  
18 operational plans;

19 “(dd) reviewing policies that  
20 may be obstacles to reaching tar-  
21 gets set forth for HIV/AIDS pre-  
22 vention, treatment, and care; and

23 “(ee) consulting with rep-  
24 resentatives from additional rel-  
25 evant agencies, including the Na-

1            tional Institutes of Health, the  
2            Health Resources and Services  
3            Administration, the Department  
4            of Labor, the Department of Ag-  
5            riculture, the Millennium Chal-  
6            lenge Corporation, the Peace  
7            Corps, and the Department of  
8            Defense.

9            “(V) Coordinating overall United  
10           States HIV/AIDS policy and pro-  
11           grams, including ensuring the coordi-  
12           nation of relevant executive branch  
13           agency activities in the field, with ef-  
14           forts led by partner countries, and  
15           with the assistance provided by other  
16           relevant bilateral and multilateral aid  
17           agencies and other donor institutions  
18           to promote harmonization with other  
19           programs aimed at preventing and  
20           treating HIV/AIDS and other health  
21           challenges, improving primary health,  
22           addressing food security, promoting  
23           education and development, and  
24           strengthening health care systems.”;

1 (C) by redesignating subclauses (VII) and  
2 VIII) as subclauses (IX) and (XII), respec-  
3 tively;

4 (D) by inserting after subclause (VI) the  
5 following:

6 “(VII) Holding annual consulta-  
7 tions with nongovernmental organiza-  
8 tions in partner countries that provide  
9 services to improve health, and advo-  
10 cating on behalf of the individuals  
11 with HIV/AIDS and those at par-  
12 ticular risk of contracting HIV/AIDS,  
13 including organizations with members  
14 who are living with HIV/AIDS.

15 “(VIII) Ensuring, through inter-  
16 agency and international coordination,  
17 that HIV/AIDS programs of the  
18 United States are coordinated with,  
19 and complementary to, the delivery of  
20 related global health, food security,  
21 development, and education.”;

22 (E) in subclause (IX), as redesignated by  
23 subparagraph (C)—

24 (i) by inserting “Vietnam,” after  
25 “Uganda,”;



1 (ii) by inserting after “of 2003” the  
2 following: “and other countries in which  
3 the United States is implementing HIV/  
4 AIDS programs as part of its foreign as-  
5 sistance program”; and

6 (iii) by adding at the end the fol-  
7 lowing: “In designating additional coun-  
8 tries under this subparagraph, the Presi-  
9 dent shall give priority to those countries  
10 in which there is a high prevalence or sig-  
11 nificantly rising incidence of HIV/AIDS,  
12 countries with large populations and inad-  
13 equate health infrastructure, countries in  
14 which a concentrated HIV/AIDS epidemic  
15 could become generalized to the entire pop-  
16 ulation of the country, and in countries  
17 whose governments demonstrate a commit-  
18 ment to combating HIV/AIDS.”;

19 (F) by inserting after subclause (IX), as  
20 redesignated by subparagraph (C), the fol-  
21 lowing:

22 “(X) Working with partner coun-  
23 tries in which the HIV/AIDS epidemic  
24 is prevalent among injection drug  
25 users to establish, as a national pri-

1 ority, national HIV/AIDS prevention  
2 programs, including education and  
3 services demonstrated to be effective  
4 in reducing the transmission of HIV  
5 infection among injection drug users  
6 without increasing illicit drug use.

7 “(XI) Working with partner  
8 countries in which the HIV/AIDS epi-  
9 demic is prevalent among individuals  
10 involved in commercial sex acts to es-  
11 tablish, as a national priority, national  
12 prevention programs, including edu-  
13 cation, voluntary testing, and coun-  
14 seling, and referral systems that link  
15 HIV/AIDS programs with programs  
16 to eradicate trafficking in persons and  
17 support alternatives to prostitution.”;

18 (G) in subclause (XII), as redesignated by  
19 subparagraph (C), by striking “funds section”  
20 and inserting “funds appropriated for HIV/  
21 AIDS assistance pursuant to the authorization  
22 of appropriations under section 401 of the  
23 United States Leadership Against HIV/AIDS,  
24 Tuberculosis, and Malaria Act of 2003 (22  
25 U.S.C. 7671)”;

1 (H) by adding at the end the following:

2 “(XIII) Publicizing updated drug  
3 pricing data to inform the purchasing  
4 decisions of pharmaceutical procure-  
5 ment partners.”.

6 **SEC. 103. SENSE OF CONGRESS.**

7 Section 102 of the United States Leadership Against  
8 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
9 U.S.C. 7612) is amended by adding at the end the fol-  
10 lowing:

11 “(d) SENSE OF CONGRESS.—It is the sense of Con-  
12 gress that—

13 “(1) full-time country level coordinators, pref-  
14 erably with management experience, should head  
15 each HIV/AIDS country team for United States  
16 missions overseeing significant HIV/AIDS programs;

17 “(2) foreign service nationals provide critically  
18 important services in the design and implementation  
19 of United States country-level HIV/AIDS programs  
20 and their skills and experience as public health pro-  
21 fessionals should be recognized within hiring and  
22 compensation practices; and

23 “(3) staffing levels for United States country-  
24 level HIV/AIDS teams should be adequately main-

1       tained to fulfill oversight and other obligations of the  
2       positions.”.

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

7       **SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTER-**  
8       **NATIONAL VACCINE FUNDS.**

9       Section 302 of the Foreign Assistance Act of 1961  
10      (22 U.S.C. 2222) is amended—

11             (1) by inserting after subsection (c) the fol-  
12      lowing:

13             “(d) TUBERCULOSIS VACCINE DEVELOPMENT PRO-  
14      GRAMS.—In addition to amounts otherwise available under  
15      this section, there are authorized to be appropriated to  
16      the President such sums as may be necessary for each of  
17      the fiscal years 2009 through 2013, which shall be used  
18      for United States contributions to tuberculosis vaccine de-  
19      velopment programs, which may include the Aeras Global  
20      TB Vaccine Foundation.”;

21             (2) in subsection (k), by striking “fiscal years  
22      2004 through 2008” and inserting “fiscal years  
23      2009 through 2013”;

1           (3) in subsection (l), by striking “fiscal years  
2           2004 through 2008” and inserting “fiscal years  
3           2009 through 2013”; and

4           (4) in subsection (m), by striking “fiscal years  
5           2004 through 2008” and inserting “fiscal years  
6           2009 through 2013”.

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

9           (a) **FINDINGS; SENSE OF CONGRESS.**—Section  
10 202(a) of the United States Leadership Against HIV/  
11 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
12 7622(a)) is amended to read as follows:

13           “(a) **FINDINGS; SENSE OF CONGRESS.**—

14                   “(1) **FINDINGS.**—Congress makes the following  
15 findings:

16                           “(A) The establishment of the Global  
17 Fund in January 2002 is consistent with the  
18 general principles for an international AIDS  
19 trust fund first outlined by Congress in the  
20 Global AIDS and Tuberculosis Relief Act of  
21 2000 (Public Law 106–264).

22                           “(B) The Global Fund is an innovative fi-  
23 nancing mechanism which—

1           “(i) has made progress in many areas  
2           in combating HIV/AIDS, tuberculosis, and  
3           malaria; and

4           “(ii) represents the multilateral com-  
5           ponent of this Act, extending United  
6           States efforts to more than 130 countries  
7           around the world.

8           “(C) The Global Fund and United States  
9           bilateral assistance programs—

10           “(i) are demonstrating increasingly ef-  
11           fective coordination, with each possessing  
12           certain comparative advantages in the fight  
13           against HIV/AIDS, tuberculosis, and ma-  
14           laria; and

15           “(ii) often work most effectively in  
16           concert with each other.

17           “(D) The United States Government—

18           “(i) is the largest supporter of the  
19           Global Fund in terms of resources and  
20           technical support;

21           “(ii) made the founding contribution  
22           to the Global Fund; and

23           “(iii) is fully committed to the success  
24           of the Global Fund as a multilateral pub-  
25           lic-private partnership.

1           “(2) SENSE OF CONGRESS.—It is the sense of  
2 Congress that—

3           “(A) transparency and accountability are  
4 crucial to the long-term success and viability of  
5 the Global Fund;

6           “(B) the Global Fund has made significant  
7 progress toward addressing concerns raised by  
8 the Government Accountability Office by—

9           “(i) improving risk assessment and  
10 risk management capabilities;

11           “(ii) providing clearer guidance for  
12 and oversight of Local Fund Agents; and

13           “(iii) strengthening the Office of the  
14 Inspector General for the Global Fund;

15           “(C) the provision of sufficient resources  
16 and authority to the Office of the Inspector  
17 General for the Global Fund to ensure that of-  
18 fice has the staff and independence necessary to  
19 carry out its mandate will be a measure of the  
20 commitment of the Global Fund to trans-  
21 parency and accountability;

22           “(D) regular, publicly published financial,  
23 programmatic, and reporting audits of the  
24 Fund, its grantees, and Local Fund Agents are  
25 also important benchmarks of transparency;

1           “(E) the Global Fund should establish and  
2 maintain a system to track—

3           “(i) the amount of funds disbursed to  
4 each subrecipient on the grant’s fiscal  
5 cycle; and

6           “(ii) the distribution of resources, by  
7 grant and principal recipient, for preven-  
8 tion, care, treatment, drug and commodity  
9 purchases, and other purposes;

10          “(F) relevant national authorities in recipi-  
11 ent countries should exempt from duties and  
12 taxes all products financed by Global Fund  
13 grants and procured by any principal recipient  
14 or subrecipient for the purpose of carrying out  
15 such grants;

16          “(G) the Global Fund, UNAIDS, and the  
17 Global AIDS Coordinator should work together  
18 to standardize program indicators wherever pos-  
19 sible; and

20          “(H) for purposes of evaluating total  
21 amounts of funds contributed to the Global  
22 Fund under subsection (d)(4)(A)(i), the time-  
23 table for evaluations of contributions from  
24 sources other than the United States should



1 take into account the fiscal calendars of other  
2 major contributors.”.

