

**Calendar No. 698**110<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**S. 2731****[Report No. 110-325]**

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.

---

**IN THE SENATE OF THE UNITED STATES**

MARCH 7, 2008

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

APRIL 15, 2008

Reported by Mr. BIDEN, with an amendment

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

---

**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,*

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

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

6 (b) **TABLE OF CONTENTS.**—The table of contents for  
 7 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.

**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.

1 **SEC. 2. FINDINGS.**

2 Section 2 of the United States Leadership Against  
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
4 U.S.C. 7601) is amended by adding at the end the fol-  
5 lowing:

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

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

14 “(A) provide antiretroviral therapy for over  
15 1,900,000 people;

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

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

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

1           “(32) According to the 2007 AIDS Epidemic  
2 Update of the Joint United Nations Programme on  
3 HIV/AIDS (UNAIDS)—

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

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

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

12           “(34) According to the World Health Organiza-  
13 tion, 1/3 of the world’s population is infected with the  
14 tuberculosis bacterium, and tuberculosis is 1 of the  
15 greatest infectious causes of death of adults world-  
16 wide, killing 1,600,000 people per year.

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

22           “(36) According to UNAIDS—

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

1           “(B) women and girls are more bio-  
2           logically, economically, and socially vulnerable  
3           to HIV infection; and

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

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

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

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

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

3           “(B) have inhibited comprehensive, inte-  
4           grated, evidence based approaches;

5           “(C) ‘have been counterproductive’;

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

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

15          “(F) should be removed by Congress and  
16          replaced with more appropriate mechanisms  
17          that—

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

21                 “(ii) ‘ensure that spending is directly  
22                 linked to and commensurate with nec-  
23                 essary efforts to achieve both country and  
24                 overall performance targets for prevention,

1 treatment, care, and orphans and vulner-  
2 able children’.

3 “(40) The United States Government has en-  
4 dored the principles of harmonization in coordi-  
5 nating efforts to combat HIV/AIDS commonly re-  
6 ferred to as the ‘Three Ones’, which includes—

7 “(A) † agreed HIV/AIDS action frame-  
8 work that provides the basis for coordination of  
9 the work of all partners;

10 “(B) † national HIV/AIDS coordinating  
11 authority, with a broadbased multisectoral man-  
12 date; and

13 “(C) † agreed HIV/AIDS country-level  
14 monitoring and evaluating system.

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

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

1           “(B) committed ‘TO TAKE PERSONAL  
2           RESPONSIBILITY AND PROVIDE LEAD-  
3           ERSHIP for the activities of the National  
4           AIDS Commissions/Councils’;

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

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

19 **SEC. 3. DEFINITIONS.**

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

23                 (1) in paragraph (2), by striking “Committee  
24                 on International Relations” and inserting “Com-  
25                 mittee on Foreign Affairs of the House of Rep-



1 representatives, the Committee on Appropriations of the  
2 Senate, and the Committee on Appropriations”;

3 (2) by redesignating paragraph (6) as para-  
4 graph (11);

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

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

9 “(3) GLOBAL AIDS COORDINATOR.—The term  
10 ‘Global AIDS Coordinator’ means the Coordinator of  
11 United States Government Activities to Combat  
12 HIV/AIDS Globally.”; and

13 (5) by inserting after paragraph (6), as redesign-  
14 ated, the following:

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

21 “(8) OPERATIONS RESEARCH.—The term ‘oper-  
22 ations research’ means the application of social  
23 science research methods and statistical analysis to  
24 judge, compare, and improve policies and program  
25 outcomes, from the earliest stages of defining and

1 designing programs through their development and  
 2 implementation, with the objective of the rapid dis-  
 3 semination of conclusions and concrete impact on  
 4 programming.

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

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

14 “(A) how well a program is carried out;  
 15 and

16 “(B) how much the program costs.”

17 **SEC. 4. PURPOSE.**

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

21 **“SEC. 4. PURPOSE.**

22 “The purpose of this Act is to strengthen and en-  
 23 hance United States leadership and the effectiveness of  
 24 the United States response to the HIV/AIDS, tuber-  
 25 culosis, and malaria pandemics and other related and pre-

1 ventable infectious diseases as part of the overall United  
2 States health and development agenda by—

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

6 “(A) building on progress and successes to  
7 date;

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

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

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

20 “(3) intensifying efforts to—

21 “(A) prevent HIV infection;

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

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

3           “(D) address the particular vulnerabilities  
4           of girls and women;

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

9           “(5) reinforcing efforts to—

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

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

15           “(6) helping partner countries to—

16           “(A) strengthen health systems;

17           “(B) improve human health capacity; and

18           “(C) address infrastructural weaknesses.”.

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

21           Section 5 of the United States Leadership Against  
22 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
23 U.S.C. 7604) is amended by inserting “, with the excep-  
24 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 eies 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          tion 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          (e) STUDY.—Section 101(e) of such Act (22 U.S.C.  
23          7611(e)) is amended to read as follows:

24          “(e) 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                  eating 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 (e) 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 eyele; 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           pacity-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.**

22       Section 307 of the Public Health Service Act (42  
23       U.S.C. 242f) 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(e) 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       (e) 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”;

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           ~~acted 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 capae-  
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           eal 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 (2), 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(e) of such Act is  
13 amended to read as follows:

14       “(e) 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 (e) 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 tuberculosis (MDR-TB) and extensively drug resistant tu-  
2 tuberculosis (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; and

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(c) 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 congres-  
 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,”.

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

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

24 (b) *TABLE OF CONTENTS.*—*The table of contents for*  
 25 *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. Research on methods for women 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.*  
*Sec. 206. Facilitating vaccine development.*

*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. 307. Requirements.*  
*Sec. 308. Annual report on prevention of mother-to-child transmission of HIV.*  
*Sec. 309. Prevention of mother-to-child transmission expert panel.*

*TITLE IV—FUNDING ALLOCATIONS*

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

**1 SEC. 2. FINDINGS.**

- 2**        *Section 2 of the United States Leadership Against*  
**3** *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*  
**4** *U.S.C. 7601) is amended by adding at the end the following:*

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

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

9                   “(A) provide antiretroviral therapy for over  
10                  1,900,000 people;

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

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

17           “(31) While United States leadership in the bat-  
18           tles against HIV/AIDS, tuberculosis, and malaria has  
19           had an enormous impact, these diseases continue to  
20           take a terrible toll on the human race.

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

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

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

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

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

12          “(35) Efforts to promote abstinence, fidelity, the  
13          correct and consistent use of condoms, the delay of  
14          sexual debut, and the reduction of concurrent sexual  
15          partners represent important elements of strategies to  
16          prevent the transmission of HIV/AIDS.

17          “(36) According to UNAIDS—

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

21                 “(B) women and girls are more biologically,  
22                 economically, and socially vulnerable to HIV in-  
23                 fection; 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 may  
7           be vulnerable to the disease or its socioeconomic ef-  
8           fects.

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

15          “(39) On March 30, 2007, the Institute of Medi-  
16          cine of the National Academies released a report enti-  
17          tled ‘PEPFAR Implementation: Progress and Prom-  
18          ise’, which found that budget allocations setting per-  
19          centage levels for spending on prevention, care, and  
20          treatment and for certain subsets of activities within  
21          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 of  
9           activities in the countries’ national plans’; and

10          “(F) should be removed by Congress and re-  
11          placed with more appropriate mechanisms  
12          that—

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

16                 “(ii) ‘ensure that spending is directly  
17                 linked to and commensurate with necessary  
18                 efforts to achieve both country and overall  
19                 performance targets for prevention, treat-  
20                 ment, care, and orphans and vulnerable  
21                 children’.

22          “(40) The United States Government has en-  
23          dorsed the principles of harmonization in coordi-  
24          nating efforts to combat HIV/AIDS commonly re-  
25          ferred to as the ‘Three Ones’, which includes—

1           “(A) 1 agreed HIV/AIDS action framework  
2           that provides the basis for coordination of the  
3           work of all partners;

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

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

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

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

18                 “(B) committed ‘TO TAKE PERSONAL  
19                 RESPONSIBILITY AND PROVIDE LEADER-  
20                 SHIP for the activities of the National AIDS  
21                 Commissions/Councils’;

22                 “(C) resolved ‘to lead from the front the bat-  
23                 tle against HIV/AIDS, Tuberculosis and Other  
24                 Related Infectious Diseases by personally ensur-  
25                 ing that such bodies were properly convened in

1           *mobilizing our societies as a whole and pro-*  
2           *viding focus for unified national policymaking*  
3           *and programme implementation, ensuring co-*  
4           *ordination of all sectors at all levels with a gen-*  
5           *der perspective and respect for human rights,*  
6           *particularly to ensure equal rights for people liv-*  
7           *ing with HIV/AIDS’; and*

8                     *“(D) pledged ‘to set a target of allocating at*  
9                     *least 15% of our annual budget to the improve-*  
10                    *ment of the health sector’.”.*

11 **SEC. 3. DEFINITIONS.**

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

15                     *(1) in paragraph (2), by striking “Committee on*  
16                     *International Relations” and inserting “Committee*  
17                     *on Foreign Affairs of the House of Representatives,*  
18                     *the Committee on Appropriations of the Senate, and*  
19                     *the Committee on Appropriations”;*

20                     *(2) by redesignating paragraph (6) as para-*  
21                     *graph (12);*

22                     *(3) by redesignating paragraphs (3) through (5),*  
23                     *as paragraphs (4) through (6), respectively;*

24                     *(4) by inserting after paragraph (2) the fol-*  
25                     *lowing:*

1           “(3) *GLOBAL AIDS COORDINATOR.*—*The term*  
2           *‘Global AIDS Coordinator’ means the Coordinator of*  
3           *United States Government Activities to Combat HIV/*  
4           *AIDS Globally.’*”;

5           (5) *by inserting after paragraph (6), as redesign-*  
6           *ated, the following:*

7           “(7) *IMPACT EVALUATION RESEARCH.*—*The term*  
8           *‘impact evaluation research’ means the application of*  
9           *research methods and statistical analysis to measure*  
10           *the extent to which change in a population-based out-*  
11           *come can be attributed to program intervention in-*  
12           *stead of other environmental factors.*

13           “(8) *OPERATIONS RESEARCH.*—*The term ‘oper-*  
14           *ations research’ means the application of social*  
15           *science research methods and statistical analysis to*  
16           *judge, compare, and improve policies and program*  
17           *outcomes, from the earliest stages of defining and de-*  
18           *signing programs through their development and im-*  
19           *plementation, with the objective of the rapid dissemi-*  
20           *nation of conclusions and concrete impact on pro-*  
21           *gramming.*

22           “(9) *PARAPROFESSIONAL.*—*The term ‘para-*  
23           *professional’ means an individual who is trained and*  
24           *employed as a health agent for the provision of basic*

1       *assistance in the identification, prevention, or treat-*  
2       *ment of illness or disability.*

3               “(10) *PARTNER GOVERNMENT.*—*The term ‘part-*  
4       *ner government’ means a government with which the*  
5       *United States is working to provide assistance to*  
6       *combat HIV/AIDS, tuberculosis, or malaria on behalf*  
7       *of people living within the jurisdiction of such govern-*  
8       *ment.*

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

12                       “(A) *how well a program is carried out;*  
13       *and*

14                       “(B) *how much the program costs.*”; *and*

15       (6) *by inserting after paragraph (12), as redesign-*  
16       *ated, the following:*

17               “(13) *STRUCTURAL HIV PREVENTION.*—*The term*  
18       *‘structural HIV prevention’ means activities or pro-*  
19       *grams designed to—*

20                       “(A) *address environmental factors that*  
21       *could create conditions conducive to the spread of*  
22       *HIV; and*

23                       “(B) *determine the best ways to remedy*  
24       *such factors by enhancing life skills and pro-*

1           *moting changes in laws, policies, and social*  
2           *norms.”.*

3 **SEC. 4. PURPOSE.**

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

7 **“SEC. 4. PURPOSE.**

8           *“The purpose of this Act is to strengthen and enhance*  
9 *United States leadership and the effectiveness of the United*  
10 *States response to the HIV/AIDS, tuberculosis, and malaria*  
11 *pandemics and other related and preventable infectious dis-*  
12 *eases as part of the overall United States health and devel-*  
13 *opment agenda by—*

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

17           *“(A) building on progress and successes to*  
18 *date;*

19           *“(B) improving harmonization of United*  
20 *States efforts with national strategies of partner*  
21 *governments and other public and private enti-*  
22 *ties; and*

23           *“(C) emphasizing capacity building initia-*  
24 *tives in order to promote a transition toward*

1           *greater sustainability through the support of*  
2           *country-driven efforts;*

3           “(2) *providing increased resources for bilateral*  
4           *and multilateral efforts to fight HIV/AIDS, tuber-*  
5           *culosis, and malaria as integrated components of*  
6           *United States development assistance;*

7           “(3) *intensifying efforts to—*

8                 “(A) *prevent HIV infection;*

9                 “(B) *ensure the continued support for, and*  
10                *expanded access to, treatment and care pro-*  
11                *grams;*

12               “(C) *enhance the effectiveness of prevention,*  
13                *treatment, and care programs; and*

14               “(D) *address the particular vulnerabilities*  
15                *of girls and women;*

16           “(4) *encouraging the expansion of private sector*  
17           *efforts and expanding public-private sector partner-*  
18           *ships to combat HIV/AIDS, tuberculosis, and ma-*  
19           *laria;*

20           “(5) *reinforcing efforts to—*

21               “(A) *develop safe and effective vaccines,*  
22                *microbicides, and other prevention and treat-*  
23                *ment technologies; and*

24               “(B) *improve diagnostics capabilities for*  
25                *HIV/AIDS, tuberculosis, and malaria; and*



1           “(6) helping partner countries to—  
 2           “(A) strengthen health systems;  
 3           “(B) improve human health capacity; and  
 4           “(C) address infrastructural weaknesses.”.

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

7           Section 5 of the United States Leadership Against  
 8 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
 9 U.S.C. 7604) is amended by inserting “, with the exception  
 10 of the 5-year strategy” before the period at the end.

11 **TITLE I—POLICY PLANNING AND**  
 12           **COORDINATION**

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

15           (a) *STRATEGY*.—Section 101(a) of the United States  
 16 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
 17 Act of 2003 (22 U.S.C. 7611(a)) is amended to read as fol-  
 18 lows:

19           “(a) *STRATEGY*.—The President shall establish a com-  
 20 prehensive, integrated, 5-year strategy to expand and im-  
 21 prove efforts to combat global HIV/AIDS. This strategy  
 22 shall—

23           “(1) further strengthen the capability of the  
 24 United States to be an effective leader of the inter-  
 25 national campaign against this disease and strength-

1 *en the capacities of nations experiencing HIV/AIDS*  
2 *epidemics to combat this disease;*

3 “(2) *maintain sufficient flexibility and remain*  
4 *responsive to—*

5 “(A) *changes in the epidemic;*

6 “(B) *challenges facing partner countries in*  
7 *developing and implementing an effective na-*  
8 *tional response; and*

9 “(C) *evidence-based improvements and in-*  
10 *novations in the prevention, care, and treatment*  
11 *of HIV/AIDS;*

12 “(3) *situate United States efforts to combat HIV/*  
13 *AIDS, tuberculosis, and malaria within the broader*  
14 *United States global health and development agenda,*  
15 *establishing a roadmap to link investments in specific*  
16 *disease programs to the broader goals of strengthening*  
17 *health systems and infrastructure and to integrate*  
18 *and coordinate HIV/AIDS, tuberculosis, or malaria*  
19 *programs with other health or development programs,*  
20 *as appropriate;*

21 “(4) *provide a plan to—*

22 “(A) *prevent 12,000,000 new HIV infections*  
23 *worldwide;*

24 “(B) *support treatment of at least 3,000,000*  
25 *individuals with HIV/AIDS and support addi-*

1           *tional treatment through coordinated multilat-*  
2           *eral efforts;*

3           “(C) *support care for 12,000,000 individ-*  
4           *uals with HIV/AIDS, including 5,000,000 or-*  
5           *phans and vulnerable children affected by HIV/*  
6           *AIDS, with an emphasis on promoting a com-*  
7           *prehensive, coordinated system of services to be*  
8           *integrated throughout the continuum of care;*

9           “(D) *help partner countries in the effort to*  
10          *achieve goals of 80 percent access to counseling,*  
11          *testing, and treatment to prevent the trans-*  
12          *mission of HIV from mother to child, empha-*  
13          *sizing a continuum of care model;*

14          “(E) *help partner countries to provide care*  
15          *and treatment services to children with HIV in*  
16          *proportion to their percentage within the HIV-*  
17          *infected population in each country;*

18          “(F) *promote preservice training for health*  
19          *professionals designed to strengthen the capacity*  
20          *of institutions to develop and implement policies*  
21          *for training health workers to combat HIV/*  
22          *AIDS, tuberculosis, and malaria;*

23          “(G) *equip teachers with skills needed for*  
24          *HIV/AIDS prevention, treatment, and care;*

1           “(H) provide and share best practices for  
2 combating HIV/AIDS with health professionals;  
3 and

4           “(I) help partner countries to train and  
5 support retention of health care professionals  
6 and paraprofessionals, with the target of train-  
7 ing and retaining at least 140,000 new health  
8 care professionals and paraprofessionals and to  
9 strengthen capacities in developing countries, es-  
10 pecially in sub-Saharan Africa, to deliver pri-  
11 mary health care with the objective of helping  
12 countries achieve staffing levels of at least 2.3  
13 doctors, nurses, and midwives per 1,000 popu-  
14 lation, as called for by the World Health Organi-  
15 zation;

16           “(5) include multisectoral approaches and spe-  
17 cific strategies to treat individuals infected with HIV/  
18 AIDS and to prevent the further transmission of HIV  
19 infections, with a particular focus on the needs of  
20 families with children (including the prevention of  
21 mother-to-child transmission), women, young people,  
22 orphans, and vulnerable children;

23           “(6) establish a timetable with annual global  
24 treatment targets;

1           “(7) expand the integration of timely and rel-  
2           evant research within the prevention, care, and treat-  
3           ment of HIV/AIDS;

4           “(8) include a plan for program monitoring, op-  
5           erations research, and impact evaluation and for the  
6           dissemination of a best practices report to highlight  
7           findings;

8           “(9) provide for consultation with local leaders  
9           and officials to develop prevention strategies and pro-  
10          grams that are tailored to the unique needs of each  
11          country and community and targeted particularly to-  
12          ward those most at risk of acquiring HIV infection;

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

15                 “(A) promoting abstinence from sexual ac-  
16                 tivity and encouraging monogamy and faithful-  
17                 ness;

18                 “(B) encouraging the correct and consistent  
19                 use of male and female condoms and increasing  
20                 the availability of, and access to, these commod-  
21                 ities;

22                 “(C) promoting the delay of sexual debut  
23                 and the reduction of multiple concurrent sexual  
24                 partners;

1           “(D) promoting education for discordant  
2 couples (where an individual is infected with  
3 HIV and the other individual is uninfected or  
4 whose status is unknown) about safer sex prac-  
5 tices;

6           “(E) promoting voluntary counseling and  
7 testing, addiction therapy, and other prevention  
8 and treatment tools for illicit injection drug  
9 users and other substance abusers;

10           “(F) educating men and boys about the  
11 risks of procuring sex commercially and about  
12 the need to end violent behavior toward women  
13 and girls;

14           “(G) supporting comprehensive programs to  
15 promote alternative livelihoods, safety, and social  
16 reintegration strategies for commercial sex work-  
17 ers and their families;

18           “(H) promoting cooperation with law en-  
19 forcement to prosecute offenders of trafficking,  
20 rape, and sexual assault crimes with the goal of  
21 eliminating such crimes; and

22           “(I) working to eliminate rape, gender-  
23 based violence, sexual assault, and the sexual ex-  
24 ploitation of women and children;

1           “(11) include programs to reduce the trans-  
2           mission of HIV through structural prevention efforts,  
3           particularly addressing the heightened vulnerabilities  
4           of women and girls to HIV in many countries; and

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

8                   “(A) medical male circumcision;

9                   “(B) the maintenance of a safe blood sup-  
10                  ply; and

11                  “(C) other mechanisms to reduce the trans-  
12                  mission of HIV;

13           “(13) increase support for prevention of mother-  
14           to-child transmission;

15           “(14) build capacity within the public health  
16           sector of developing countries by improving health  
17           systems and public health infrastructure and devel-  
18           oping indicators to measure changes in broader pub-  
19           lic health sector capabilities;

20           “(15) increase the coordination of HIV/AIDS  
21           programs with development programs;

22           “(16) provide a framework for expanding or de-  
23           veloping existing or new country or regional pro-  
24           grams, including—

1           “(A) drafting compacts or other agreements,  
2           as appropriate;

3           “(B) establishing criteria and objectives for  
4           such compacts and agreements; and

5           “(C) promoting sustainability;

6           “(17) provide a plan for national and regional  
7           priorities for resource distribution and a global in-  
8           vestment plan by region;

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

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

13           “(B) includes specific goals and targets to  
14          address these factors;

15           “(C) provides clear guidance to field mis-  
16          sions to integrate gender across prevention, care,  
17          and treatment programs;

18           “(D) sets forth gender-specific indicators to  
19          monitor progress on outcomes and impacts of  
20          gender programs;

21           “(E) supports efforts in countries in which  
22          women or orphans lack inheritance rights and  
23          other fundamental protections to promote the  
24          passage, implementation, and enforcement of  
25          such laws;



1           “(F) supports life skills training and other  
2           structural prevention activities, especially among  
3           women and girls, with the goal of reducing  
4           vulnerabilities to HIV/AIDS;

5           “(G) addresses and prevents gender-based  
6           violence; and

7           “(H) addresses the posttraumatic and psy-  
8           chosocial consequences and provides postexposure  
9           prophylaxis protecting against HIV infection to  
10          victims of gender-based violence and rape;

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

14          “(20) provide a framework to work with inter-  
15          national actors and partner countries toward uni-  
16          versal access to HIV/AIDS prevention, treatment, and  
17          care programs, recognizing that prevention is of par-  
18          ticular importance in terms of sequencing;

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

22          “(22) enhance the attention given to the national  
23          strategic HIV/AIDS plans of countries receiving  
24          United States assistance by—

1           “(A) reviewing the planning and pro-  
2           grammatic decisions associated with that assist-  
3           ance; and

4           “(B) helping to strengthen such national  
5           strategies, if necessary;

6           “(23) support activities described in the *Global*  
7           *Plan to Stop TB, including—*

8           “(A) expanding and enhancing the coverage  
9           of the *Directly Observed Treatment Short-course*  
10          *(DOTS)* in order to treat individuals infected  
11          with tuberculosis and HIV, including multi-drug  
12          resistant or extensively drug resistant tuber-  
13          culosis; and

14          “(B) improving coordination and integra-  
15          tion of HIV/AIDS and tuberculosis program-  
16          ming;

17          “(24) ensure coordination between the *Global*  
18          *AIDS Coordinator and the Malaria Coordinator* and  
19          address issues of comorbidity between HIV/AIDS and  
20          malaria; and

21          “(25) include a longer term estimate of the pro-  
22          jected resource needs, progress toward greater sustain-  
23          ability and country ownership of HIV/AIDS pro-  
24          grams, and the anticipated role of the United States

1       *in the global effort to combat HIV/AIDS during the*  
2       *10-year period beginning on October 1, 2013.”.*

3       **(b) REPORT.**—*Section 101(b) of such Act (22 U.S.C.*  
4       *7611(b)) is amended to read as follows:*

5       **“(b) REPORT.**—

6               **“(1) IN GENERAL.**—*Not later than October 1,*  
7       *2009, the President shall submit a report to the ap-*  
8       *propriate congressional committees that sets forth the*  
9       *strategy described in subsection (a).*

10              **“(2) CONTENTS.**—*The report required under*  
11       *paragraph (1) shall include a discussion of the fol-*  
12       *lowing elements:*

13                      **“(A)** *The purpose, scope, methodology, and*  
14                      *general and specific objectives of the strategy.*

15                      **“(B)** *The problems, risks, and threats to the*  
16                      *successful pursuit of the strategy.*

17                      **“(C)** *The desired goals, objectives, activities,*  
18                      *and outcome-related performance measures of the*  
19                      *strategy.*

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

22                      **“(E)** *A delineation of United States Govern-*  
23                      *ment roles, responsibility, and coordination*  
24                      *mechanisms of the strategy.*

25                      **“(F)** *A description of the strategy—*

1           “(i) to promote harmonization of  
2           United States assistance with that of other  
3           international, national, and private actors  
4           as elucidated in the ‘Three Ones’; and

5           “(ii) to address existing challenges in  
6           harmonization and alignment.

7           “(G) A description of the manner in which  
8           the strategy will—

9           “(i) further the development and im-  
10          plementation of the national multisectoral  
11          strategic HIV/AIDS frameworks of partner  
12          governments; and

13          “(ii) enhance the centrality, effective-  
14          ness, and sustainability of those national  
15          plans.

16          “(H) A description of how the strategy will  
17          seek to achieve the specific targets described in  
18          subsection (a) and other targets, as appropriate.

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

21          “(J) A description of how operations re-  
22          search is addressed in the strategy and how such  
23          research can most effectively be integrated into  
24          care, treatment, and prevention activities in  
25          order to—

1                   “(i) improve program quality and effi-  
2                   ciency;

3                   “(ii) ascertain cost effectiveness;

4                   “(iii) ensure transparency and ac-  
5                   countability;

6                   “(iv) assess population-based impact;

7                   “(v) disseminate findings and best  
8                   practices; and

9                   “(vi) optimize delivery of services.

10                  “(K) An analysis of United States-assisted  
11                  strategies to prevent the transmission of HIV/  
12                  AIDS, including methodologies to promote absti-  
13                  nence, monogamy, faithfulness, the correct and  
14                  consistent use of male and female condoms, re-  
15                  ductions in concurrent sexual partners, and  
16                  delay of sexual debut, and of intended moni-  
17                  toring and evaluation approaches to measure the  
18                  effectiveness of prevention programs and ensure  
19                  that they are targeted to appropriate audiences.

20                  “(L) Within the analysis required under  
21                  subparagraph (J), an examination of additional  
22                  planned means of preventing the transmission of  
23                  HIV including medical male circumcision,  
24                  maintenance of a safe blood supply, and other  
25                  tools.

1           “(M) A description of the specific targets,  
2 goals, and strategies developed to address the  
3 needs and vulnerabilities of women and girls to  
4 HIV/AIDS, including—

5                   “(i) structural prevention activities;

6                   “(ii) activities directed toward men  
7 and boys;

8                   “(iii) activities to enhance educational,  
9 microfinance, and livelihood opportunities  
10 for women and girls;

11                  “(iv) activities to promote and protect  
12 the legal empowerment of women, girls, and  
13 orphans and vulnerable children;

14                  “(v) programs targeted toward gender-  
15 based violence and sexual coercion;

16                  “(vi) strategies to meet the particular  
17 needs of adolescents;

18                  “(vii) assistance for victims of rape,  
19 sexual abuse, assault, exploitation, and traf-  
20 ficking; and

21                  “(viii) programs to prevent alcohol  
22 abuse.