3 (b) UNITED STATES FINANCIAL PARTICIPATION.—

4 Section 202(d) of such Act (22 U.S.C. 7622(d)) is amend-  
5 ed—

6 (1) in paragraph (1)—

7 (A) by striking “\$1,000,000,000 for the  
8 period of fiscal year 2004 beginning on January  
9 1, 2004” and inserting “\$2,000,000,000 for fis-  
10 cal year 2009,”; and

11 (B) by striking “the fiscal years 2005–  
12 2008” and inserting “each of the fiscal years  
13 2010 through 2013”;

14 (2) in paragraph (4)—

15 (A) in subparagraph (A)—

16 (i) in clause (i), by striking “At any  
17 time during fiscal years 2004 through  
18 2008,” and inserting “During each of the  
19 fiscal years 2009 through 2013, at an ap-  
20 propriate time of measure, as determined  
21 by the Global AIDS Coordinator,”;

22 (ii) in clause (ii), by striking “during  
23 any of the fiscal years 2004 through  
24 2008” and inserting “during any of the  
25 fiscal years 2009 through 2013”; and

1 (iii) in clause (vi)—

2 (I) by striking “for the purposes”  
3 and inserting “For the purposes”;

4 (II) by striking “fiscal years  
5 2004 through 2008” and inserting  
6 “fiscal years 2009 through 2013”;  
7 and

8 (III) by striking “prior to fiscal  
9 year 2004” and inserting “before fis-  
10 cal year 2009”;

11 (B) in subparagraph (B)(iv), by striking  
12 “fiscal years 2004 through 2008” and inserting  
13 “fiscal years 2009 through 2013”; and

14 (C) in subparagraph (C)(ii), by striking  
15 “Committee on International Relations” and in-  
16 serting “Committee on Foreign Affairs”; and

17 (3) by adding at the end the following:

18 “(5) WITHHOLDING FUNDS.—Notwithstanding  
19 any other provision of this Act, 20 percent of the  
20 amounts appropriated pursuant to this Act for a  
21 contribution to support the Global Fund for each of  
22 the fiscal years 2010 through 2013 shall be withheld  
23 from obligation to the Global Fund until the Sec-  
24 retary of State certifies to the appropriate congres-  
25 sional committees that the Global Fund—

1           “(A) has established an evaluation frame-  
2 work for the performance of Local Fund Agents  
3 (referred to in this paragraph as ‘LFAs’);

4           “(B) is undertaking a systematic assess-  
5 ment of the performance of LFAs;

6           “(C) is making available for public review,  
7 according to the Fund Board’s policies and  
8 practices on disclosure of information, a regular  
9 collection and analysis of performance data of  
10 Fund grants, which shall cover principal recipi-  
11 ents and subrecipients;

12           “(D) is maintaining an independent, well-  
13 staffed Office of the Inspector General that—

14           “(i) reports directly to the Board of  
15 the Global Fund; and

16           “(ii) is responsible for regular, pub-  
17 licly published audits of financial, pro-  
18 grammatic, and reporting aspects of the  
19 Global Fund, its grantees, and LFAs;

20           “(E) has established, and is reporting pub-  
21 licly on, standard indicators for all program  
22 areas;

23           “(F) has established a methodology to  
24 track and is reporting on—

1           “(i) all subrecipients and the amount  
2           of funds disbursed to each subrecipient on  
3           the grant’s fiscal cycle; and

4           “(ii) the distribution of resources, by  
5           grant and principal recipient, for preven-  
6           tion, care, treatment, drugs and commod-  
7           ities purchase, and other purposes;

8           “(G) has established a policy on tariffs im-  
9           posed by national governments on all goods and  
10          services financed by the Global Fund;

11          “(H) through its Secretariat, has taken  
12          meaningful steps to prevent national authorities  
13          in recipient countries from imposing taxes or  
14          tariffs on goods or services provided by the  
15          Fund;

16          “(I) is maintaining its status as a financ-  
17          ing institution focused on programs directly re-  
18          lated to HIV/AIDS, malaria, and tuberculosis;  
19          and

20          “(J) is maintaining and making progress  
21          on—

22                 “(i) sustaining its multisectoral ap-  
23                 proach, through country coordinating  
24                 mechanisms; and

1                   “(ii) the implementation of grants, as  
2                   reflected in the proportion of resources al-  
3                   located to different sectors, including gov-  
4                   ernments, civil society, and faith- and com-  
5                   munity-based organizations.”.

6 **SEC. 203. PROGRAM TO FACILITATE AVAILABILITY OF**  
7                   **MICROBICIDES TO PREVENT TRANSMISSION**  
8                   **OF HIV AND OTHER DISEASES.**

9           (a) STATEMENT OF POLICY.—Congress recognizes  
10 the need and urgency to expand the range of interventions  
11 for preventing the transmission of human immuno-  
12 deficiency virus (HIV), including nonvaccine prevention  
13 methods that can be controlled by women.

14           (b) PROGRAM AUTHORIZED.—The Administrator of  
15 the United States Agency for International Development,  
16 in coordination with the Coordinator of United States  
17 Government Activities to Combat HIV/AIDS Globally,  
18 shall develop and implement a program to facilitate  
19 widescale availability of microbicides that prevent the  
20 transmission of HIV after such microbicides are proven  
21 safe and effective.

22           (c) AUTHORIZATION OF APPROPRIATIONS.—Of the  
23 amounts authorized to be appropriated under section 401  
24 of the United States Leadership Against HIV/AIDS, Tu-  
25 berculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for

1 HIV/AIDS assistance, there are authorized to be appro-  
2 priated to the President such sums as may be necessary  
3 for each of the fiscal years 2009 through 2013 to carry  
4 out this section.

5 **SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**  
6 **LARIA BY STRENGTHENING HEALTH POLI-**  
7 **CIES AND HEALTH SYSTEMS OF PARTNER**  
8 **COUNTRIES.**

9 (a) IN GENERAL.—Title II of the United States  
10 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
11 Act of 2003 (22 U.S.C. 7621) is amended by adding at  
12 the end the following:

13 **“SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**  
14 **LARIA BY STRENGTHENING HEALTH POLI-**  
15 **CIES AND HEALTH SYSTEMS OF PARTNER**  
16 **COUNTRIES.**

17 “(a) STATEMENT OF POLICY.—It shall be the policy  
18 of the United States Government—

19 “(1) to invest appropriate resources authorized  
20 under this Act—

21 “(A) to carry out activities to strengthen  
22 HIV/AIDS, tuberculosis, and malaria health  
23 policies and health systems; and

1           “(B) to provide workforce training and ca-  
2           capacity-building consistent with the goals and  
3           objectives of this Act; and

4           “(2) to support the development of a sound pol-  
5           icy environment in partner countries to increase the  
6           ability of such countries—

7           “(A) to maximize utilization of health care  
8           resources from donor countries;

9           “(B) to increase national investments in  
10          health and education and maximize the effec-  
11          tiveness of such investments;

12          “(C) to improve national HIV/AIDS, tu-  
13          berculosis, and malaria strategies;

14          “(D) to deliver evidence-based services in  
15          an effective and efficient manner; and

16          “(E) to reduce barriers that prevent recipi-  
17          ents of services from achieving maximum ben-  
18          efit from such services.

19          “(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE  
20          MANAGEMENT SYSTEMS.—

21                 “(1) IN GENERAL.—Consistent with the author-  
22          ity under section 129 of the Foreign Assistance Act  
23          of 1961 (22 U.S.C. 2152), the Secretary of the  
24          Treasury, acting through the head of the Office of  
25          Technical Assistance, is authorized to provide assist-

1       ance for advisors and partner country finance,  
 2       health, and other relevant ministries to improve the  
 3       effectiveness of public finance management systems  
 4       in partner countries to enable such countries to re-  
 5       ceive funding to carry out programs to combat HIV/  
 6       AIDS, tuberculosis, and malaria and to manage  
 7       such programs.

8               “(2) AUTHORIZATION OF APPROPRIATIONS.—Of  
 9       the amounts authorized to be appropriated under  
 10      section 401 for HIV/AIDS assistance, there are au-  
 11      thorized to be appropriated to the Secretary of the  
 12      Treasury such sums as may be necessary for each  
 13      of the fiscal years 2009 through 2013 to carry out  
 14      this subsection.”.

15      (b) CLERICAL AMENDMENT.—The table of contents  
 16      for the United States Leadership Against HIV/AIDS, Tu-  
 17      berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)  
 18      is amended by inserting after the item relating to section  
 19      203, as added by section 203 of this Act, the following:

    “Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening  
     health policies and health systems of partner countries.”.

20      **SEC. 205. FACILITATING EFFECTIVE OPERATIONS OF THE**  
 21                                   **CENTERS FOR DISEASE CONTROL AND PRE-**  
 22                                   **VENTION.**

23      Section 307 of the Public Health Service Act (42  
 24      U.S.C. 242*l*) is amended—



1           (1) by amending subsection (a) to read as fol-  
2           lows:

3           “(a) The Secretary may participate with other coun-  
4           tries in cooperative endeavors in—

5           “(1) biomedical research, health care tech-  
6           nology, and the health services research and statis-  
7           tical analysis authorized under section 306 and title  
8           IX; and

9           “(2) biomedical research, health care services,  
10          health care research, or other related activities in  
11          furtherance of the activities, objectives or goals au-  
12          thorized under the Tom Lantos and Henry J. Hyde  
13          United States Global Leadership Against HIV/  
14          AIDS, Tuberculosis, and Malaria Reauthorization  
15          Act of 2008.”; and

16          (2) in subsection (b)—

17                 (A) in paragraph (7), by striking “and”  
18                 after the semicolon at the end;

19                 (B) by striking “The Secretary may not, in  
20                 the exercise of his authority under this section,  
21                 provide financial assistance for the construction  
22                 of any facility in any foreign country.”;

23                 (C) in paragraph (8), by striking “for any  
24                 purpose.” and inserting “for the purpose of any

1 law administered by the Office of Personnel  
2 Management;” and

3 (D) by adding at the end the following:

4 “(9) provide such funds by advance or reim-  
5 bursement to the Secretary of State, as may be nec-  
6 essary, to pay the costs of acquisition, lease, con-  
7 struction, alteration, equipping, furnishing or man-  
8 agement of facilities outside of the United States;  
9 and

10 “(10) in consultation with the Secretary of  
11 State, through grant or cooperative agreement, make  
12 funds available to public or nonprofit private institu-  
13 tions or agencies in foreign countries in which the  
14 Secretary is participating in activities described  
15 under subsection (a) to acquire, lease, construct,  
16 alter, or renovate facilities in those countries.”.

17 (3) in subsection (c)—

18 (A) by striking “1990” and inserting  
19 “1980”; and

20 (B) by inserting or “or section 903 of the  
21 Foreign Service Act of 1980 (22 U.S.C. 4083)”  
22 after “Code”.

1 **TITLE III—BILATERAL EFFORTS**  
2 **Subtitle A—General Assistance and**  
3 **Programs**

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

5 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE  
6 ACT OF 1961.—

7 (1) FINDING.—Section 104A(a) of the Foreign  
8 Assistance Act of 1961 (22 U.S.C. 2151b–2(a)) is  
9 amended by inserting “Central Asia, Eastern Eu-  
10 rope, Latin America” after “Caribbean,”.

11 (2) POLICY.—Section 104A(b) of such Act is  
12 amended to read as follows:

13 “(b) POLICY.—

14 “(1) OBJECTIVES.—It is a major objective of  
15 the foreign assistance program of the United States  
16 to provide assistance for the prevention and treat-  
17 ment of HIV/AIDS and the care of those affected by  
18 the disease. It is the policy objective of the United  
19 States, by 2013, to—

20 “(A) assist partner countries to—

21 “(i) prevent 12,000,000 new HIV in-  
22 fections worldwide;

23 “(ii) support treatment of at least  
24 3,000,000 individuals with HIV/AIDS;

1           “(iii) support additional treatment  
2 through coordinated multilateral efforts;

3           “(iv) support care for 12,000,000 in-  
4 dividuals with HIV/AIDS, including  
5 5,000,000 orphans and vulnerable children  
6 affected by HIV/AIDS, with an emphasis  
7 on promoting a comprehensive, coordinated  
8 system of services to be integrated  
9 throughout the continuum of care;

10          “(v) provide at least 80 percent of the  
11 target population with access to coun-  
12 seling, testing, and treatment to prevent  
13 the transmission of HIV from mother-to-  
14 child;

15          “(vi) provide access for children with  
16 HIV to care and treatment services in pro-  
17 portion to their percentage within the  
18 HIV-infected population of a given partner  
19 country; and

20          “(vii) train health care professionals  
21 and workers in HIV/AIDS prevention,  
22 treatment, and care, with a goal of pro-  
23 viding such training to at least 140,000  
24 new health care professionals and workers;

1           “(B) strengthen the capacity to deliver pri-  
2           mary health care in developing countries, espe-  
3           cially in sub-Saharan Africa; and

4           “(C) help countries achieve staffing levels  
5           of at least 2.3 doctors, nurses, and midwives  
6           per 1,000 population, as called for by the World  
7           Health Organization.

8           “(2) COORDINATED GLOBAL STRATEGY.—The  
9           United States and other countries with the sufficient  
10          capacity should provide assistance to countries in  
11          sub-Saharan Africa, the Caribbean, Central Asia,  
12          Eastern Europe, and Latin America, and other  
13          countries and regions confronting HIV/AIDS  
14          epidemics in a coordinated global strategy to help  
15          address generalized and concentrated epidemics  
16          through HIV/AIDS prevention, treatment, care,  
17          monitoring and evaluation, and related activities.

18          “(3) PRIORITIES.—The United States Govern-  
19          ment’s response to the global HIV/AIDS pandemic  
20          and the Government’s efforts to help countries as-  
21          sume leadership of sustainable campaigns to combat  
22          their local epidemics should place high priority on—

23                 “(A) the prevention of the transmission of  
24                 HIV; and

1           “(B) moving toward universal access to  
2           HIV/AIDS prevention counseling and serv-  
3           ices.”.

4           (b) AUTHORIZATION.—Section 104A(c) of such Act  
5 is amended—

6           (1) in paragraph (1), by striking “and other  
7           countries and areas.” and inserting “Central Asia,  
8           Eastern Europe, Latin America, and other countries  
9           and areas, particularly with respect to refugee popu-  
10          lations or those in postconflict settings in such coun-  
11          tries and areas with significant or increasing HIV  
12          incidence rates.”;

13          (2) in paragraph (2), by striking “and other  
14          countries and areas affected by the HIV/AIDS pan-  
15          demic” and inserting “Central Asia, Eastern Eu-  
16          rope, Latin America, and other countries and areas  
17          affected by the HIV/AIDS pandemic, particularly  
18          with respect to refugee populations or those in post-  
19          conflict settings in such countries and areas with  
20          significant or increasing HIV incidence rates.”; and

21          (3) in paragraph (3)—

22                 (A) by striking “foreign countries” and in-  
23                 serting “partner countries, other international  
24                 actors,”; and

1 (B) by inserting “within the framework of  
2 the principles of the Three Ones” before the pe-  
3 riod at the end.

4 (c) ACTIVITIES SUPPORTED.—Section 104A(d) of  
5 such Act is amended—

6 (1) in paragraph (1)—

7 (A) in subparagraph (A)—

8 (i) by inserting “and multiple concu-  
9 rent sexual partnering,” after “casual sex-  
10 ual partnering”; and

11 (ii) by striking “condoms” and insert-  
12 ing “male and female condoms”;

13 (B) in subparagraph (B)—

14 (i) by striking “programs that” and  
15 inserting “programs that are designed with  
16 local input and”; and

17 (ii) by striking “those organizations”  
18 and inserting “those locally based organi-  
19 zations”;

20 (C) in subparagraph (D), by inserting  
21 “and promoting the use of provider-initiated or  
22 ‘opt-out’ voluntary testing in accordance with  
23 World Health Organization guidelines” before  
24 the semicolon at the end;

1 (D) by redesignating subparagraphs (F),  
2 (G), and (H) as subparagraphs (H), (I), and  
3 (J), respectively;

4 (E) by inserting after subparagraph (E)  
5 the following:

6 “(F) assistance to—

7 “(i) achieve the goal of reaching 80  
8 percent of pregnant women for prevention  
9 and treatment of mother-to-child trans-  
10 mission of HIV in countries in which the  
11 United States is implementing HIV/AIDS  
12 programs by 2013; and

13 “(ii) promote infant feeding options  
14 and treatment protocols that meet the  
15 most recent criteria established by the  
16 World Health Organization;

17 “(G) medical male circumcision programs  
18 as part of national strategies to combat the  
19 transmission of HIV/AIDS;”;

20 (F) in subparagraph (I), as redesignated,  
21 by striking “and” at the end;

22 (G) in subparagraph (H), as redesi-  
23 gnated—

24 (i) by striking the period at the end  
25 and inserting “, including education and



1 services demonstrated to be effective in re-  
2 ducing the transmission of HIV infection  
3 without increasing illicit drug use; and”;  
4 and

5 (H) by adding at the end the following:

6 “(K) assistance for counseling, testing,  
7 treatment, care, and support programs, includ-  
8 ing—

9 “(i) counseling and other services for  
10 the prevention of reinfection of individuals  
11 with HIV/AIDS;

12 “(ii) counseling to prevent sexual  
13 transmission of HIV, including—

14 “(I) life skills development for  
15 practicing abstinence and faithfulness;

16 “(II) reducing the number of sex-  
17 ual partners;

18 “(III) delaying sexual debut; and

19 “(IV) ensuring correct and con-  
20 sistent use of condoms;