23           “(N) A description of strategies—

1           “(i) to address the needs of orphans  
2           and vulnerable children, including an anal-  
3           ysis of—

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

6                   “(II) vulnerabilities caused by the  
7                   impact of HIV/AIDS on children and  
8                   their families; and

9           “(ii) in areas of higher HIV/AIDS  
10           prevalence, to promote a community-based  
11           approach to vulnerability, maximizing com-  
12           munity input into determining which chil-  
13           dren participate.

14           “(O) A description of capacity-building ef-  
15           forts undertaken by countries themselves, includ-  
16           ing adherents of the Abuja Declaration and an  
17           assessment of the impact of International Mone-  
18           tary Fund macroeconomic and fiscal policies on  
19           national and donor investments in health.

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

21                   “(i) strengthen capacity building with-  
22                   in the public health sector;

23                   “(ii) improve health care in those  
24                   countries;

1                   “(iii) help countries to develop and im-  
2                   plement national health workforce strate-  
3                   gies;

4                   “(iv) strive to achieve goals in train-  
5                   ing, retaining, and effectively deploying  
6                   health staff;

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

9                   “(vi) increase the sustainability of  
10                  health programs.

11                 “(Q) A description of the criteria for selec-  
12                 tion, objectives, methodology, and structure of  
13                 compacts or other framework agreements with  
14                 countries or regional organizations, including—

15                   “(i) the role of civil society;

16                   “(ii) the degree of transparency;

17                   “(iii) benchmarks for success of such  
18                   compacts or agreements; and

19                   “(iv) the relationship between such  
20                   compacts or agreements and the national  
21                   HIV/AIDS and public health strategies and  
22                   commitments of partner countries.

23                 “(R) A strategy to better coordinate HIV/  
24                 AIDS assistance with nutrition and food assist-  
25                 ance programs.



1           “(S) *A description of transnational or re-*  
2           *gional initiatives to combat regionalized*  
3           *epidemics in highly affected areas such as the*  
4           *Caribbean.*

5           “(T) *A description of planned resource dis-*  
6           *tribution and global investment by region.*

7           “(U) *A description of coordination efforts in*  
8           *order to better implement the Stop TB Strategy*  
9           *and to address the problem of coinfection of HIV/*  
10          *AIDS and tuberculosis and of projected chal-*  
11          *lenges or barriers to successful implementation.*

12          “(V) *A description of coordination efforts to*  
13          *address malaria and comorbidity with malaria*  
14          *and HIV/AIDS.”.*

15          (c) *STUDY.*—Section 101(c) of such Act (22 U.S.C.  
16          7611(c)) is amended to read as follows:

17          “(c) *STUDY OF PROGRESS TOWARD ACHIEVEMENT OF*  
18          *POLICY OBJECTIVES.*—

19                 “(1) *DESIGN AND BUDGET PLAN FOR DATA EVAL-*  
20                 *UATION.*—The Global AIDS Coordinator shall enter  
21                 into a contract with the Institute of Medicine of the  
22                 National Academies that provides that not later than  
23                 18 months after the date of the enactment of the Tom  
24                 Lantos and Henry J. Hyde United States Global  
25                 Leadership Against HIV/AIDS, Tuberculosis, and

1 *Malaria Reauthorization Act of 2008, the Institute, in*  
2 *consultation with the Global AIDS Coordinator and*  
3 *other relevant parties representing the public and pri-*  
4 *ivate sector, shall provide the Global AIDS Coordi-*  
5 *nator with a design plan and budget for the evalua-*  
6 *tion and collection of baseline and subsequent data to*  
7 *address the elements set forth in paragraph (2)(B).*  
8 *The Global AIDS Coordinator shall submit the budget*  
9 *and design plan to the appropriate congressional*  
10 *committees.*

11 “(2) *STUDY.*—

12 “(A) *IN GENERAL.*—Not later than 4 years  
13 *after the date of the enactment of the Tom Lan-*  
14 *tos and Henry J. Hyde United States Global*  
15 *Leadership Against HIV/AIDS, Tuberculosis,*  
16 *and Malaria Reauthorization Act of 2008, the*  
17 *Institute of Medicine of the National Academies*  
18 *shall publish a study that includes—*

19 “(i) *an assessment of the performance*  
20 *of United States-assisted global HIV/AIDS*  
21 *programs; and*

22 “(ii) *an evaluation of the impact on*  
23 *health of prevention, treatment, and care ef-*  
24 *forts that are supported by United States*

1           *funding, including multilateral and bilat-*  
2           *eral programs involving joint operations.*

3           “(B) *CONTENT.—The study conducted*  
4           *under this paragraph shall include—*

5                   “(i) *an assessment of progress toward*  
6                   *prevention, treatment, and care targets;*

7                   “(ii) *an assessment of the effects on*  
8                   *health systems, including on the financing*  
9                   *and management of health systems and the*  
10                   *quality of service delivery and staffing;*

11                   “(iii) *an assessment of efforts to ad-*  
12                   *dress gender-specific aspects of HIV/AIDS,*  
13                   *including gender related constraints to ac-*  
14                   *cessing services and addressing underlying*  
15                   *social and economic vulnerabilities of*  
16                   *women and men;*

17                   “(iv) *an evaluation of the impact of*  
18                   *treatment and care programs on 5-year sur-*  
19                   *vival rates, drug adherence, and the emer-*  
20                   *gence of drug resistance;*

21                   “(v) *an evaluation of the impact of*  
22                   *prevention programs on HIV incidence in*  
23                   *relevant population groups;*

24                   “(vi) *an evaluation of the impact on*  
25                   *child health and welfare of interventions au-*

1           *thorized under this Act on behalf of orphans*  
2           *and vulnerable children;*

3           “*(vii) an evaluation of the impact of*  
4           *programs and activities authorized in this*  
5           *Act on child mortality; and*

6           “*(viii) recommendations for improving*  
7           *the programs referred to in subparagraph*  
8           *(A)(i).*”

9           “(C) *METHODOLOGIES.*—*Assessments and*  
10          *impact evaluations conducted under the study*  
11          *shall utilize sound statistical methods and tech-*  
12          *niques for the behavioral sciences, including ran-*  
13          *dom assignment methodologies as feasible. Quali-*  
14          *tative data on process variables should be used*  
15          *for assessments and impact evaluations, wherever*  
16          *possible.*”

17          “(3) *CONTRACT AUTHORITY.*—*The Institute of*  
18          *Medicine may enter into contracts or cooperative*  
19          *agreements or award grants to conduct the study*  
20          *under paragraph (2).*”

21          “(4) *AUTHORIZATION OF APPROPRIATIONS.*—  
22          *There are authorized to be appropriated such sums as*  
23          *may be necessary to carry out the study under this*  
24          *subsection.*”

1       (d) *REPORT.*—Section 101 of such Act, as amended by  
2 this section, is further amended by adding at the end the  
3 following:

4       “(d) *COMPTROLLER GENERAL REPORT.*—

5           “(1) *REPORT REQUIRED.*—Not later than 3  
6 years after the date of the enactment of the Tom Lan-  
7 tos and Henry J. Hyde United States Global Leader-  
8 ship Against HIV/AIDS, Tuberculosis, and Malaria  
9 Reauthorization Act of 2008, the Comptroller General  
10 of the United States shall submit a report on the glob-  
11 al HIV/AIDS programs of the United States to the  
12 appropriate congressional committees.

13           “(2) *CONTENTS.*—The report required under  
14 paragraph (1) shall include—

15           “(A) a description and assessment of the  
16 monitoring and evaluation practices and policies  
17 in place for these programs;

18           “(B) an assessment of coordination within  
19 Federal agencies involved in these programs, ex-  
20 amining both internal coordination within these  
21 programs and integration with the larger global  
22 health and development agenda of the United  
23 States;

24           “(C) an assessment of procurement policies  
25 and practices within these programs;

1           “(D) an assessment of harmonization with  
2           national government HIV/AIDS and public  
3           health strategies as well as other international  
4           efforts;

5           “(E) an assessment of the impact of global  
6           HIV/AIDS funding and programs on other  
7           United States global health programming; and

8           “(F) recommendations for improving the  
9           global HIV/AIDS programs of the United States.

10          “(e) *BEST PRACTICES REPORT.*—

11           “(1) *IN GENERAL.*—Not later than 1 year after  
12           the date of the enactment of the Tom Lantos and  
13           Henry J. Hyde United States Global Leadership  
14           Against HIV/AIDS, Tuberculosis, and Malaria Reau-  
15           thorization Act of 2008, and annually thereafter, the  
16           Global AIDS Coordinator shall publish a best prac-  
17           tices report that highlights the programs receiving fi-  
18           nancial assistance from the United States that have  
19           the potential for replication or adaption, particularly  
20           at a low cost, across global AIDS programs, including  
21           those that focus on both generalized and localized  
22           epidemics.

23           “(2) *DISSEMINATION OF FINDINGS.*—

24           “(A) *PUBLICATION ON INTERNET*  
25           *WEBSITE.*—The Global AIDS Coordinator shall

1           *disseminate the full findings of the annual best*  
2           *practices report on the Internet website of the Of-*  
3           *fice of the Global AIDS Coordinator.*

4           “(B)    DISSEMINATION    GUIDANCE.—*The*  
5           *Global AIDS Coordinator shall develop guidance*  
6           *to ensure timely submission and dissemination*  
7           *of significant information regarding best prac-*  
8           *tices with respect to global AIDS programs.*

9           “(f) INSPECTORS GENERAL.—

10          “(1) OVERSIGHT PLAN.—

11               “(A) DEVELOPMENT.—*The Inspectors Gen-*  
12               *eral of the Department of State and Broad-*  
13               *casting Board of Governors, the Department of*  
14               *Health and Human Services, and the United*  
15               *States Agency for International Development*  
16               *shall jointly develop 5 coordinated annual plans*  
17               *for oversight activity in each of the fiscal years*  
18               *2009 through 2013, with regard to the programs*  
19               *authorized under this Act and sections 104A,*  
20               *104B, and 104C of the Foreign Assistance Act of*  
21               *1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–*  
22               *4).*

23               “(B) CONTENTS.—*The plans developed*  
24               *under subparagraph (A) shall include a schedule*

1           *for financial audits, inspections, and perform-*  
2           *ance reviews, as appropriate.*

3           “(C) *DEADLINE.*—

4                   “(i) *INITIAL PLAN.*—*The first plan de-*  
5                   *veloped under subparagraph (A) shall be*  
6                   *completed not later than the later of—*

7                           “(I) *September 1, 2008; or*

8                           “(II) *60 days after the date of the*  
9                           *enactment of the Tom Lantos and*  
10                           *Henry J. Hyde United States Global*  
11                           *Leadership Against HIV/AIDS, Tuber-*  
12                           *culosis, and Malaria Reauthorization*  
13                           *Act of 2008.*

14                   “(ii) *SUBSEQUENT PLANS.*—*Each of*  
15                   *the last four plans developed under subpara-*  
16                   *graph (A) shall be completed not later than*  
17                   *30 days before each of the fiscal years 2010*  
18                   *through 2013, respectively.*

19           “(2) *COORDINATION.*—*In order to avoid duplica-*  
20           *tion and maximize efficiency, the Inspectors General*  
21           *described in paragraph (1) shall coordinate their ac-*  
22           *tivities with—*

23                   “(A) *the Government Accountability Office;*

24                   *and*



1           “(B) *the Inspectors General of the Depart-*  
2           *ment of Commerce, the Department of Defense,*  
3           *the Department of Labor, and the Peace Corps,*  
4           *as appropriate, pursuant to the 2004 Memo-*  
5           *randum of Agreement Coordinating Audit Cov-*  
6           *erage of Programs and Activities Implementing*  
7           *the President’s Emergency Plan for AIDS Relief,*  
8           *or any successor agreement.*

9           “(3) *FUNDING.—The Global AIDS Coordinator*  
10           *and the Coordinator of the United States Government*  
11           *Activities to Combat Malaria Globally shall make*  
12           *available necessary funds not exceeding \$10,000,000*  
13           *during the 5-year period beginning on October 1,*  
14           *2008 to the Inspectors General described in para-*  
15           *graph (1) for the audits, inspections, and reviews de-*  
16           *scribed in that paragraph.”.*

17 **SEC. 102. INTERAGENCY WORKING GROUP.**

18           *Section 1(f)(2) of the State Department Basic Authori-*  
19           *ties Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—*

20           (1) *in subparagraph (A), by inserting “, partner*  
21           *country finance, health, and other relevant min-*  
22           *istries,” after “community based organizations)” each*  
23           *place it appears;*

24           (2) *in subparagraph (B)(ii)—*

25           (A) *by striking subclauses (IV) and (V);*

1           (B) by inserting after subclause (III) the  
2 following:

3                   “(IV) Establishing an interagency  
4 working group on HIV/AIDS headed  
5 by the Global AIDS Coordinator and  
6 comprised of representatives from the  
7 United States Agency for International  
8 Development and the Department of  
9 Health and Human Services, for the  
10 purposes of coordination of activities  
11 relating to HIV/AIDS, including—

12                           “(aa) meeting regularly to  
13 review progress in partner coun-  
14 tries toward HIV/AIDS preven-  
15 tion, treatment, and care objec-  
16 tives;

17                           “(bb) participating in the  
18 process of identifying countries to  
19 consider for increased assistance  
20 based on the epidemiology of HIV/  
21 AIDS in those countries, includ-  
22 ing clear evidence of a public  
23 health threat, as well as govern-  
24 ment commitment to address the  
25 HIV/AIDS problem, relative need,

1 *and coordination and joint plan-*  
2 *ning with other significant actors;*

3 *“(cc) assisting the Coordi-*  
4 *nator in the evaluation, execution,*  
5 *and oversight of country oper-*  
6 *ational plans;*