21 “(iii) assistance to engage underlying  
22 vulnerabilities to HIV/AIDS, especially  
23 those of women and girls, through struc-  
24 tural prevention programs;

1           “(iv) assistance for appropriate HIV/  
2           AIDS education programs and training  
3           targeted to prevent the transmission of  
4           HIV among men who have sex with men;

5           “(v) assistance to provide male and  
6           female condoms;

7           “(vi) diagnosis and treatment of other  
8           sexually transmitted infections;

9           “(vii) strategies to address the stigma  
10          and discrimination that impede HIV/AIDS  
11          prevention efforts; and

12          “(viii) assistance to facilitate wide-  
13          spread access to microbicides for HIV pre-  
14          vention, if safe and effective products be-  
15          come available, including financial and  
16          technical support for culturally appropriate  
17          introductory programs, procurement, dis-  
18          tribution, logistics management, program  
19          delivery, acceptability studies, provider  
20          training, demand generation, and  
21          postintroduction monitoring.”; and

22          (2) in paragraph (2)—

23                  (A) in subparagraph (B), by striking  
24                  “and” at the end;

25                  (B) in subparagraph (C)—

1 (i) by inserting “pain management,”  
2 after “opportunistic infections,”; and

3 (ii) by striking the period at the end  
4 and inserting a semicolon; and

5 (C) by adding at the end the following:

6 “(D) as part of care and treatment of  
7 HIV/AIDS, assistance (including prophylaxis  
8 and treatment) for common HIV/AIDS-related  
9 opportunistic infections for free or at a rate at  
10 which it is easily affordable to the individuals  
11 and populations being served;

12 “(E) as part of care and treatment of  
13 HIV/AIDS, assistance or referral to available  
14 and adequately resourced service providers for  
15 nutritional support, including counseling and  
16 where necessary the provision of commodities,  
17 for persons meeting malnourishment criteria  
18 and their families;”;

19 (3) in paragraph (4)—

20 (A) in subparagraph (C), by striking  
21 “and” at the end;

22 (B) in subparagraph (D), by striking the  
23 period at the end and inserting a semicolon;  
24 and

25 (C) by adding at the end the following:

1           “(E) carrying out and expanding program  
2 monitoring, impact evaluation research and  
3 analysis, and operations research and dissemi-  
4 nating data and findings through mechanisms  
5 to be developed by the Coordinator of United  
6 States Government Activities to Combat HIV/  
7 AIDS Globally, in coordination with the Direc-  
8 tor of the Centers for Disease Control, in order  
9 to—

10           “(i) improve accountability, increase  
11 transparency, and ensure the delivery of  
12 evidence-based services through the collec-  
13 tion, evaluation, and analysis of data re-  
14 garding gender-responsive interventions,  
15 disaggregated by age and sex;

16           “(ii) identify and replicate effective  
17 models; and

18           “(iii) develop gender indicators to  
19 measure outcomes and the impacts of  
20 interventions; and

21           “(F) establishing appropriate systems to—

22           “(i) gather epidemiological and social  
23 science data on HIV; and

24           “(ii) evaluate the effectiveness of pre-  
25 vention efforts among men who have sex

1 with men, with due consideration to stigma  
2 and risks associated with disclosure.”;

3 (4) in paragraph (5)—

4 (A) by redesignating subparagraph (C) as  
5 subparagraph (D); and

6 (B) by inserting after subparagraph (B)  
7 the following:

8 “(C) MECHANISM TO ENSURE COST-EF-  
9 FECTIVE DRUG PURCHASING.—Subject to sub-  
10 paragraph (B), mechanisms to ensure that safe  
11 and effective pharmaceuticals, including  
12 antiretrovirals and medicines to treat opportu-  
13 nistic infections, are purchased at the lowest pos-  
14 sible price at which such pharmaceuticals may  
15 be obtained in sufficient quantity on the world  
16 market.”;

17 (5) in paragraph (6)—

18 (A) by amending the paragraph heading to  
19 read as follows:

20 “(6) RELATED AND COORDINATED ACTIVI-  
21 TIES.—”;

22 (B) in subparagraph (B), by striking  
23 “and” at the end;

24 (C) in subparagraph (C), by striking the  
25 period at the end and inserting “; and”; and

1 (D) by adding at the end the following:

2 “(D) coordinated or referred activities to—

3 “(i) enhance the clinical impact of  
4 HIV/AIDS care and treatment; and

5 “(ii) ameliorate the adverse social and  
6 economic costs often affecting AIDS-im-  
7 pacted families and communities through  
8 the direct provision, as necessary, or  
9 through the referral, if possible, of support  
10 services, including—

11 “(I) nutritional and food support;

12 “(II) nutritional counseling;

13 “(III) income-generating activi-  
14 ties and livelihood initiatives;

15 “(IV) maternal and child health  
16 care;

17 “(V) primary health care;

18 “(VI) the diagnosis and treat-  
19 ment of other infectious or sexually  
20 transmitted diseases;

21 “(VII) substance abuse and  
22 treatment services; and

23 “(VIII) legal services;

24 “(E) coordinated or referred activities to  
25 link programs addressing HIV/AIDS with pro-

1           grams addressing gender-based violence in  
2           areas of significant HIV prevalence to assist  
3           countries in the development and enforcement  
4           of women’s health, children’s health, and HIV/  
5           AIDS laws and policies that—

6                   “(i) prevent and respond to violence  
7                   against women and girls;

8                   “(ii) promote the integration of  
9                   screening and assessment for gender-based  
10                  violence into HIV/AIDS programming;

11                  “(iii) promote appropriate HIV/AIDS  
12                  counseling, testing, and treatment into  
13                  gender-based violence programs; and

14                  “(iv) assist governments to develop  
15                  partnerships with civil society organiza-  
16                  tions to create networks for psychosocial,  
17                  legal, economic, or other support services;

18                  “(F) coordinated or referred activities to—

19                   “(i) address the frequent coinfection  
20                   of HIV and tuberculosis, in accordance  
21                   with World Health Organization guide-  
22                   lines;

23                   “(ii) promote provider-initiated or  
24                   ‘opt-out’ HIV/AIDS counseling and testing  
25                   and appropriate referral for treatment and

1 care to individuals with tuberculosis or its  
2 symptoms, particularly in areas with sig-  
3 nificant HIV prevalence; and

4 “(iii) strengthen programs to ensure  
5 that individuals testing positive for HIV  
6 receive tuberculosis screening and appro-  
7 priate screening and to improve laboratory  
8 capacities, infection control, and adher-  
9 ence; and

10 “(G) activities to—

11 “(i) improve the effectiveness of na-  
12 tional responses to HIV/AIDS; and

13 “(ii) strengthen overall health systems  
14 in high-prevalence countries, including sup-  
15 port for workforce training, retention, and  
16 effective deployment, capacity building,  
17 laboratory development, equipment mainte-  
18 nance and repair, and public health and  
19 related public financial management sys-  
20 tems and operations.”; and

21 (6) by adding at the end the following:

22 “(8) COMPACTS AND FRAMEWORK AGREE-  
23 MENTS.—The development of compacts or frame-  
24 work agreements, tailored to local circumstances,  
25 with national governments or regional partnerships



1 in countries with significant HIV/AIDS burdens to  
2 promote host government commitment to deeper in-  
3 tegration of HIV/AIDS services into health systems,  
4 contribute to health systems overall, and enhance  
5 sustainability.”.

6 (d) COMPACTS AND FRAMEWORK AGREEMENTS.—

7 Section 104A of such Act is amended—

8 (1) by redesignating subsections (e) through (g)  
9 as subsections (f) through (h); and

10 (2) by inserting after subsection (d) the fol-  
11 lowing:

12 “(e) COMPACTS AND FRAMEWORK AGREEMENTS.—

13 “(1) FINDINGS.—Congress makes the following  
14 findings:

15 “(A) The congressionally mandated Insti-  
16 tute of Medicine report entitled ‘PEPFAR Im-  
17 plementation: Progress and Promise’ states:  
18 ‘The next strategy [of the U.S. Global AIDS  
19 Initiative] should squarely address the needs  
20 and challenges involved in supporting sustain-  
21 able country HIV/AIDS programs, thereby  
22 transitioning from a focus on emergency relief.’.

23 “(B) One mechanism to promote the tran-  
24 sition from an emergency to a public health and  
25 development approach to HIV/AIDS is through

1 compacts or framework agreements between the  
2 United States Government and each partici-  
3 pating nation.

4 “(C) Key components of a transition to-  
5 ward a more sustainable approach toward fight-  
6 ing HIV/AIDS, tuberculosis, and malaria and  
7 thus priorities for such compacts include—

8 “(i) building capacity to expand the  
9 size of the trained health care workforce in  
10 partner countries and improve its reten-  
11 tion, safety, deployment, and utilization of  
12 skills and to improve public health infra-  
13 structure and systems;

14 “(ii) partner governments increasing  
15 their national investments in health and  
16 education systems, as called for in the  
17 Abuja Declaration;

18 “(iii) increasing the focus of United  
19 States government efforts to address the  
20 factors that put women and girls at great-  
21 er risk of HIV/AIDS and to strengthen the  
22 legal, economic, educational, and social sta-  
23 tus of women, girls, orphans, and vulner-  
24 able children and encouraging partner gov-  
25 ernments to do the same;

1           “(iv) building on the New Partners  
2 Initiative and other efforts currently un-  
3 derway to strengthen the capacities of  
4 community- and faith-based organizations  
5 and civil society in partner countries to  
6 contribute to country efforts to prevent or  
7 manage the effects of HIV/AIDS, tuber-  
8 culosis, and malaria epidemics and to im-  
9 prove health care delivery;

10           “(v) improving the coordination of ef-  
11 forts to combat HIV/AIDS, tuberculosis,  
12 and malaria with broader national health  
13 and development strategies;

14           “(vi) promoting HIV/AIDS-related  
15 laws, regulations, and policies that support  
16 voluntary diagnostic counseling and rapid  
17 testing, pediatric diagnosis, rapid, tariff-  
18 free regulatory procedures for drugs and  
19 commodities, and full inclusion of people  
20 living with HIV/AIDS in a multisectoral  
21 national response;

22           “(vii) sharing and implementing find-  
23 ings based on program evaluations and op-  
24 erations research; and

1           “(viii) reducing the disease burden of  
2           HIV/AIDS, tuberculosis, and malaria  
3           through improved prevention efforts.

4           “(D) Such compacts should also take into  
5           account the overall national health and develop-  
6           ment and national HIV/AIDS and public health  
7           strategies of each country and should contain  
8           provisions including—

9                   “(i) the specific objectives that the  
10                  country and the United States expect to  
11                  achieve during the term of a compact;

12                   “(ii) the respective responsibilities of  
13                  the country and the United States in the  
14                  achievement of such objectives;

15                   “(iii) regular benchmarks to measure,  
16                  where appropriate, progress toward achiev-  
17                  ing such objectives;

18                   “(iv) an identification of the intended  
19                  beneficiaries, disaggregated by gender and  
20                  age, and including information on orphans  
21                  and vulnerable children, to the maximum  
22                  extent practicable;

23                   “(v) the methods by which the com-  
24                  pact is intended to address the factors that  
25                  put women and girls at greater risk of

1 HIV/AIDS and to strengthen the legal,  
2 economic, educational, and social status of  
3 women, girls, orphans, and vulnerable chil-  
4 dren;

5 “(vi) the methods by which the com-  
6 pact will strengthen the health care capac-  
7 ity, including the training, retention, de-  
8 ployment, and utilization of health care  
9 workers, improve supply chain manage-  
10 ment, and improve the health systems and  
11 infrastructure of the partner country, in-  
12 cluding the ability of compact participants  
13 to maintain and operate equipment trans-  
14 ferred or purchased as part of the com-  
15 pact;

16 “(vii) proposed mechanisms to provide  
17 oversight;

18 “(viii) the role of civil society in the  
19 development of a compact and the achieve-  
20 ment of its objectives;

21 “(ix) a description of the current and  
22 potential participation of other donors in  
23 the achievement of such objectives, as ap-  
24 propriate; and

1                   “(x) a plan to ensure appropriate fis-  
2                   cal accountability for the use of assistance.

3                   “(2) LOCAL INPUT.—In entering into a com-  
4                   pact authorized under subsection (d)(8), the Coordi-  
5                   nator of United States Government Activities to  
6                   Combat HIV/AIDS Globally shall seek to ensure  
7                   that the government of a country—

8                   “(A) takes into account the local perspec-  
9                   tives of the rural and urban poor, including  
10                  women, in each country; and

11                  “(B) consults with private and voluntary  
12                  organizations, including faith-based organiza-  
13                  tions, the business community, and other do-  
14                  nors in the country.

15                  “(3) CONGRESSIONAL AND PUBLIC NOTIFICA-  
16                  TION AFTER ENTERING INTO A COMPACT.—Not later  
17                  than 10 days after entering into a compact author-  
18                  ized under subsection (d)(8), the Global AIDS Coor-  
19                  dinator shall—

20                  “(A) submit a report containing a detailed  
21                  summary of the compact and a copy of the text  
22                  of the compact to—

23                  “(i) the Committee on Foreign Rela-  
24                  tions of the Senate;

1                   “(ii) the Committee on Appropriations  
2                   of the Senate;

3                   “(iii) the Committee on Foreign Af-  
4                   fairs of the House of Representatives; and

5                   “(iv) the Committee on Appropria-  
6                   tions of the House of Representatives; and

7                   “(B) publish such information in the Fed-  
8                   eral Register and on the Internet website of the  
9                   Office of the Global AIDS Coordinator.”.

10           (e) ANNUAL REPORT.—Section 104A(f) of such Act,  
11 as redesignated, is amended—

12                   (1) in paragraph (1), by striking “Committee  
13                   on International Relations” and inserting “Com-  
14                   mittee on Foreign Affairs”; and

15                   (2) in paragraph (2)—

16                           (A) in subparagraph (B), by striking  
17                           “and” at the end;

18                           (B) by striking subparagraph (C) and in-  
19                           serting the following:

20                                   “(C) a detailed breakdown of funding allo-  
21                                   cations, by program and by country, for preven-  
22                                   tion activities; and

23                                   “(D) a detailed assessment of the impact  
24                                   of programs established pursuant to such sec-  
25                                   tions, including—

1           “(i)(I) the effectiveness of such pro-  
2 grams in reducing—

3                   “(aa) the transmission of HIV,  
4 particularly in women and girls;

5                   “(bb) mother-to-child trans-  
6 mission of HIV, including through  
7 drug treatment and therapies, either  
8 directly or by referral; and

9                   “(cc) mortality rates from HIV/  
10 AIDS;

11           “(II) the number of patients receiving  
12 treatment for AIDS in each country that  
13 receives assistance under this Act;

14           “(III) an assessment of progress to-  
15 wards the achievement of annual goals set  
16 forth in the timetable required under the  
17 5-year strategy established under section  
18 101 of the United States Leadership  
19 Against HIV/AIDS, Tuberculosis, and Ma-  
20 laria Act of 2003 and, if annual goals are  
21 not being met, the reasons for such failure;  
22 and

23           “(IV) retention and attrition data for  
24 programs receiving United States assist-  
25 ance, including mortality and loss to fol-



1 low-up rates, organized overall and by  
2 country;

3 “(ii) the progress made toward—

4 “(I) improving health care deliv-  
5 ery systems (including the training of  
6 health care workers, including doctors,  
7 nurses, midwives, pharmacists, labora-  
8 tory technicians, and compensated  
9 community health workers);

10 “(II) advancing safe working  
11 conditions for health care workers;  
12 and

13 “(III) improving infrastructure  
14 to promote progress toward universal  
15 access to HIV/AIDS prevention, treat-  
16 ment, and care by 2013;

17 “(iii) with respect to tuberculosis—

18 “(I) the increase in the number  
19 of people treated and the number of  
20 tuberculosis patients cured through  
21 each program, project, or activity re-  
22 ceiving United States foreign assist-  
23 ance for tuberculosis control purposes  
24 through, or in coordination with, HIV/  
25 AIDS programs;

1                   “(II) a description of drug resist-  
2                   ance rates among persons treated;

3                   “(III) the percentage of such  
4                   United States foreign assistance pro-  
5                   vided for diagnosis and treatment of  
6                   individuals with tuberculosis in coun-  
7                   tries with the highest burden of tuber-  
8                   culosis, as determined by the World  
9                   Health Organization; and

10                  “(IV) a detailed description of ef-  
11                  forts to integrate HIV/AIDS and tu-  
12                  berculosis prevention, treatment, and  
13                  care programs; and

14                  “(iv) a description of coordination ef-  
15                  forts with relevant executive branch agen-  
16                  cies to link HIV/AIDS clinical and social  
17                  services with non-HIV/AIDS services as  
18                  part of the United States health and devel-  
19                  opment agenda;

20                  “(v) a detailed description of inte-  
21                  grated HIV/AIDS and food and nutrition  
22                  programs and services, including—

23                         “(I) the amount spent on food  
24                         and nutrition support;

1                   “(II) the types of activities sup-  
2                   ported; and

3                   “(III) an assessment of the effec-  
4                   tiveness of interventions carried out to  
5                   improve the health status of persons  
6                   with HIV/AIDS receiving food or nu-  
7                   tritional support;

8                   “(vi) a description of efforts to im-  
9                   prove harmonization, in terms of relevant  
10                  executive branch agencies, coordination  
11                  with other public and private entities, and  
12                  coordination with partner countries’ na-  
13                  tional strategic plans as called for in the  
14                  ‘Three Ones’;

15                  “(vii) a description of—

16                  “(I) the efforts of partner coun-  
17                  tries that were signatories to the  
18                  Abuja Declaration on HIV/AIDS, Tu-  
19                  berculosis and Other Related Infec-  
20                  tious Diseases to adhere to the goals  
21                  of such Declaration in terms of invest-  
22                  ments in public health, including HIV/  
23                  AIDS; and

24                  “(II) a description of the HIV/  
25                  AIDS investments of partner coun-

1                   tries that were not signatories to such  
2                   Declaration;

3                   “(viii) a detailed description of any  
4                   compacts or framework agreements  
5                   reached or negotiated between the United  
6                   States and any partner countries, including  
7                   a description of the elements of compacts  
8                   described in subsection (e);

9                   “(ix) a description of programs serv-  
10                  ing women and girls, including—