7 *“(dd) reviewing policies that*  
8 *may be obstacles to reaching tar-*  
9 *gets set forth for HIV/AIDS pre-*  
10 *vention, treatment, and care; and*

11 *“(ee) consulting with rep-*  
12 *resentatives from additional rel-*  
13 *evant agencies, including the Na-*  
14 *tional Institutes of Health, the*  
15 *Health Resources and Services*  
16 *Administration, the Department*  
17 *of Labor, the Department of Agri-*  
18 *culture, the Millennium Challenge*  
19 *Corporation, the Peace Corps, and*  
20 *the Department of Defense.*

21 *“(V) Coordinating overall United*  
22 *States HIV/AIDS policy and pro-*  
23 *grams, including ensuring the coordi-*  
24 *nation of relevant executive branch*  
25 *agency activities in the field, with ef-*

1            *forts led by partner countries, and*  
2            *with the assistance provided by other*  
3            *relevant bilateral and multilateral aid*  
4            *agencies and other donor institutions*  
5            *to promote harmonization with other*  
6            *programs aimed at preventing and*  
7            *treating HIV/AIDS and other health*  
8            *challenges, improving primary health,*  
9            *addressing food security, promoting*  
10           *education and development, and*  
11           *strengthening health care systems.”;*

12           *(C) by redesignating subclauses (VII) and*  
13           *VIII) as subclauses (IX) and (XII), respectively;*

14           *(D) by inserting after subclause (VI) the fol-*  
15           *lowing:*

16                    *“(VII) Holding annual consulta-*  
17                    *tions with nongovernmental organiza-*  
18                    *tions in partner countries that provide*  
19                    *services to improve health, and advo-*  
20                    *cating on behalf of the individuals*  
21                    *with HIV/AIDS and those at par-*  
22                    *ticular risk of contracting HIV/AIDS,*  
23                    *including organizations with members*  
24                    *who are living with HIV/AIDS.*

1                   “(VIII) Ensuring, through inter-  
2                   agency and international coordination,  
3                   that HIV/AIDS programs of the  
4                   United States are coordinated with,  
5                   and complementary to, the delivery of  
6                   related global health, food security, de-  
7                   velopment, and education.”;

8                   (E) in subclause (IX), as redesignated by  
9                   subparagraph (C)—

10                   (i) by inserting “Vietnam,” after  
11                   “Uganda,”;

12                   (ii) by inserting after “of 2003” the  
13                   following: “and other countries in which the  
14                   United States is implementing HIV/AIDS  
15                   programs as part of its foreign assistance  
16                   program”;

17                   (iii) by adding at the end the fol-  
18                   lowing: “In designating additional coun-  
19                   tries under this subparagraph, the President  
20                   shall give priority to those countries in  
21                   which there is a high prevalence or signifi-  
22                   cantly rising incidence of HIV/AIDS, coun-  
23                   tries with large populations and inadequate  
24                   health infrastructure, countries in which a  
25                   concentrated HIV/AIDS epidemic could be-

1           *come generalized to the entire population of*  
2           *the country, and in countries whose govern-*  
3           *ments demonstrate a commitment to com-*  
4           *bating HIV/AIDS.”;*

5           *(F) by inserting after subclause (IX), as re-*  
6           *designated by subparagraph (C), the following:*

7                   *“(X) Working with partner coun-*  
8                   *tries in which the HIV/AIDS epidemic*  
9                   *is prevalent among injection drug*  
10                  *users to establish, as a national pri-*  
11                  *ority, national HIV/AIDS prevention*  
12                  *programs, including education and*  
13                  *services demonstrated to be effective in*  
14                  *reducing the transmission of HIV in-*  
15                  *fection among injection drug users*  
16                  *without increasing illicit drug use.*

17                   *“(XI) Working with partner coun-*  
18                   *tries in which the HIV/AIDS epidemic*  
19                   *is prevalent among individuals in-*  
20                   *volved in commercial sex acts to estab-*  
21                   *lish, as a national priority, national*  
22                   *prevention programs, including edu-*  
23                   *cation, voluntary testing, and coun-*  
24                   *seling, and referral systems that link*  
25                   *HIV/AIDS programs with programs to*

1                   *eradicate trafficking in persons and*  
2                   *support alternatives to prostitution.”;*

3                   *(G) in subclause (XII), as redesignated by*  
4                   *subparagraph (C), by striking “funds section”*  
5                   *and inserting “funds appropriated for HIV/*  
6                   *AIDS assistance pursuant to the authorization of*  
7                   *appropriations under section 401 of the United*  
8                   *States Leadership Against HIV/AIDS, Tubercu-*  
9                   *losis, and Malaria Act of 2003 (22 U.S.C.*  
10                  *7671)”;* and

11                  *(H) by adding at the end the following:*

12                                 *“(XIII) Publicizing updated drug*  
13                                 *pricing data to inform the purchasing*  
14                                 *decisions of pharmaceutical procure-*  
15                                 *ment partners.”.*

16 **SEC. 103. SENSE OF CONGRESS.**

17                 *Section 102 of the United States Leadership Against*  
18                 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*  
19                 *U.S.C. 7612) is amended by adding at the end the following:*

20                 *“(d) SENSE OF CONGRESS.—It is the sense of Congress*  
21                 *that—*

22                                 *“(1) full-time country level coordinators, pref-*  
23                                 *erably with management experience, should head each*  
24                                 *HIV/AIDS country team for United States missions*  
25                                 *overseeing significant HIV/AIDS programs;*

1           “(2) *foreign service nationals provide critically*  
 2           *important services in the design and implementation*  
 3           *of United States country-level HIV/AIDS programs*  
 4           *and their skills and experience as public health pro-*  
 5           *essionals should be recognized within hiring and*  
 6           *compensation practices; and*

7           “(3) *staffing levels for United States country-*  
 8           *level HIV/AIDS teams should be adequately main-*  
 9           *tained to fulfill oversight and other obligations of the*  
 10          *positions.”.*

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

15       **SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL**  
 16       **VACCINE FUNDS.**

17       *Section 302 of the Foreign Assistance Act of 1961 (22*  
 18       *U.S.C. 2222) is amended—*

19           (1) *by inserting after subsection (c) the fol-*  
 20       *lowing:*

21       “(d) **TUBERCULOSIS VACCINE DEVELOPMENT PRO-**  
 22       **GRAMS.**—*In addition to amounts otherwise available under*  
 23       *this section, there are authorized to be appropriated to the*  
 24       *President such sums as may be necessary for each of the*  
 25       *fiscal years 2009 through 2013, which shall be used for*



1 *United States contributions to tuberculosis vaccine develop-*  
2 *ment programs, which may include the Aeras Global TB*  
3 *Vaccine Foundation.”;*

4 (2) *in subsection (k), by striking “fiscal years*  
5 *2004 through 2008” and inserting “fiscal years 2009*  
6 *through 2013”;*

7 (3) *in subsection (l), by striking “fiscal years*  
8 *2004 through 2008” and inserting “fiscal years 2009*  
9 *through 2013”;* and

10 (4) *in subsection (m), by striking “fiscal years*  
11 *2004 through 2008” and inserting “fiscal years 2009*  
12 *through 2013”.*

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

15 (a) *FINDINGS; SENSE OF CONGRESS.—Section 202(a)*  
16 *of the United States Leadership Against HIV/AIDS, Tubercu-*  
17 *losis, and Malaria Act of 2003 (22 U.S.C. 7622(a)) is*  
18 *amended to read as follows:*

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

20 “(1) *FINDINGS.—Congress makes the following*  
21 *findings:*

22 “(A) *The establishment of the Global Fund*  
23 *in January 2002 is consistent with the general*  
24 *principles for an international AIDS trust fund*  
25 *first outlined by Congress in the Global AIDS*

1           *and Tuberculosis Relief Act of 2000 (Public Law*  
2           *106–264).*

3           “(B) *The Global Fund is an innovative fi-*  
4           *ancing mechanism which—*

5                     “(i) *has made progress in many areas*  
6                     *in combating HIV/AIDS, tuberculosis, and*  
7                     *malaria; and*

8                     “(ii) *represents the multilateral compo-*  
9                     *nent of this Act, extending United States ef-*  
10                    *forts to more than 130 countries around the*  
11                    *world.*

12           “(C) *The Global Fund and United States*  
13           *bilateral assistance programs—*

14                    “(i) *are demonstrating increasingly ef-*  
15                    *fective coordination, with each possessing*  
16                    *certain comparative advantages in the fight*  
17                    *against HIV/AIDS, tuberculosis, and ma-*  
18                    *laria; and*

19                    “(ii) *often work most effectively in con-*  
20                    *cert with each other.*

21           “(D) *The United States Government—*

22                    “(i) *is the largest supporter of the*  
23                    *Global Fund in terms of resources and tech-*  
24                    *nical support;*

1           “(ii) made the founding contribution  
2           to the Global Fund; and

3           “(iii) is fully committed to the success  
4           of the Global Fund as a multilateral public-  
5           private partnership.

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

8           “(A) transparency and accountability are  
9           crucial to the long-term success and viability of  
10          the Global Fund;

11          “(B) the Global Fund has made significant  
12          progress toward addressing concerns raised by  
13          the Government Accountability Office by—

14                 “(i) improving risk assessment and  
15                 risk management capabilities;

16                 “(ii) providing clearer guidance for  
17                 and oversight of Local Fund Agents; and

18                 “(iii) strengthening the Office of the  
19                 Inspector General for the Global Fund;

20          “(C) the provision of sufficient resources  
21          and authority to the Office of the Inspector Gen-  
22          eral for the Global Fund to ensure that office has  
23          the staff and independence necessary to carry out  
24          its mandate will be a measure of the commit-

1           *ment of the Global Fund to transparency and*  
2           *accountability;*

3           “(D) *regular, publicly published financial,*  
4           *programmatic, and reporting audits of the Fund,*  
5           *its grantees, and Local Fund Agents are also im-*  
6           *portant benchmarks of transparency;*

7           “(E) *the Global Fund should establish and*  
8           *maintain a system to track—*

9           “(i) *the amount of funds disbursed to*  
10           *each subrecipient on the grant’s fiscal cycle;*  
11           *and*

12           “(ii) *the distribution of resources, by*  
13           *grant and principal recipient, for preven-*  
14           *tion, care, treatment, drug and commodity*  
15           *purchases, and other purposes;*

16           “(F) *relevant national authorities in recipi-*  
17           *ent countries should exempt from duties and*  
18           *taxes all products financed by Global Fund*  
19           *grants and procured by any principal recipient*  
20           *or subrecipient for the purpose of carrying out*  
21           *such grants;*

22           “(G) *the Global Fund, UNAIDS, and the*  
23           *Global AIDS Coordinator should work together*  
24           *to standardize program indicators wherever pos-*  
25           *sible; and*

1           “(H) for purposes of evaluating total  
2 amounts of funds contributed to the Global Fund  
3 under subsection (d)(4)(A)(i), the timetable for  
4 evaluations of contributions from sources other  
5 than the United States should take into account  
6 the fiscal calendars of other major contributors.”.

7           (b) UNITED STATES FINANCIAL PARTICIPATION.—Sec-  
8 tion 202(d) of such Act (22 U.S.C. 7622(d)) is amended—

9           (1) in paragraph (1)—

10           (A) by striking “\$1,000,000,000 for the pe-  
11 riod of fiscal year 2004 beginning on January 1,  
12 2004” and inserting “\$2,000,000,000 for fiscal  
13 year 2009,”; and

14           (B) by striking “the fiscal years 2005–  
15 2008” and inserting “each of the fiscal years  
16 2010 through 2013”;

17           (2) in paragraph (4)—

18           (A) in subparagraph (A)—

19           (i) in clause (i), by striking “fiscal  
20 years 2004 through 2008” and inserting  
21 “fiscal years 2009 through 2013”;

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

7                   (III) by striking “prior to fiscal  
8                   year 2004” and inserting “before fiscal  
9                   year 2009”;

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

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

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

17                  “(5) *WITHHOLDING FUNDS.*—Notwithstanding  
18                  any other provision of this Act, 20 percent of the  
19                  amounts appropriated pursuant to this Act for a con-  
20                  tribution to support the Global Fund for each of the  
21                  fiscal years 2010 through 2013 shall be withheld from  
22                  obligation to the Global Fund until the Secretary of  
23                  State certifies to the appropriate congressional com-  
24                  mittees 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 assessment  
5 of the performance of LFAs;

6           “(C) is making available for public review,  
7 according to the Fund Board’s policies and prac-  
8 tices on disclosure of information, a regular col-  
9 lection 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 the  
15 Global Fund; and

16           “(ii) is responsible for regular, publicly  
17 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 track  
24 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 Fund;

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

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

21                 “(i) sustaining its multisectoral ap-  
22                 proach, through country coordinating mech-  
23                 anisms; and

24                 “(ii) the implementation of grants, as  
25                 reflected in the proportion of resources allo-



1           cated to different sectors, including govern-  
 2           ments, civil society, and faith- and commu-  
 3           nity-based organizations.”.

4   **SEC. 203. RESEARCH ON METHODS FOR WOMEN TO PRE-**  
 5           **VENT TRANSMISSION OF HIV AND OTHER DIS-**  
 6           **EASES.**

7           (a) *SENSE OF CONGRESS.*—Congress recognizes the  
 8           need and urgency to expand the range of interventions for  
 9           preventing the transmission of human immunodeficiency  
 10          virus (HIV), including nonvaccine prevention methods that  
 11          can be controlled by women.

12          (b) *NIH OFFICE OF AIDS RESEARCH.*—Subpart 1 of  
 13          part D of title XXIII of the Public Health Service Act (42  
 14          U.S.C. 300cc–40 et seq.) is amended by inserting after sec-  
 15          tion 2351 the following:

16   **“SEC. 2351A. MICROBICIDE RESEARCH.**

17          “(a) *FEDERAL STRATEGIC PLAN.*—

18                  “(1) *IN GENERAL.*—The Director of the Office  
 19          shall—

20                          “(A) expedite the implementation of the  
 21                  Federal strategic plans for the conduct and sup-  
 22                  port of research on, and development of, a  
 23                  microbicide for use in developing countries to  
 24                  prevent the transmission of the human immuno-  
 25                  deficiency virus; and

1           “(B) annually review and, as appropriate,  
2           revise such plan to prioritize funding and activi-  
3           ties relative to their scientific urgency and po-  
4           tential market readiness.

5           “(2) COORDINATION.—In implementing, review-  
6           ing, and prioritizing elements of the plan described in  
7           paragraph (1), the Director of the Office shall consult  
8           with—

9           “(A) representatives of other Federal agen-  
10           cies involved in microbicide research, including  
11           the Coordinator of United States Government  
12           Activities to Combat HIV/AIDS Globally, the  
13           Director of the Centers for Disease Control and  
14           Prevention, and the Administrator of the United  
15           States Agency for International Development;

16           “(B) the microbicide research and develop-  
17           ment community; and

18           “(C) health advocates.

19           “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
20           are authorized to be appropriated such sums as may be nec-  
21           essary for each of the fiscal years 2009 through 2013 to  
22           carry out this section.”.

23           (c) NATIONAL INSTITUTE OF ALLERGY AND INFEC-  
24           TIOUS DISEASES.—Subpart 6 of part C of title IV of the

1 *Public Health Service Act (42 U.S.C. 285f et seq.) is amend-*  
2 *ed by adding at the end the following:*

3 **“SEC. 447C. MICROBICIDE RESEARCH AND DEVELOPMENT.**

4 *“The Director of the Institute, acting through the head*  
5 *of the Division of AIDS, shall carry out research on, and*  
6 *development of, a microbicide for use in developing coun-*  
7 *tries to prevent the transmission of the human immuno-*  
8 *deficiency virus. The Director shall ensure that there are*  
9 *a sufficient number of employees and structure dedicated*  
10 *to carrying out such activities.”.*

11 *(d) CDC.—Part B of title III of the Public Health*  
12 *Service Act (42 U.S.C. 243 et seq.) is amended by inserting*  
13 *after section 317S the following:*

14 **“SEC. 317T. MICROBICIDE RESEARCH.**

15 *“(a) IN GENERAL.—The Director of the Centers for*  
16 *Disease Control and Prevention shall fully implement the*  
17 *Centers’ microbicide agenda to support research and devel-*  
18 *opment of microbicides for use in developing countries to*  
19 *prevent the transmission of the human immunodeficiency*  
20 *virus.*

21 *“(b) AUTHORIZATION OF APPROPRIATIONS.—There*  
22 *are authorized to be appropriated such sums as may be nec-*  
23 *essary for each of fiscal years 2009 through 2013 to carry*  
24 *out this section.”.*

1       (e) *UNITED STATES AGENCY FOR INTERNATIONAL DE-*  
2 *VELOPMENT.*—

3           (1) *IN GENERAL.*—*The Administrator of the*  
4 *United States Agency for International Development,*  
5 *in coordination with the Coordinator of United States*  
6 *Government Activities to Combat HIV/AIDS Glob-*  
7 *ally, shall develop and implement a program to fa-*  
8  *facilitate availability and accessibility of microbicides*  
9  *that prevent the transmission of HIV if such*  
10  *microbicides are proven safe and effective.*

11           (2) *AUTHORIZATION OF APPROPRIATIONS.*—*Of*  
12 *the amounts authorized to be appropriated under sec-*  
13 *tion 401 of the United States Leadership Against*  
14 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003*  
15 *(22 U.S.C. 7671) for HIV/AIDS assistance, there are*  
16 *authorized to be appropriated to the President such*  
17 *sums as may be necessary for each of the fiscal years*  
18 *2009 through 2013 to carry out this subsection.*

19 **SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**  
20 **LARIA BY STRENGTHENING HEALTH POLI-**  
21 **CIES AND HEALTH SYSTEMS OF PARTNER**  
22 **COUNTRIES.**

23           (a) *IN GENERAL.*—*Title II of the United States Lead-*  
24 *ership Against HIV/AIDS, Tuberculosis, and Malaria Act*

1 of 2003 (22 U.S.C. 7621) is amended by adding at the end  
2 the following:

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

7 *“(a) STATEMENT OF POLICY.—It shall be the policy*  
8 *of the United States Government—*

9 *“(1) to invest appropriate resources authorized*  
10 *under this Act—*

11 *“(A) to carry out activities to strengthen*  
12 *HIV/AIDS, tuberculosis, and malaria health*  
13 *policies and health systems; and*

14 *“(B) to provide workforce training and ca-*  
15 *capacity-building consistent with the goals and ob-*  
16 *jectives of this Act; and*

17 *“(2) to support the development of a sound pol-*  
18 *icy environment in partner countries to increase the*  
19 *ability of such countries—*

20 *“(A) to maximize utilization of health care*  
21 *resources from donor countries;*

22 *“(B) to increase national investments in*  
23 *health and education and maximize the effective-*  
24 *ness of such investments;*

1           “(C) to improve national HIV/AIDS, tuber-  
2           culosis, and malaria strategies;

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

5           “(E) to reduce barriers that prevent recipi-  
6           ents of services from achieving maximum benefit  
7           from such services.

8           “(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE MAN-  
9           AGEMENT SYSTEMS.—

10           “(1) IN GENERAL.—Consistent with the author-  
11           ity under section 129 of the Foreign Assistance Act of  
12           1961 (22 U.S.C. 2152), the Secretary of the Treasury,  
13           acting through the head of the Office of Technical As-  
14           sistance, is authorized to provide assistance for advi-  
15           sors and partner country finance, health, and other  
16           relevant ministries to improve the effectiveness of pub-  
17           lic finance management systems in partner countries  
18           to enable such countries to receive funding to carry  
19           out programs to combat HIV/AIDS, tuberculosis, and  
20           malaria and to manage such programs.

21           “(2) AUTHORIZATION OF APPROPRIATIONS.—Of  
22           the amounts authorized to be appropriated under sec-  
23           tion 401 for HIV/AIDS assistance, there are author-  
24           ized to be appropriated to the Secretary of the Treas-  
25           ury such sums as may be necessary for each of the fis-

1        *cal years 2009 through 2013 to carry out this sub-*  
2        *section.”.*

3        *(b) CLERICAL AMENDMENT.—The table of contents for*  
4        *the United States Leadership Against HIV/AIDS, Tubercu-*  
5        *losis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is*  
6        *amended by inserting after the item relating to section 203,*  
7        *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.”.*

8        **SEC. 205. FACILITATING EFFECTIVE OPERATIONS OF THE**  
9                                    **CENTERS FOR DISEASE CONTROL.**

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

12                    *(1) by amending subsection (a) to read as fol-*  
13        *lows:*

14        *“(a) The Secretary may participate with other coun-*  
15        *tries in cooperative endeavors in—*

16                    *“(1) biomedical research, health care technology,*  
17        *and the health services research and statistical anal-*  
18        *ysis authorized under section 306 and title IX; and*

19                    *“(2) biomedical research, health care services,*  
20        *health care research, or other related activities in fur-*  
21        *therance of the activities, objectives or goals author-*  
22        *ized under the Tom Lantos and Henry J. Hyde*  
23        *United States Global Leadership Against HIV/AIDS,*

1       *Tuberculosis, and Malaria Reauthorization Act of*  
2       *2008.”; and*

3             *(2) in subsection (b)—*

4                 *(A) in paragraph (7), by striking “and”*  
5                 *after the semicolon at the end;*

6                 *(B) by striking “The Secretary may not, in*  
7                 *the exercise of his authority under this section,*  
8                 *provide financial assistance for the construction*  
9                 *of any facility in any foreign country.”*

10                *(C) in paragraph (8), by striking “for any*  
11                *purpose.” and inserting “for the purpose of any*  
12                *law administered by the Office of Personnel*  
13                *Management;”; and*

14                *(D) by adding at the end the following:*

15                    *“(9) provide such funds by advance or reim-*  
16                    *bursement to the Secretary of State, as may be nec-*  
17                    *essary, to pay the costs of acquisition, lease, construc-*  
18                    *tion, alteration, equipping, furnishing or manage-*  
19                    *ment of facilities outside of the United States; and*

20                    *“(10) in consultation with the Secretary of*  
21                    *State, through grant or cooperative agreement, make*  
22                    *funds available to public or nonprofit private institu-*  
23                    *tions or agencies in foreign countries in which the*  
24                    *Secretary is participating in activities described*



1        *under subsection (a) to acquire, lease, construct, alter,*  
 2        *or renovate facilities in those countries.”.*

3                *(3) in subsection (c)—*

4                        *(A) by striking “1990” and inserting*  
 5                        *“1980”; and*

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

9        **SEC. 206. FACILITATING VACCINE DEVELOPMENT.**

10        *(a) TECHNICAL ASSISTANCE FOR DEVELOPING COUN-*  
 11        *TRIES.—The Administrator of the United States Agency for*  
 12        *International Development, utilizing public-private part-*  
 13        *ners, as appropriate, and working in coordination with*  
 14        *other international development agencies, is authorized to*  
 15        *strengthen the capacity of developing countries’ govern-*  
 16        *mental institutions to—*

17                        *(1) collect evidence for informed decision-making*  
 18                        *and introduction of new vaccines, including potential*  
 19                        *HIV/AIDS, tuberculosis, and malaria vaccines, if*  
 20                        *such vaccines are determined to be safe and effective;*

21                        *(2) review protocols for clinical trials and im-*  
 22                         *pact studies and improve the implementation of clin-*  
 23                        *ical trials; and*

24                        *(3) ensure adequate supply chain and delivery*  
 25                        *systems.*

1       **(b) ADVANCED MARKET COMMITMENTS.**—

2               **(1) PURPOSE.**—*The purpose of this subsection is*  
3 *to improve global health by requiring the United*  
4 *States to participate in negotiations for advance mar-*  
5 *ket commitments for the development of future vac-*  
6 *cines, including potential vaccines for HIV/AIDS, tu-*  
7 *berculosis, and malaria.*

8               **(2) NEGOTIATION REQUIREMENT.**—*The Secretary*  
9 *of the Treasury shall enter into negotiations with the*  
10 *appropriate officials of the International Bank of Re-*  
11 *construction and Development (World Bank) and the*  
12 *GAVI Alliance, the member nations of such entities,*  
13 *and other interested parties to establish advanced*  
14 *market commitments to purchase vaccines to combat*  
15 *HIV/AIDS, tuberculosis, malaria, and other related*  
16 *infectious diseases.*

17               **(3) REQUIREMENTS.**—*In negotiating the United*  
18 *States participation in programs for advanced mar-*  
19 *ket commitments, the Secretary of the Treasury shall*  
20 *take into account whether programs for advance mar-*  
21 *ket commitments include—*

22                       **(A)** *legally binding contracts for product*  
23 *purchase that include a fair market price for up*  
24 *to a maximum number of treatments, creating a*  
25 *strong market incentive;*

1           (B) clearly defined and transparent rules of  
2 program participation for qualified developers  
3 and suppliers of the product;

4           (C) clearly defined requirements for eligible  
5 vaccines to ensure that they are safe and effective  
6 and can be delivered in developing country con-  
7 texts;

8           (D) dispute settlement mechanisms; and

9           (E) sufficient flexibility to enable the con-  
10 tracts to be adjusted in accord with new infor-  
11 mation related to projected market size and other  
12 factors while still maintaining the purchase com-  
13 mitment at a fair price.

14       (4) REPORT.—Not later than 1 year after the  
15 date of the enactment of this Act—

16           (A) the Secretary of the Treasury shall sub-  
17 mit a report to the appropriate congressional  
18 committees on the status of the United States ne-  
19 gotiations to participate in programs for the ad-  
20 vanced market commitments under this sub-  
21 section; and

22           (B) the President shall produce a com-  
23 prehensive report, written by a study group of  
24 qualified professionals from relevant Federal  
25 agencies and initiatives, nongovernmental orga-

1           nizations, and industry representatives, that sets  
2           forth a coordinated strategy to accelerate devel-  
3           opment of vaccines for infectious diseases, such  
4           as HIV/AIDS, malaria, and tuberculosis, which  
5           includes—

6                   (i) initiatives to create economic incen-  
7                   tives for the research, development, and  
8                   manufacturing of vaccines for HIV/AIDS,  
9                   tuberculosis, malaria, and other infectious  
10                  diseases;

11                  (ii) an expansion of public-private  
12                  partnerships and the leveraging of resources  
13                  from other countries and the private sector;  
14                  and

15                  (iii) efforts to maximize United States  
16                  capabilities to support clinical trials of vac-  
17                  cines in developing countries and to address  
18                  the challenges of delivering vaccines in de-  
19                  veloping countries to minimize delays in ac-  
20                  cess once vaccines are available.