11                   “(I) HIV/AIDS prevention pro-  
12                   grams that address the vulnerabilities  
13                   of girls and women to HIV/AIDS;

14                   “(II) information on the number  
15                   of individuals served by programs  
16                   aimed at reducing the vulnerabilities  
17                   of women and girls to HIV/AIDS and  
18                   data on the types, objectives, and du-  
19                   ration of programs to address these  
20                   issues;

21                   “(III) information on programs  
22                   to address the particular needs of ad-  
23                   olescent girls and young women; and

24                   “(IV) programs to prevent gen-  
25                   der-based violence or to assist victims

1 of gender based violence as part, of or  
2 in coordination with, HIV/AIDS pro-  
3 grams;

4 “(x) a description of strategies, goals,  
5 programs, and interventions to—

6 “(I) address the needs and  
7 vulnerabilities of youth populations;

8 “(II) expand access among young  
9 men and women to evidence-based  
10 HIV/AIDS health care services and  
11 HIV prevention programs, including  
12 abstinence education programs; and

13 “(III) expand community-based  
14 services to meet the needs of orphans  
15 and of children and adolescents af-  
16 fected by or vulnerable to HIV/AIDS  
17 without increasing stigmatization;

18 “(xi) a description of—

19 “(I) the specific strategies funded  
20 to ensure the reduction of HIV infec-  
21 tion among injection drug users;

22 “(II) the number of injection  
23 drug users, by country, reached by  
24 such strategies;

1                   “(III) medication-assisted drug  
2                   treatment for individuals with HIV or  
3                   at risk of HIV; and

4                   “(IV) HIV prevention programs  
5                   demonstrated to be effective in reduc-  
6                   ing HIV transmission without increas-  
7                   ing drug use;

8                   “(xii) a detailed description of pro-  
9                   gram monitoring, operations research, and  
10                  impact evaluation research, including—

11                  “(I) the amount of funding pro-  
12                  vided for each research type;

13                  “(II) an analysis of cost-effective-  
14                  ness models; and

15                  “(III) conclusions regarding the  
16                  efficiency, effectiveness, and quality of  
17                  services as derived from previous or  
18                  ongoing research and monitoring ef-  
19                  forts; and

20                  “(xiii) a description of staffing levels  
21                  of United States government HIV/AIDS  
22                  teams in countries with significant HIV/  
23                  AIDS programs, including whether or not  
24                  a full-time coordinator was on staff for the  
25                  year.”.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—Section  
2 301(b) of the United States Leadership Against HIV/  
3 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
4 7631(b)) is amended—

5 (1) in paragraph (1), by striking “fiscal years  
6 2004 through 2008” and inserting “fiscal years  
7 2009 through 2013”; and

8 (2) in paragraph (3), by striking “fiscal years  
9 2004 through 2008” and inserting “fiscal years  
10 2009 through 2013”.

11 (g) RELATIONSHIP TO ASSISTANCE PROGRAMS TO  
12 ENHANCE NUTRITION.—Section 301(c) of such Act is  
13 amended to read as follows:

14 “(c) FOOD AND NUTRITIONAL SUPPORT.—

15 “(1) IN GENERAL.—As indicated in the report  
16 produced by the Institute of Medicine, entitled  
17 ‘PEPFAR Implementation: Progress and Promise’,  
18 inadequate caloric intake has been clearly identified  
19 as a principal reason for failure of clinical response  
20 to antiretroviral therapy. In recognition of the im-  
21 pact of malnutrition as a clinical health issue for  
22 many persons living with HIV/AIDS that is often  
23 associated with health and economic impacts on  
24 these individuals and their families, the Global AIDS

1 Coordinator and the Administrator of the United  
2 States Agency for International Development shall—

3 “(A) follow World Health Organization  
4 guidelines for HIV/AIDS food and nutrition  
5 services;

6 “(B) integrate nutrition programs with  
7 HIV/AIDS activities through effective linkages  
8 among the health, agricultural, and livelihood  
9 sectors and establish additional services in cir-  
10 cumstances in which referrals are inadequate or  
11 impossible;

12 “(C) provide, as a component of care and  
13 treatment programs for persons with HIV/  
14 AIDS, food and nutritional support to individ-  
15 uals infected with, and affected by, HIV/AIDS  
16 who meet established criteria for nutritional  
17 support (including clinically malnourished chil-  
18 dren and adults, and pregnant and lactating  
19 women in programs in need of supplemental  
20 support), including—

21 “(i) anthropometric and dietary as-  
22 sessment;

23 “(ii) counseling; and

24 “(iii) therapeutic and supplementary  
25 feeding;



1           “(D) provide food and nutritional support  
2           for children affected by HIV/AIDS and to com-  
3           munities and households caring for children af-  
4           fected by HIV/AIDS; and

5           “(E) in communities where HIV/AIDS and  
6           food insecurity are highly prevalent, support  
7           programs to address these often intersecting  
8           health problems through community-based as-  
9           sistance programs, with an emphasis on sus-  
10          tainable approaches.

11          “(2) AUTHORIZATION OF APPROPRIATIONS.—Of  
12          the amounts authorized to be appropriated under  
13          section 401, there are authorized to be appropriated  
14          to the President such sums as may be necessary for  
15          each of the fiscal years 2009 through 2013 to carry  
16          out this subsection.”.

17          (h) ELIGIBILITY FOR ASSISTANCE.—Section 301(d)  
18          of such Act is amended to read as follows:

19          “(d) ELIGIBILITY FOR ASSISTANCE.—An organiza-  
20          tion, including a faith-based organization, that is other-  
21          wise eligible to receive assistance under section 104A of  
22          the Foreign Assistance Act of 1961, under this Act, or  
23          under any amendment made by this Act or by the Tom  
24          Lantos and Henry J. Hyde United States Global Leader-  
25          ship Against HIV/AIDS, Tuberculosis, and Malaria Reau-

1 thORIZATION Act of 2008, to prevent, treat, or monitor HIV/  
2 AIDS—

3 “(1) shall not be required, as a condition of re-  
4 ceiving such assistance—

5 “(A) to endorse or utilize a multisectoral  
6 or comprehensive approach to combating HIV/  
7 AIDS; or

8 “(B) to endorse, utilize, make a referral to,  
9 become integrated with, or otherwise participate  
10 in a prevention method or treatment program  
11 to which the organization has a religious or  
12 moral objection; and

13 “(2) shall not be discriminated against in the  
14 solicitation or issuance of grants, contracts, or coop-  
15 erative agreements under such provisions of law for  
16 refusing to meet any requirement described in para-  
17 graph (1).”.

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

19 (a) **POLICY.**—Section 104B(b) of the Foreign Assist-  
20 ance Act of 1961 (22 U.S.C. 2151b–3(b)) is amended to  
21 read as follows:

22 “(b) **POLICY.**—It is a major objective of the foreign  
23 assistance program of the United States to control tuber-  
24 culosis. In all countries in which the Government of the  
25 United States has established development programs, par-

1 ticularly in countries with the highest burden of tuber-  
2 culosis and other countries with high rates of tuberculosis,  
3 the United States Government should prioritize the  
4 achievement of the following goals by not later than De-  
5 cember 31, 2015:

6           “(1) Reduce by half the tuberculosis death and  
7 disease burden from the 1990 baseline.

8           “(2) Sustain or exceed the detection of at least  
9 70 percent of sputum smear-positive cases of tuber-  
10 culosis and the cure of at least 85 percent of those  
11 cases detected.”.

12       (b) PRIORITY TO STOP TB STRATEGY.—Section  
13 104B(e) of such Act is amended to read as follows:

14       “(e) PRIORITY TO STOP TB STRATEGY.—In fur-  
15 nishing assistance under subsection (c), the President  
16 shall give priority to—

17           “(1) activities described in the Stop TB Strat-  
18 egy, including expansion and enhancement of Di-  
19 rectly Observed Treatment Short-course (DOTS)  
20 coverage, rapid testing, treatment for individuals in-  
21 fected with both tuberculosis and HIV, and treat-  
22 ment for individuals with multi-drug resistant tuber-  
23 culosis (MDR-TB), strengthening of health systems,  
24 use of the International Standards for Tuberculosis  
25 Care by all providers, empowering individuals with

1 tuberculosis, and enabling and promoting research to  
2 develop new diagnostics, drugs, and vaccines, and  
3 program-based operational research relating to tu-  
4 berculosis; and

5 “(2) funding for the Global Tuberculosis Drug  
6 Facility, the Stop Tuberculosis Partnership, and the  
7 Global Alliance for TB Drug Development.”.

8 (c) ASSISTANCE FOR THE WORLD HEALTH ORGANI-  
9 ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—  
10 Section 104B of such Act is amended—

11 (1) by redesignating subsection (f) as sub-  
12 section (g); and

13 (2) by inserting after subsection (e) the fol-  
14 lowing:

15 “(f) ASSISTANCE FOR THE WORLD HEALTH ORGANI-  
16 ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—

17 In carrying out this section, the President, acting through  
18 the Administrator of the United States Agency for Inter-  
19 national Development, is authorized to provide increased  
20 resources to the World Health Organization and the Stop  
21 Tuberculosis Partnership to improve the capacity of coun-  
22 tries with high rates of tuberculosis and other affected  
23 countries to implement the Stop TB Strategy and specific  
24 strategies related to addressing multiple drug resistant tu-

1 berculosis (MDR-TB) and extensively drug resistant tu-  
2 berculosis (XDR-TB).”.