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 ACT*  
6 *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 Europe,*  
10 *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 the*  
15 *foreign assistance program of the United States to*  
16 *provide assistance for the prevention and treatment of*  
17 *HIV/AIDS and the care of those affected by the dis-*  
18 *ease. It is the policy objective of the United States, by*  
19 *2013, to—*

20 “(A) *assist partner countries to—*

21 “(i) *prevent 12,000,000 new HIV infec-*  
22 *tions 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 indi-  
4 viduals with HIV/AIDS, including  
5 5,000,000 orphans and vulnerable children  
6 affected by HIV/AIDS, with an emphasis on  
7 promoting a comprehensive, coordinated  
8 system of services to be integrated through-  
9 out the continuum of care;

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

14           “(vi) provide care and treatment serv-  
15 ices to children with HIV in proportion to  
16 their percentage within the HIV-infected  
17 population of a given partner country; and

18           “(vii) train and support retention of  
19 health care professionals, paraprofessionals,  
20 and community health workers in HIV/  
21 AIDS prevention, treatment, and care, with  
22 the target of providing such training to at  
23 least 140,000 new health care professionals  
24 and paraprofessionals;

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 of*  
5           *at least 2.3 doctors, nurses, and midwives per*  
6           *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 coun-*  
13          *tries and regions confronting HIV/AIDS epidemics in*  
14          *a coordinated global strategy to help address general-*  
15          *ized and concentrated epidemics through HIV/AIDS*  
16          *prevention, treatment, care, monitoring and evalua-*  
17          *tion, 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 assume*  
21          *leadership of sustainable campaigns to combat their*  
22          *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 services.”.

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

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

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

20                  (3) in paragraph (3)—

21                         (A) by striking “foreign countries” and in-  
22                         serting “partner countries, other international  
23                         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 such  
5 *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 organiza-  
19          tions”;

20          (C) *in subparagraph (D), by inserting “and*  
21          *promoting the use of provider-initiated or ‘opt-*  
22          *out’ voluntary testing in accordance with World*  
23          *Health Organization guidelines” before the semi-*  
24          *colon 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) the  
5           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 most  
15                recent criteria established by the World  
16                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 redesignated—

23                (i) by striking the period at the end  
24                and inserting “, including education and  
25                services demonstrated to be effective in re-

1            *ducing the transmission of HIV infection*  
2            *without increasing illicit drug use; and”;*  
3            *and*

4            *(H) by adding at the end the following:*

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

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

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

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

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

17                            *“(III) delaying sexual debut; and*

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

20                            *“(iii) assistance to engage underlying*  
21                            *vulnerabilities to HIV/AIDS, especially*  
22                            *those of women and girls, through structural*  
23                            *prevention programs;*

24                            *“(iv) assistance for appropriate HIV/*  
25                            *AIDS education programs and training*

1           *targeted to prevent the transmission of HIV*  
2           *among men who have sex with men;*

3           “(v) *assistance to provide male and fe-*  
4           *male condoms;*

5           “(vi) *diagnosis and treatment of other*  
6           *sexually transmitted infections;*

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

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

20          (2) *in paragraph (2)—*

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

23                 (B) *in subparagraph (C)—*

24                         (i) *by inserting “pain management,”*  
25                         *after “opportunistic infections,”; and*

1                   (ii) by striking the period at the end  
2                   and inserting a semicolon; and

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

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

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

17                  (3) in paragraph (4)—

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

20                   (B) in subparagraph (D), by striking the  
21                   period at the end and inserting a semicolon; and

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

23                   “(E) carrying out and expanding program  
24                   monitoring, impact evaluation research and  
25                   analysis, and operations research and dissemi-

1            *nating data and findings through mechanisms to*  
2            *be developed by the Coordinator of United States*  
3            *Government Activities to Combat HIV/AIDS*  
4            *Globally, in coordination with the Director of the*  
5            *Centers for Disease Control, in order to—*

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

12                   *“(ii) identify and replicate effective*  
13                   *models; and*

14                   *“(iii) develop gender indicators to*  
15                   *measure outcomes and the impacts of inter-*  
16                   *ventions; and*

17                   *“(F) establishing appropriate systems to—*

18                    *“(i) gather epidemiological and social*  
19                    *science data on HIV; and*

20                    *“(ii) evaluate the effectiveness of pre-*  
21                    *vention efforts among men who have sex*  
22                    *with men, with due consideration to stigma*  
23                    *and risks associated with disclosure.”;*

24                   *(4) in paragraph (5)—*

1           (A) by redesignating subparagraph (C) as  
2           subparagraph (D); and

3           (B) by inserting after subparagraph (B) the  
4           following:

5           “(C) *MECHANISM TO ENSURE COST-EFFEC-*  
6           *TIVE DRUG PURCHASING.—Subject to subpara-*  
7           *graph (B), mechanisms to ensure that safe and*  
8           *effective pharmaceuticals, including*  
9           *antiretrovirals and medicines to treat opportun-*  
10           *istic infections, are purchased at the lowest pos-*  
11           *sible price at which such pharmaceuticals may*  
12           *be obtained in sufficient quantity on the world*  
13           *market.”;*

14           (5) in paragraph (6)—

15           (A) by amending the paragraph heading to  
16           read as follows:

17           “(6)       *RELATED        AND        COORDINATED*  
18           *ACTIVITIES.—”;*

19           (B) in subparagraph (B), by striking “and”  
20           at the end;

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

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

24           “(D) *coordinated or referred activities to—*

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

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

9                   “(I) nutritional and food support;

10                   “(II) nutritional counseling;

11                   “(III) income-generating activi-  
12                   ties and livelihood initiatives;

13                   “(IV) maternal and child health  
14                   care;

15                   “(V) primary health care;

16                   “(VI) the diagnosis and treatment  
17                   of other infectious or sexually trans-  
18                   mitted diseases;

19                   “(VII) substance abuse and treat-  
20                   ment services; and

21                   “(VIII) legal services;

22           “(E) coordinated or referred activities to  
23           link programs addressing HIV/AIDS with pro-  
24           grams addressing gender-based violence in areas  
25           of significant HIV prevalence to assist countries



1           *in the development and enforcement of women’s*  
2           *health, children’s health, and HIV/AIDS laws*  
3           *and policies that—*

4                   “(i) *prevent and respond to violence*  
5                   *against women and girls;*

6                   “(ii) *promote the integration of screen-*  
7                   *ing and assessment for gender-based vio-*  
8                   *lence into HIV/AIDS programming;*

9                   “(iii) *promote appropriate HIV/AIDS*  
10                  *counseling, testing, and treatment into gen-*  
11                  *der-based violence programs; and*

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

16                  “(F) *coordinated or referred activities to—*

17                          “(i) *address the frequent coinfection of*  
18                          *HIV and tuberculosis, in accordance with*  
19                          *World Health Organization guidelines;*

20                          “(ii) *promote provider-initiated or*  
21                          *‘opt-out’ HIV/AIDS counseling and testing*  
22                          *and appropriate referral for treatment and*  
23                          *care to individuals with tuberculosis or its*  
24                          *symptoms, particularly in areas with sig-*  
25                          *nificant HIV prevalence; and*

1           “(iii) strengthen programs to ensure  
2           that individuals testing positive for HIV re-  
3           ceive tuberculosis screening and appropriate  
4           screening and to improve laboratory capac-  
5           ities, infection control, and adherence; and  
6           “(G) activities to—

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

9           “(ii) strengthen overall health systems  
10          in high-prevalence countries, including sup-  
11          port for workforce training, retention, and  
12          effective deployment, capacity building, lab-  
13          oratory development, equipment mainte-  
14          nance and repair, and public health and re-  
15          lated public financial management systems  
16          and operations.”; and

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

18          “(8) COMPACTS AND FRAMEWORK AGREE-  
19          MENTS.—The development of compacts or framework  
20          agreements, tailored to local circumstances, with na-  
21          tional governments or regional partnerships in coun-  
22          tries with significant HIV/AIDS burdens to promote  
23          host government commitment to deeper integration of  
24          HIV/AIDS services into health systems, contribute to  
25          health systems overall, and enhance sustainability.”.

1           (d) *COMPACTS AND FRAMEWORK AGREEMENTS.*—*Sec-*  
2 *tion 104A of such Act is amended—*

3                   (1) *by redesignating subsections (e) through (g)*  
4 *as subsections (f) through (h); and*

5                   (2) *by inserting after subsection (d) the fol-*  
6 *lowing:*

7           “(e) *COMPACTS AND FRAMEWORK AGREEMENTS.*—

8                   “(1) *FINDINGS.*—*Congress makes the following*  
9 *findings:*

10                           “(A) *The congressionally mandated Insti-*  
11 *tute of Medicine report entitled ‘PEPFAR Imple-*  
12 *mentation: Progress and Promise’ states: ‘The*  
13 *next strategy [of the U.S. Global AIDS Initia-*  
14 *tive] should squarely address the needs and chal-*  
15 *lenges involved in supporting sustainable coun-*  
16 *try HIV/AIDS programs, thereby transitioning*  
17 *from a focus on emergency relief.’.*

18                           “(B) *One mechanism to promote the transi-*  
19 *tion from an emergency to a public health and*  
20 *development approach to HIV/AIDS is through*  
21 *compacts or framework agreements between the*  
22 *United States Government and each partici-*  
23 *pating nation.*

24                           “(C) *Key components of a transition toward*  
25 *a more sustainable approach toward fighting*

1           *HIV/AIDS, tuberculosis, and malaria and thus*  
2           *priorities for such compacts include—*

3                   “(i) *building capacity to expand the*  
4                   *size of the trained health care workforce in*  
5                   *partner countries and improve its retention,*  
6                   *safety, deployment, and utilization of skills*  
7                   *and to improve public health infrastructure*  
8                   *and systems;*

9                   “(ii) *partner governments increasing*  
10                   *their national investments in health and*  
11                   *education systems, as called for in the*  
12                   *Abuja Declaration;*

13                   “(iii) *increasing the focus of United*  
14                   *States government efforts to address the fac-*  
15                   *tors that put women and girls at greater*  
16                   *risk of HIV/AIDS and to strengthen the*  
17                   *legal, economic, educational, and social sta-*  
18                   *tus of women, girls, orphans, and vulnerable*  
19                   *children and encouraging partner govern-*  
20                   *ments to do the same;*

21                   “(iv) *building on the New Partners*  
22                   *Initiative and other efforts currently under-*  
23                   *way to strengthen the capacities of*  
24                   *community- and faith-based organizations*  
25                   *and civil society in partner countries to*

1           *contribute to country efforts to prevent or*  
2           *manage the effects of HIV/AIDS, tuber-*  
3           *culosis, and malaria epidemics and to im-*  
4           *prove health care delivery;*

5           *“(v) improving the coordination of ef-*  
6           *forts to combat HIV/AIDS, tuberculosis,*  
7           *and malaria with broader national health*  
8           *and development strategies;*

9           *“(vi) promoting HIV/AIDS-related*  
10          *laws, regulations, and policies that support*  
11          *voluntary diagnostic counseling and rapid*  
12          *testing, pediatric diagnosis, rapid, tariff-*  
13          *free regulatory procedures for drugs and*  
14          *commodities, and full inclusion of people*  
15          *living with HIV/AIDS in a multisectoral*  
16          *national response.*

17          *“(vii) sharing and implementing find-*  
18          *ings based on program evaluations and op-*  
19          *erations research; and*

20          *“(viii) reducing the disease burden of*  
21          *HIV/AIDS, tuberculosis, and malaria*  
22          *through improved prevention efforts.*

23          *“(D) Such compacts should also take into*  
24          *account the overall national health and develop-*  
25          *ment and national HIV/AIDS and public health*

1           *strategies of each country and should contain*  
2           *provisions including—*

3                   “(i) *the specific objectives that the*  
4                   *country and the United States expect to*  
5                   *achieve during the term of a compact;*

6                   “(ii) *the respective responsibilities of*  
7                   *the country and the United States in the*  
8                   *achievement of such objectives;*

9                   “(iii) *regular benchmarks to measure,*  
10                   *where appropriate, progress toward achiev-*  
11                   *ing such objectives;*

12                   “(iv) *an identification of the intended*  
13                   *beneficiaries, disaggregated by gender and*  
14                   *age, and including information on orphans*  
15                   *and vulnerable children, to the maximum*  
16                   *extent practicable;*

17                   “(v) *the methods by which the compact*  
18                   *is intended to address the factors that put*  
19                   *women and girls at greater risk of HIV/*  
20                   *AIDS and to strengthen the legal, economic,*  
21                   *educational, and social status of women,*  
22                   *girls, orphans, and vulnerable children;*

23                   “(vi) *the methods by which the com-*  
24                   *compact will strengthen the health care capac-*  
25                   *ity, including the training, retention, de-*

1            *ployment, and utilization of health care*  
2            *workers, improve supply chain manage-*  
3            *ment, and improve the health systems and*  
4            *infrastructure of the partner country, in-*  
5            *cluding the ability of compact participants*  
6            *to maintain and operate equipment trans-*  
7            *ferred or purchased as part of the compact;*

8            *“(vii) proposed mechanisms to provide*  
9            *oversight;*

10           *“(viii) the role of civil society in the*  
11           *development of a compact and the achieve-*  
12           *ment of its objectives;*

13           *“(ix) a description of the current and*  
14           *potential participation of other donors in*  
15           *the achievement of such objectives, as appro-*  
16           *priate; and*

17           *“(x) a plan to ensure appropriate fis-*  
18           *cal accountability for the use of assistance.*

19           *“(2) LOCAL INPUT.—In entering into a compact*  
20           *authorized under subsection (d)(8), the Coordinator of*  
21           *United States Government Activities to Combat HIV/*  
22           *AIDS Globally shall seek to ensure that the govern-*  
23           *ment of a country—*

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

4           “(B) consults with private and voluntary  
5           organizations, including faith-based organiza-  
6           tions, the business community, and other donors  
7           in the country.

8           “(3) CONGRESSIONAL AND PUBLIC NOTIFICATION  
9           AFTER ENTERING INTO A COMPACT.—Not later than  
10          10 days after entering into a compact authorized  
11          under subsection (d)(8), the Global AIDS Coordinator  
12          shall—

13           “(A) submit a report containing a detailed  
14           summary of the compact and a copy of the text  
15           of the compact to—

16           “(i) the Committee on Foreign Rela-  
17           tions of the Senate;

18           “(ii) the Committee on Appropriations  
19           of the Senate;

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

22           “(iv) the Committee on Appropriations  
23           of the House of Representatives; and



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

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

6           (1) in paragraph (1), by striking “Committee on  
7           International Relations” and inserting “Committee  
8           on Foreign Affairs”; and

9           (2) in paragraph (2)—

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

12           (B) by striking subparagraph (C) and in-  
13           serting the following:

14           “(C) a detailed breakdown of funding allo-  
15           cations, by program and by country, for preven-  
16           tion activities; and

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

20           “(i)(I) the effectiveness of such pro-  
21           grams in reducing—

22           “(aa) the transmission of HIV,  
23           particularly in women and girls;

24           “(bb) mother-to-child transmission  
25           of HIV, including through drug treat-

1 *ment and therapies, either directly or*  
2 *by referral; and*

3 *“(cc) mortality rates from HIV/*  
4 *AIDS;*

5 *“(II) the number of patients receiving*  
6 *treatment for AIDS in each country that re-*  
7 *ceives assistance under this Act;*

8 *“(III) an assessment of progress to-*  
9 *wards the achievement of annual goals set*  
10 *forth in the timetable required under the 5-*  
11 *year strategy established under section 101*  
12 *of the United States Leadership Against*  
13 *HIV/AIDS, Tuberculosis, and Malaria Act*  
14 *of 2003 and, if annual goals are not being*  
15 *met, the reasons for such failure; and*

16 *“(IV) retention and attrition data for*  
17 *programs receiving United States assist-*  
18 *ance, including mortality and loss to follow-*  
19 *up rates, organized overall and by country;*

20 *“(ii) the progress made toward—*

21 *“(I) improving health care deliv-*  
22 *ery systems (including the training of*  
23 *health care workers, including doctors,*  
24 *nurses, midwives, pharmacists, labora-*

1 *tory technicians, and compensated*  
2 *community health workers);*

3 *“(II) advancing safe working con-*  
4 *ditions for health care workers; and*

5 *“(III) improving infrastructure to*  
6 *promote progress toward universal ac-*  
7 *cess to HIV/AIDS prevention, treat-*  
8 *ment, and care by 2013;*

9 *“(iii) with respect to tuberculosis—*

10 *“(I) the increase in the number of*  
11 *people treated and the number of tu-*  
12 *berculosis patients cured through each*  
13 *program, project, or activity receiving*  
14 *United States foreign assistance for tu-*  
15 *berculosis control purposes through, or*  
16 *in coordination with, HIV/AIDS pro-*  
17 *grams;*

18 *“(II) a description of drug resist-*  
19 *ance rates among persons treated;*

20 *“(III) the percentage of such*  
21 *United States foreign assistance pro-*  
22 *vided for diagnosis and treatment of*  
23 *individuals with tuberculosis in coun-*  
24 *tries with the highest burden of tuber-*

1                   *culosis, as determined by the World*  
2                   *Health Organization; and*

3                   “*(IV) a detailed description of ef-*  
4                   *forts to integrate HIV/AIDS and tuber-*  
5                   *culosis prevention, treatment, and care*  
6                   *programs; and*

7                   “*(iv) a description of coordination ef-*  
8                   *forts with relevant executive branch agencies*  
9                   *to link HIV/AIDS clinical and social serv-*  
10                  *ices with non-HIV/AIDS services as part of*  
11                  *the United States health and development*  
12                  *agenda;*

13                  “*(v) a detailed description of inte-*  
14                  *grated HIV/AIDS and food and nutrition*  
15                  *programs and services, including—*

16                  “*(I) the amount spent on food and*  
17                  *nutrition support;*

18                  “*(II) the types of activities sup-*  
19                  *ported; and*

20                  “*(III) an assessment of the effec-*  
21                  *tiveness of interventions carried out to*  
22                  *improve the health status of persons*  
23                  *with HIV/AIDS receiving food or nu-*  
24                  *tritional support;*

1           “(vi) a description of efforts to improve  
2 harmonization, in terms of relevant execu-  
3 tive branch agencies, coordination with  
4 other public and private entities, and co-  
5 ordination with partner countries’ national  
6 strategic plans as called for in the ‘Three  
7 Ones’;

8           “(vii) a description of—

9           “(I) the efforts of partner coun-  
10 tries that were signatories to the Abuja  
11 Declaration on HIV/AIDS, Tuber-  
12 culosis and Other Related Infectious  
13 Diseases to adhere to the goals of such  
14 Declaration in terms of investments in  
15 public health, including HIV/AIDS;  
16 and

17           “(II) a description of the HIV/  
18 AIDS investments of partner countries  
19 that were not signatories to such Dec-  
20 laration;

21           “(viii) a detailed description of any  
22 compacts or framework agreements reached  
23 or negotiated between the United States and  
24 any partner countries, including a descrip-

1            *tion of the elements of compacts described in*  
2            *subsection (e);*

3            *“(ix) a description of programs serving*  
4            *women and girls, including—*

5                    *“(I) HIV/AIDS prevention pro-*  
6                    *grams that address the vulnerabilities*  
7                    *of girls and women to HIV/AIDS;*

8                    *“(II) information on the number*  
9                    *of individuals served by programs*  
10                   *aimed at reducing the vulnerabilities*  
11                   *of women and girls to HIV/AIDS and*  
12                   *data on the types, objectives, and dura-*  
13                   *tion of programs to address these*  
14                   *issues;*

15                   *“(III) information on programs to*  
16                   *address the particular needs of adoles-*  
17                   *cent girls and young women; and*

18                   *“(IV) programs to prevent gender-*  
19                   *based violence or to assist victims of*  
20                   *gender based violence as part, of or in*  
21                   *coordination with, HIV/AIDS pro-*  
22                   *grams;*

23                   *“(x) a description of strategies, goals,*  
24                   *programs, and interventions to—*

1           “(I) address the needs and  
2           vulnerabilities of youth populations;

3           “(II) expand access among young  
4           men and women to evidence-based  
5           HIV/AIDS health care services and  
6           HIV prevention programs, including  
7           abstinence education programs; and

8           “(III) expand community-based  
9           services to meet the needs of orphans  
10          and of children and adolescents affected  
11          by or vulnerable to HIV/AIDS without  
12          increasing stigmatization;

13          “(xi) a description of—

14                 “(I) the specific strategies funded  
15                 to ensure the reduction of HIV infec-  
16                 tion among injection drug users;

17                 “(II) the number of injection drug  
18                 users, by country, reached by such  
19                 strategies;

20                 “(III) medication-assisted drug  
21                 treatment for individuals with HIV or  
22                 at risk of HIV; and

23                 “(IV) HIV prevention programs  
24                 demonstrated to be effective in reducing

1                    *HIV transmission without increasing*  
2                    *drug use;*

3                    “(xii) a detailed description of pro-  
4                    gram monitoring, operations research, and  
5                    impact evaluation research, including—

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

8                    “(II) an analysis of cost-effective-  
9                    ness models; and

10                    “(III) conclusions regarding the  
11                    efficiency, effectiveness, and quality of  
12                    services as derived from previous or  
13                    ongoing research and monitoring ef-  
14                    forts; and

15                    “(xiii) a description of staffing levels  
16                    of United States government HIV/AIDS  
17                    teams in countries with significant HIV/  
18                    AIDS programs, including whether or not a  
19                    full-time coordinator was on staff for the  
20                    year.”.

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



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

4           (2) *in paragraph (3), by striking “fiscal years*  
5 *2004 through 2008” and inserting “fiscal years 2009*  
6 *through 2013”.*

7           (g) *RELATIONSHIP TO ASSISTANCE PROGRAMS TO EN-*  
8 *HANCE NUTRITION.—Section 301(c) of such Act is amended*  
9 *to read as follows:*

10           “(c) *FOOD AND NUTRITIONAL SUPPORT.—*

11           “(1) *IN GENERAL.—As indicated in the report*  
12 *produced by the Institute of Medicine, entitled*  
13 *‘PEPFAR Implementation: Progress and Promise’,*  
14 *inadequate caloric intake has been clearly identified*  
15 *as a principal reason for failure of clinical response*  
16 *to antiretroviral therapy. In recognition of the impact*  
17 *of malnutrition as a clinical health issue for many*  
18 *persons living with HIV/AIDS that is often associated*  
19 *with health and economic impacts on these individ-*  
20 *uals and their families, the Global AIDS Coordinator*  
21 *and the Administrator of the United States Agency*  
22 *for International Development shall—*

23           “(A) *follow World Health Organization*  
24 *guidelines for HIV/AIDS food and nutrition*  
25 *services;*

1           “(B) integrate nutrition programs with  
2           HIV/AIDS activities through effective linkages  
3           among the health, agricultural, and livelihood  
4           sectors and establish additional services in cir-  
5           cumstances in which referrals are inadequate or  
6           impossible;

7           “(C) provide, as a component of care and  
8           treatment programs for persons with HIV/AIDS,  
9           food and nutritional support to individuals in-  
10          fected with, and affected by, HIV/AIDS who meet  
11          established criteria for nutritional support (in-  
12          cluding clinically malnourished children and  
13          adults, and pregnant and lactating women in  
14          programs in need of supplemental support), in-  
15          cluding—

16                 “(i) anthropometric and dietary assess-  
17                 ment;

18                 “(ii) counseling; and

19                 “(iii) therapeutic and supplementary  
20                 feeding;

21          “(D) provide food and nutritional support  
22          for children affected by HIV/AIDS and to com-  
23          munities and households caring for children af-  
24          fected by HIV/AIDS; and

1           “(E) in communities where HIV/AIDS and  
2           food insecurity are highly prevalent, support  
3           programs to address these often intersecting  
4           health problems through community-based assist-  
5           ance programs, with an emphasis on sustainable  
6           approaches.

7           “(2) AUTHORIZATION OF APPROPRIATIONS.—Of  
8           the amounts authorized to be appropriated under sec-  
9           tion 401, there are authorized to be appropriated to  
10          the President such sums as may be necessary for each  
11          of the fiscal years 2009 through 2013 to carry out this  
12          subsection.”.

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

15          “(d) ELIGIBILITY FOR ASSISTANCE.—An organization,  
16          including a faith-based organization, that is otherwise eligi-  
17          ble to receive assistance under section 104A of the Foreign  
18          Assistance Act of 1961, under this Act, or under any  
19          amendment made by this Act or by the Tom Lantos and  
20          Henry J. Hyde United States Global Leadership Against  
21          HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act  
22          of 2008, to prevent, treat, or monitor HIV/AIDS—

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

1           “(A) to endorse or utilize a multisectoral or  
2           comprehensive approach to combating HIV/  
3           AIDS; or

4           “(B) to endorse, utilize, make a referral to,  
5           become integrated with, or otherwise participate  
6           in any program or activity to which the organi-  
7           zation has a religious or moral objection; and

8           “(2) shall not be discriminated against in the so-  
9           licitation or issuance of grants, contracts, or coopera-  
10          tive agreements under such provisions of law for re-  
11          fusing to meet any requirement described in para-  
12          graph (1).”.

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

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

17          “(b) *POLICY.*—*It is a major objective of the foreign as-*  
18 *sistance program of the United States to control tuber-*  
19 *culosis. In all countries in which the Government of the*  
20 *United States has established development programs, par-*  
21 *ticularly in countries with the highest burden of tuber-*  
22 *culosis and other countries with high rates of tuberculosis,*  
23 *the United States Government should prioritize the achieve-*  
24 *ment of the following goals by not later than December 31,*  
25 *2015:*

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

3           “(2) Sustain or exceed the detection of at least  
4 70 percent of sputum smear-positive cases of tuber-  
5 culosis and the cure of at least 85 percent of those  
6 cases detected.”.

7           (b) *PRIORITY TO STOP TB STRATEGY*.—Section  
8 104B(e) of such Act is amended to read as follows:

9           “(e) *PRIORITY TO STOP TB STRATEGY*.—In fur-  
10 nishing assistance under subsection (c), the President shall  
11 give priority to—

12           “(1) activities described in the Stop TB Strat-  
13 egy, including expansion and enhancement of Di-  
14 rectly Observed Treatment Short-course (DOTS) cov-  
15 erage, rapid testing, treatment for individuals in-  
16 fected with both tuberculosis and HIV, and treatment  
17 for individuals with multi-drug resistant tuberculosis  
18 (MDR-TB), strengthening of health systems, use of  
19 the International Standards for Tuberculosis Care by  
20 all providers, empowering individuals with tuber-  
21 culosis, and enabling and promoting research to de-  
22 velop new diagnostics, drugs, and vaccines, and pro-  
23 gram-based operational research relating to tuber-  
24 culosis; and

1           “(2) *funding for the Global Tuberculosis Drug*  
2           *Facility, the Stop Tuberculosis Partnership, and the*  
3           *Global Alliance for TB Drug Development.*”.

4           (c) *ASSISTANCE FOR THE WORLD HEALTH ORGANIZA-*  
5           *TION AND THE STOP TUBERCULOSIS PARTNERSHIP.*—*Sec-*  
6           *tion 104B of such Act is amended—*

7           (1) *by redesignating subsection (f) as subsection*  
8           *(g); and*

9           (2) *by inserting after subsection (e) the following:*

10          “(f) *ASSISTANCE FOR THE WORLD HEALTH ORGANI-*  
11          *ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.*—*In*  
12          *carrying out this section, the President, acting through the*  
13          *Administrator of the United States Agency for Inter-*  
14          *national Development, is authorized to provide increased*  
15          *resources to the World Health Organization and the Stop*  
16          *Tuberculosis Partnership to improve the capacity of coun-*  
17          *tries with high rates of tuberculosis and other affected coun-*  
18          *tries to implement the Stop TB Strategy and specific strate-*  
19          *gies related to addressing multiple drug resistant tuber-*  
20          *culosis (MDR–TB) and extensively drug resistant tuber-*  
21          *culosis (XDR–TB).*”.