3 (d) DEFINITIONS.—Section 104B(g) of such Act, as  
4 redesignated, is amended—

5 (1) in paragraph (1), by striking the period at  
6 the end and inserting the following: “including—

7 “(A) low-cost and effective diagnosis,  
8 treatment, and monitoring of tuberculosis;

9 “(B) a reliable drug supply;

10 “(C) a management strategy for public  
11 health systems;

12 “(D) health system strengthening;

13 “(E) promotion of the use of the Inter-  
14 national Standards for Tuberculosis Care by all  
15 care providers;

16 “(F) bacteriology under an external quality  
17 assessment framework;

18 “(G) short-course chemotherapy; and

19 “(H) sound reporting and recording sys-  
20 tems.”; and

21 (2) by redesignating paragraph (5) as para-  
22 graph (6); and

23 (3) by inserting after paragraph (4) the fol-  
24 lowing:

1           “(5) STOP TB STRATEGY.—The term ‘Stop TB  
2           Strategy’ means the 6-point strategy to reduce tu-  
3           berculosis developed by the World Health Organiza-  
4           tion, which is described in the Global Plan to Stop  
5           TB 2006–2015: Actions for Life, a comprehensive  
6           plan developed by the Stop TB Partnership that sets  
7           out the actions necessary to achieve the millennium  
8           development goal of cutting tuberculosis deaths and  
9           disease burden in half by 2015.”.

10          (e) AUTHORIZATION OF APPROPRIATIONS.—Section  
11 302 (b) of the United States Leadership Against HIV/  
12 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
13 7632(b)) is amended—

14           (1) in paragraph (1), by striking “such sums as  
15           may be necessary for each of the fiscal years 2004  
16           through 2008” and inserting “a total of  
17           \$4,000,000,000 for the 5-year period beginning on  
18           October 1, 2008.”; and

19           (2) in paragraph (3), by striking “fiscal years  
20           2004 through 2008” and inserting “fiscal years  
21           2009 through 2013.”.

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

23          (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT  
24 OF 1961.—Section 104C(b) of the Foreign Assistance Act

1 of 1961 (22 U.S.C. 2151–4(b)) is amended by inserting  
2 “treatment,” after “control,”.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
4 303 of the United States Leadership Against HIV/AIDS,  
5 Tuberculosis, and Malaria Act of 2003, and Malaria Act  
6 of 2003 (22 U.S.C. 7633) is amended—

7 (1) in subsection (b)—

8 (A) in paragraph (1), by striking “such  
9 sums as may be necessary for fiscal years 2004  
10 through 2008” and inserting “\$5,000,000,000  
11 during the 5-year period beginning on October  
12 1, 2008”; and

13 (B) in paragraph (3), by striking “fiscal  
14 years 2004 through 2008” and inserting “fiscal  
15 years 2009 through 2013”; and

16 (2) by adding at the end the following:

17 “(c) STATEMENT OF POLICY.—Providing assistance  
18 for the prevention, control, treatment, and the ultimate  
19 eradication of malaria is—

20 “(1) a major objective of the foreign assistance  
21 program of the United States; and

22 “(2) 1 component of a comprehensive United  
23 States global health strategy to reduce disease bur-  
24 dens and strengthen communities around the world.

1           “(d) DEVELOPMENT OF A COMPREHENSIVE 5-YEAR  
2 STRATEGY.—The President shall establish a comprehen-  
3 sive, 5-year strategy to combat global malaria that—

4           “(1) strengthens the capacity of the United  
5 States to be an effective leader of international ef-  
6 forts to reduce malaria burden;

7           “(2) maintains sufficient flexibility and remains  
8 responsive to the ever-changing nature of the global  
9 malaria challenge;

10           “(3) includes specific objectives and multise-  
11 toral approaches and strategies to reduce the preva-  
12 lence, mortality, incidence, and spread of malaria;

13           “(4) describes how this strategy would con-  
14 tribute to the United States’ overall global health  
15 and development goals;

16           “(5) clearly explains how outlined activities will  
17 interact with other United States Government global  
18 health activities, including the 5-year global AIDS  
19 strategy required under this Act;

20           “(6) expands public-private partnerships and le-  
21 verage of resources;

22           “(7) coordinates among relevant Federal agen-  
23 cies to maximize human and financial resources and  
24 to reduce duplication among these agencies, foreign  
25 governments, and international organizations;



1           “(8) coordinates with other international enti-  
2 ties, including the Global Fund;

3           “(9) maximizes United States capabilities in the  
4 areas of technical assistance and training and re-  
5 search, including vaccine research; and

6           “(10) establishes priorities and selection criteria  
7 for the distribution of resources based on factors  
8 such as—

9                   “(A) the size and demographics of the pop-  
10 ulation with malaria;

11                   “(B) the needs of that population;

12                   “(C) the country’s existing infrastructure;  
13 and

14                   “(D) the ability to closely coordinate  
15 United States Government efforts with national  
16 malaria control plans of partner countries.”.

17 **SEC. 304. MALARIA RESPONSE COORDINATOR.**

18           Section 304 of the United States Leadership Against  
19 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
20 U.S.C. 7634) is amended to read as follows:

21 **“SEC. 304. MALARIA RESPONSE COORDINATOR.**

22           “(a) IN GENERAL.—There is established within the  
23 United States Agency for International Development a Co-  
24 ordinator of United States Government Activities to Com-  
25 bat Malaria Globally (referred to in this section as the

1 ‘Malaria Coordinator’), who shall be appointed by the  
2 President.

3 “(b) AUTHORITIES.—The Malaria Coordinator, act-  
4 ing through nongovernmental organizations (including  
5 faith-based and community-based organizations), partner  
6 country finance, health, and other relevant ministries, and  
7 relevant executive branch agencies as may be necessary  
8 and appropriate to carry out this section, is authorized  
9 to—

10 “(1) operate internationally to carry out preven-  
11 tion, care, treatment, support, capacity development,  
12 and other activities to reduce the prevalence, mor-  
13 tality, and incidence of malaria;

14 “(2) provide grants to, and enter into contracts  
15 and cooperative agreements with, nongovernmental  
16 organizations (including faith-based organizations)  
17 to carry out this section; and

18 “(3) transfer and allocate executive branch  
19 agency funds that have been appropriated for the  
20 purposes described in paragraphs (1) and (2).

21 “(c) DUTIES.—

22 “(1) IN GENERAL.—The Malaria Coordinator  
23 has primary responsibility for the oversight and co-  
24 ordination of all resources and international activi-

1       ties of the United States Government relating to ef-  
2       forts to combat malaria.

3               “(2) SPECIFIC DUTIES.—The Malaria Coordi-  
4       nator shall—

5               “(A) facilitate program and policy coordi-  
6       nation of antimalaria efforts among relevant ex-  
7       ecutive branch agencies and nongovernmental  
8       organizations by auditing, monitoring, and eval-  
9       uating such programs;

10              “(B) ensure that each relevant executive  
11       branch agency undertakes antimalarial pro-  
12       grams primarily in those areas in which the  
13       agency has the greatest expertise, technical ca-  
14       pability, and potential for success;

15              “(C) coordinate relevant executive branch  
16       agency activities in the field of malaria preven-  
17       tion and treatment;

18              “(D) coordinate planning, implementation,  
19       and evaluation with the Global AIDS Coordi-  
20       nator in countries in which both programs have  
21       a significant presence;

22              “(E) coordinate with national govern-  
23       ments, international agencies, civil society, and  
24       the private sector; and

1           “(F) establish due diligence criteria for all  
2 recipients of funds appropriated by the Federal  
3 Government for malaria assistance.

4           “(d) ASSISTANCE FOR THE WORLD HEALTH ORGA-  
5 NIZATION.—In carrying out this section, the President  
6 may provide financial assistance to the Roll Back Malaria  
7 Partnership of the World Health Organization to improve  
8 the capacity of countries with high rates of malaria and  
9 other affected countries to implement comprehensive ma-  
10 laria control programs.

11          “(e) COORDINATION OF ASSISTANCE EFFORTS.—In  
12 carrying out this section and in accordance with section  
13 104C of the Foreign Assistance Act of 1961 (22 U.S.C.  
14 2151b–4), the Malaria Coordinator shall coordinate the  
15 provision of assistance by working with—

16           “(1) relevant executive branch agencies, includ-  
17 ing—

18           “(A) the Department of State (including  
19 the Office of the Global AIDS Coordinator);

20           “(B) the Department of Health and  
21 Human Services;

22           “(C) the Department of Defense; and

23           “(D) the Office of the United States Trade  
24 Representative;

1           “(2) relevant multilateral institutions, includ-  
2           ing—

3                   “(A) the World Health Organization;

4                   “(B) the United Nations Children’s Fund;

5                   “(C) the United Nations Development Pro-  
6           gramme;

7                   “(D) the Global Fund;

8                   “(E) the World Bank; and

9                   “(F) the Roll Back Malaria Partnership;

10           “(3) program delivery and efforts to lift bar-  
11           riers that would impede effective and comprehensive  
12           malaria control programs; and

13           “(4) partner or recipient country governments  
14           and national entities including universities and civil  
15           society organizations (including faith- and commu-  
16           nity-based organizations).

17           “(f) RESEARCH.—To carry out this section and in ac-  
18           cordance with section 104C of the Foreign Assistance Act  
19           of 1961 (22 U.S.C. 1151d–4), the Secretary of Health and  
20           Human Services, through the Centers for Disease Control  
21           and Prevention and the National Institutes of Health,  
22           shall conduct appropriate programmatically relevant clin-  
23           ical and operational research to identify and evaluate new  
24           diagnostics, treatment regimens, and interventions to pre-  
25           vent and control malaria.

1       “(g) MONITORING.—To ensure that adequate ma-  
2       laria controls are established and implemented, the Cen-  
3       ters for Disease Control and Prevention shall carry out  
4       appropriate surveillance and evaluation activities to mon-  
5       itor global malaria trends and assess environmental and  
6       health impacts of malarial control efforts.

7       “(h) ANNUAL REPORT.—

8               “(1) SUBMISSION.—Not later than 1 year after  
9       the date of the enactment of the Tom Lantos and  
10       Henry J. Hyde United States Global Leadership  
11       Against HIV/AIDS, Tuberculosis, and Malaria Re-  
12       authorization Act of 2008, and annually thereafter,  
13       the President shall submit a report to the appro-  
14       priate congressional committees that describes  
15       United States assistance for the prevention, treat-  
16       ment, control, and elimination of malaria.

17               “(2) CONTENTS.—The report required under  
18       paragraph (1) shall describe—

19                       “(A) the countries and activities to which  
20       malaria resources have been allocated;

21                       “(B) the number of people reached  
22       through malaria assistance programs, including  
23       data on children and pregnant women;

1           “(C) research efforts to develop new tools  
2 to combat malaria, including drugs and vac-  
3 cines;

4           “(D) the collaboration and coordination of  
5 United States antimalarial efforts with the  
6 World Health Organization, the Global Fund,  
7 the World Bank, other donor governments,  
8 major private efforts, and relevant executive  
9 agencies;

10          “(E) the coordination of United States  
11 antimalarial efforts with the national malarial  
12 strategies of other donor or partner govern-  
13 ments and major private initiatives;

14          “(F) the estimated impact of United  
15 States assistance on childhood mortality and  
16 morbidity from malaria;

17          “(G) the coordination of antimalarial ef-  
18 forts with broader health and development pro-  
19 grams;

20          “(H) the constraints on implementation of  
21 programs posed by health workforce shortages  
22 or capacities; and

23          “(I) the number of personnel trained as  
24 health workers and the training levels  
25 achieved.”.

1 **SEC. 305. AMENDMENT TO IMMIGRATION AND NATION-**  
2 **ALITY ACT.**

3 Section 212(a)(1)(A)(i) of the Immigration and Na-  
4 tionality Act (8 U.S.C. 1182(a)(1)(A)(i)) is amended by  
5 striking “, which shall include infection with the etiologic  
6 agent for acquired immune deficiency syndrome,” and in-  
7 serting a semicolon.

8 **SEC. 306. CLERICAL AMENDMENT.**

9 Title III of the United States Leadership Against  
10 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
11 U.S.C. 7631 et seq.) is amended by striking the heading  
12 for subtitle B and inserting the following:

13 **“Subtitle B—Assistance for Women,**  
14 **Children, and Families”.**

15 **SEC. 308. REQUIREMENTS.**

16 Section 312(b) of the United States Leadership  
17 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
18 2003 (22 U.S.C. 7652(b)) is amended by striking para-  
19 graphs (1), (2), and (3) and inserting the following:

20 “(1) establish a target for the prevention and  
21 treatment of mother-to-child transmission of HIV  
22 that, by 2013, will reach at least 80 percent of preg-  
23 nant women in those countries most affected by  
24 HIV/AIDS in which the United States has HIV/  
25 AIDS programs;



1           “(2) establish a target that, by 2013, the pro-  
2           portion of children receiving care and treatment  
3           under this Act is proportionate to their numbers  
4           within the population of HIV infected individuals in  
5           each country;

6           “(3) integrate care and treatment with preven-  
7           tion of mother-to-child transmission of HIV pro-  
8           grams to improve outcomes for HIV-affected women  
9           and families as soon as is feasible and support strat-  
10          egies that promote successful follow-up and con-  
11          tinuity of care of mother and child;

12          “(4) expand programs designed to care for chil-  
13          dren orphaned by, affected by, or vulnerable to HIV/  
14          AIDS;

15          “(5) ensure that women in prevention of moth-  
16          er-to-child transmission of HIV programs are pro-  
17          vided with, or referred to, appropriate maternal and  
18          child services; and

19          “(6) develop a timeline for expanding access to  
20          more effective regimes to prevent mother-to-child  
21          transmission of HIV, consistent with the national  
22          policies of countries in which programs are adminis-  
23          tered under this Act and the goal of achieving uni-  
24          versal use of such regimes as soon as possible.”.

1 **SEC. 309. ANNUAL REPORT ON PREVENTION OF MOTHER-**  
2 **TO-CHILD TRANSMISSION OF HIV.**

3 Section 313(a) of the United States Leadership  
4 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
5 2003 (22 U.S.C. 7653(a)) is amended by striking “5  
6 years” and inserting “10 years”.

7 **TITLE IV—FUNDING**  
8 **ALLOCATIONS**

9 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

10 Section 401(a) of the United States Leadership  
11 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
12 2003 (22 U.S.C. 7671(a)) is amended by striking  
13 “\$3,000,000,000 for each of the fiscal years 2004 through  
14 2008” and inserting “\$50,000,000,000 for the 5-year pe-  
15 riod beginning on October 1, 2008”.

16 **SEC. 402. SENSE OF CONGRESS.**

17 Section 402(b) of the United States Leadership  
18 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
19 2003 (22 U.S.C. 7672(b)) is amended by striking “an ef-  
20 fective distribution of such amounts would be” and all that  
21 follows through “10 percent of such amounts” and insert-  
22 ing “10 percent should be used”.

23 **SEC. 403. ALLOCATION OF FUNDS.**

24 Section 403 of the United States Leadership Against  
25 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
26 U.S.C. 7673) is amended—

1           (1) by amending subsection (a) to read as fol-  
2 lows:

3           “(a) **BALANCED FUNDING REQUIREMENT.**—

4           “(1) **IN GENERAL.**—The Global AIDS Coordi-  
5 nator shall—

6           “(A) provide balanced funding for preven-  
7 tion activities for sexual transmission of HIV/  
8 AIDS; and

9           “(B) ensure that behavioral change pro-  
10 grams, including abstinence, delay of sexual  
11 debut, monogamy, fidelity, and partner reduc-  
12 tion, are implemented and funded in a mean-  
13 ingful and equitable way in the strategy for  
14 each host country based on objective epidemio-  
15 logical evidence as to the source of infections  
16 and in consultation with the government of  
17 each host county involved in HIV/AIDS preven-  
18 tion activities.

19           “(2) **PREVENTION STRATEGY.**—

20           “(A) **ESTABLISHMENT.**—In carrying out  
21 paragraph (1), the Global AIDS Coordinator  
22 shall establish a HIV sexual transmission pre-  
23 vention strategy governing the expenditure of  
24 funds authorized under this Act to prevent the

1 sexual transmission of HIV in any host country  
2 with a generalized epidemic.

3 “(B) REPORT.—In each host country de-  
4 scribed in subparagraph (A), if the strategy es-  
5 tablished under subparagraph (A) provides less  
6 than 50 percent of the funds described in sub-  
7 paragraph (A) for behavioral change programs,  
8 including abstinence, delay of sexual debut, mo-  
9 nogamy, fidelity, and partner reduction, the  
10 Global AIDS Coordinator shall, not later than  
11 30 days after the issuance of this strategy, re-  
12 port to the appropriate congressional commit-  
13 tees on the justification for this decision.

14 “(3) EXCLUSION.—Programs and activities that  
15 implement or purchase new prevention technologies  
16 or modalities, such as medical male circumcision,  
17 pre-exposure pharmaceutical prophylaxis to prevent  
18 transmission of HIV, or microbicides and programs  
19 and activities that provide counseling and testing for  
20 HIV or prevent mother-to-child prevention of HIV,  
21 shall not be included in determining compliance with  
22 paragraph (2).

23 “(4) REPORT.—Not later than 1 year after the  
24 date of the enactment of the Tom Lantos and Henry  
25 J. Hyde United States Global Leadership Against

1 HIV/AIDS, Tuberculosis, and Malaria Reauthoriza-  
2 tion Act of 2008, and annually thereafter as part of  
3 the annual report required under section 104A(e) of  
4 the Foreign Assistance Act of 1961 (22 U.S.C.  
5 2151b–2(e)), the President shall—

6 “(A) submit a report on the implementa-  
7 tion of paragraph (2) for the most recently con-  
8 cluded fiscal year to the appropriate congress-  
9 sional committees; and

10 “(B) make the report described in sub-  
11 paragraph (A) available to the public.”; and  
12 (2) in subsection (b)—

13 (A) by striking “fiscal years 2006 through  
14 2008” and inserting “fiscal years 2009 through  
15 2013”; and

16 (B) by striking “vulnerable children af-  
17 fected by” and inserting “other children af-  
18 fected by, or vulnerable to,”.

○