22          (d) *DEFINITIONS.*—*Section 104B(g) of such Act, as re-*  
23          *designated, is amended—*

24          (1) *in paragraph (1), by striking the period at*  
25          *the end and inserting the following: “including—*

1           “(A) *low-cost and effective diagnosis, treat-*  
2           *ment, and monitoring of tuberculosis;*

3           “(B) *a reliable drug supply;*

4           “(C) *a management strategy for public*  
5           *health systems;*

6           “(D) *health system strengthening;*

7           “(E) *promotion of the use of the Inter-*  
8           *national Standards for Tuberculosis Care by all*  
9           *care providers;*

10          “(F) *bacteriology under an external quality*  
11          *assessment framework;*

12          “(G) *short-course chemotherapy; and*

13          “(H) *sound reporting and recording sys-*  
14          *tems.”; and*

15          (2) *by redesignating paragraph (5) as para-*  
16          *graph (6); and*

17          (3) *by inserting after paragraph (4) the fol-*  
18          *lowing:*

19               “(5) *STOP TB STRATEGY.—The term ‘Stop TB*  
20               *Strategy’ means the 6-point strategy to reduce tuber-*  
21               *culosis developed by the World Health Organization,*  
22               *which is described in the Global Plan to Stop TB*  
23               *2006–2015: Actions for Life, a comprehensive plan*  
24               *developed by the Stop TB Partnership that sets out*  
25               *the actions necessary to achieve the millennium devel-*

1        *opment goal of cutting tuberculosis deaths and disease*  
2        *burden in half by 2015.”.*

3        *(e) AUTHORIZATION OF APPROPRIATIONS.—Section*  
4        *302 (b) of the United States Leadership Against HIV/AIDS,*  
5        *Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b))*  
6        *is amended—*

7                *(1) in paragraph (1), by striking “such sums as*  
8                *may be necessary for each of the fiscal years 2004*  
9                *through 2008” and inserting “a total of*  
10              *\$4,000,000,000 for the 5-year period beginning on Oc-*  
11              *tober 1, 2008.”; and*

12              *(2) in paragraph (3), by striking “fiscal years*  
13              *2004 through 2008” and inserting “fiscal years 2009*  
14              *through 2013.”.*

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

16        *(a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT*  
17        *OF 1961.—Section 104C(b) of the Foreign Assistance Act*  
18        *of 1961 (22 U.S.C. 2151–4(b)) is amended by inserting*  
19        *“treatment,” after “control.”.*

20        *(b) AUTHORIZATION OF APPROPRIATIONS.—Section*  
21        *303 of the United States Leadership Against HIV/AIDS,*  
22        *Tuberculosis, and Malaria Act of 2003, and Malaria Act*  
23        *of 2003 (22 U.S.C. 7633) is amended—*

24              *(1) in subsection (b)—*



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

6           (B) in paragraph (3), by striking “fiscal  
7           years 2004 through 2008” and inserting “fiscal  
8           years 2009 through 2013”; and

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

10          “(c) *STATEMENT OF POLICY.—Providing assistance*  
11 *for the prevention, control, treatment, and the ultimate*  
12 *eradication of malaria is—*

13           “(1) *a major objective of the foreign assistance*  
14 *program of the United States; and*

15           “(2) *1 component of a comprehensive United*  
16 *States global health strategy to reduce disease burdens*  
17 *and strengthen communities around the world.*

18          “(d) *DEVELOPMENT OF A COMPREHENSIVE 5-YEAR*  
19 *STRATEGY.—The President shall establish a comprehensive,*  
20 *5-year strategy to combat global malaria that—*

21           “(1) *strengthens the capacity of the United*  
22 *States to be an effective leader of international efforts*  
23 *to reduce malaria burden;*

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

4           “(3) includes specific objectives and multisectoral  
5 approaches and strategies to reduce the prevalence,  
6 mortality, incidence, and spread of malaria;

7           “(4) describes how this strategy would contribute  
8 to the United States’ overall global health and devel-  
9 opment goals;

10           “(5) clearly explains how outlined activities will  
11 interact with other United States Government global  
12 health activities, including the 5-year global AIDS  
13 strategy required under this Act;

14           “(6) expands public-private partnerships and le-  
15 verage of resources;

16           “(7) coordinates among relevant Federal agencies  
17 to maximize human and financial resources and to  
18 reduce duplication among these agencies, foreign gov-  
19 ernments, and international organizations;

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

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

1           “(10) establishes priorities and selection criteria  
2           for the distribution of resources based on factors such  
3           as—

4                   “(A) the size and demographics of the popu-  
5           lation with malaria;

6                   “(B) the needs of that population;

7                   “(C) the country’s existing infrastructure;  
8           and

9                   “(D) the ability to closely coordinate United  
10           States Government efforts with national malaria  
11           control plans of partner countries.”.

12 **SEC. 304. MALARIA RESPONSE COORDINATOR.**

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

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

17           “(a) *IN GENERAL.*—There is established within the  
18 United States Agency for International Development a Co-  
19 ordinator of United States Government Activities to Com-  
20 bat Malaria Globally (referred to in this section as the ‘Ma-  
21 laria Coordinator’), who shall be appointed by the Presi-  
22 dent.

23           “(b) *AUTHORITIES.*—The Malaria Coordinator, acting  
24 through nongovernmental organizations (including faith-  
25 based and community-based organizations), partner coun-

1 *try finance, health, and other relevant ministries, and rel-*  
2 *evant executive branch agencies as may be necessary and*  
3 *appropriate to carry out this section, is authorized to—*

4           “(1) *operate internationally to carry out preven-*  
5 *tion, care, treatment, support, capacity development,*  
6 *and other activities to reduce the prevalence, mor-*  
7 *tality, and incidence of malaria;*

8           “(2) *provide grants to, and enter into contracts*  
9 *and cooperative agreements with, nongovernmental*  
10 *organizations (including faith-based organizations) to*  
11 *carry out this section; and*

12           “(3) *transfer and allocate executive branch agen-*  
13 *cy funds that have been appropriated for the purposes*  
14 *described in paragraphs (1) and (2).*

15           “(c) *DUTIES.—*

16           “(1) *IN GENERAL.—The Malaria Coordinator*  
17 *has primary responsibility for the oversight and co-*  
18 *ordination of all resources and international activi-*  
19 *ties of the United States Government relating to ef-*  
20 *forts to combat malaria.*

21           “(2) *SPECIFIC DUTIES.—The Malaria Coordi-*  
22 *nator shall—*

23           “(A) *facilitate program and policy coordi-*  
24 *nation of antimalaria efforts among relevant ex-*  
25 *ecutive branch agencies and nongovernmental or-*

1            *ganizations by auditing, monitoring, and evalu-*  
2            *ating such programs;*

3            *“(B) ensure that each relevant executive*  
4            *branch agency undertakes antimalarial pro-*  
5            *grams primarily in those areas in which the*  
6            *agency has the greatest expertise, technical capa-*  
7            *bility, and potential for success;*

8            *“(C) coordinate relevant executive branch*  
9            *agency activities in the field of malaria preven-*  
10           *tion and treatment;*

11           *“(D) coordinate planning, implementation,*  
12           *and evaluation with the Global AIDS Coordi-*  
13           *nator in countries in which both programs have*  
14           *a significant presence;*

15           *“(E) coordinate with national governments,*  
16           *international agencies, civil society, and the pri-*  
17           *ivate sector; and*

18           *“(F) establish due diligence criteria for all*  
19           *recipients of funds appropriated by the Federal*  
20           *Government for malaria assistance.*

21           *“(d) ASSISTANCE FOR THE WORLD HEALTH ORGANI-*  
22           *ZATION.—In carrying out this section, the President may*  
23           *provide financial assistance to the Roll Back Malaria Part-*  
24           *nership of the World Health Organization to improve the*  
25           *capacity of countries with high rates of malaria and other*

1 *affected countries to implement comprehensive malaria con-*  
2 *trol programs.*

3       “(e) *COORDINATION OF ASSISTANCE EFFORTS.—In*  
4 *carrying out this section and in accordance with section*  
5 *104C of the Foreign Assistance Act of 1961 (22 U.S.C.*  
6 *2151b–4), the Malaria Coordinator shall coordinate the pro-*  
7 *vision of assistance by working with—*

8               “(1) *relevant executive branch agencies, includ-*  
9 *ing—*

10                       “(A) *the Department of State (including the*  
11 *Office of the Global AIDS Coordinator);*

12                       “(B) *the Department of Health and Human*  
13 *Services;*

14                       “(C) *the Department of Defense; and*

15                       “(D) *the Office of the United States Trade*  
16 *Representative;*

17               “(2) *relevant multilateral institutions, includ-*  
18 *ing—*

19                       “(A) *the World Health Organization;*

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

21                       “(C) *the United Nations Development Pro-*  
22 *gramme;*

23                       “(D) *the Global Fund;*

24                       “(E) *the World Bank; and*

25                       “(F) *the Roll Back Malaria Partnership;*

1           “(3) program delivery and efforts to lift barriers  
2           that would impede effective and comprehensive ma-  
3           laria control programs; and

4           “(4) partner or recipient country governments  
5           and national entities including universities and civil  
6           society organizations (including faith- and commu-  
7           nity-based organizations).

8           “(f) RESEARCH.—To carry out this section and in ac-  
9           cordance with section 104C of the Foreign Assistance Act  
10          of 1961 (22 U.S.C. 1151d–4), the Secretary of Health and  
11          Human Services, through the Centers for Disease Control  
12          and Prevention and the National Institutes of Health, shall  
13          conduct appropriate programmatically relevant clinical  
14          and operational research to identify and evaluate new  
15          diagnostics, treatment regimens, and interventions to pre-  
16          vent and control malaria.

17          “(g) MONITORING.—To ensure that adequate malaria  
18          controls are established and implemented, the Centers for  
19          Disease Control and Prevention shall carry out appropriate  
20          surveillance and evaluation activities to monitor global ma-  
21          laria trends and assess environmental and health impacts  
22          of malarial control efforts. Such activities shall complement  
23          the work of the World Health Organization, rather than du-  
24          plicate such work.

25          “(h) ANNUAL REPORT.—

1           “(1) *SUBMISSION.*—Not later than 1 year after  
2           the date of the enactment of the Tom Lantos and  
3           Henry J. Hyde United States Global Leadership  
4           Against HIV/AIDS, Tuberculosis, and Malaria Reau-  
5           thorization Act of 2008, and annually thereafter, the  
6           President shall submit a report to the appropriate  
7           congressional committees that describes United States  
8           assistance for the prevention, treatment, control, and  
9           elimination of malaria.

10           “(2) *CONTENTS.*—The report required under  
11           paragraph (1) shall describe—

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

14                   “(B) the number of people reached through  
15                   malaria assistance programs, including data on  
16                   children and pregnant women;

17                   “(C) research efforts to develop new tools to  
18                   combat malaria, including drugs and vaccines;

19                   “(D) the collaboration and coordination of  
20                   United States antimalarial efforts with the  
21                   World Health Organization, the Global Fund,  
22                   the World Bank, other donor governments, major  
23                   private efforts, and relevant executive agencies;

24                   “(E) the coordination of United States anti-  
25                   malarial efforts with the national malarial strat-



1 *egies of other donor or partner governments and*  
2 *major private initiatives;*

3 *“(F) the estimated impact of United States*  
4 *assistance on childhood mortality and morbidity*  
5 *from malaria;*

6 *“(G) the coordination of antimalarial ef-*  
7 *forts with broader health and development pro-*  
8 *grams; and*

9 *“(H) the constraints on implementation of*  
10 *programs posed by health workforce shortages or*  
11 *capacities; and*

12 *“(I) the number of personnel trained as*  
13 *health workers and the training levels achieved.”.*

14 **SEC. 305. AMENDMENT TO IMMIGRATION AND NATIONALITY**

15 **ACT.**

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

21 **SEC. 306. CLERICAL AMENDMENT.**

22 *Title III of the United States Leadership Against HIV/*  
23 *AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.*  
24 *7631 et seq.) is amended by striking the heading for subtitle*  
25 *B and inserting the following:*

1 **“Subtitle B—Assistance for Women,**  
2 **Children, and Families”.**

3 **SEC. 307. REQUIREMENTS.**

4 *Section 312(b) of the United States Leadership*  
5 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*  
6 *(22 U.S.C. 7652(b)) is amended by striking paragraphs (1),*  
7 *(2), and (3) and inserting the following:*

8 *“(1) establish a target for the prevention and*  
9 *treatment of mother-to-child transmission of HIV*  
10 *that, by 2013, will reach at least 80 percent of preg-*  
11 *nant women in those countries most affected by HIV/*  
12 *AIDS in which the United States has HIV/AIDS pro-*  
13 *grams;*

14 *“(2) establish a target that, by 2013, the propor-*  
15 *tion of children receiving care and treatment under*  
16 *this Act is proportionate to their numbers within the*  
17 *population of HIV infected individuals in each coun-*  
18 *try;*

19 *“(3) integrate care and treatment with preven-*  
20 *tion of mother-to-child transmission of HIV programs*  
21 *to improve outcomes for HIV-affected women and*  
22 *families as soon as is feasible and support strategies*  
23 *that promote successful follow-up and continuity of*  
24 *care of mother and child;*

1           “(4) expand programs designed to care for chil-  
2           dren orphaned by, affected by, or vulnerable to HIV/  
3           AIDS;

4           “(5) ensure that women in prevention of mother-  
5           to-child transmission of HIV programs are provided  
6           with, or referred to, appropriate maternal and child  
7           services; and

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

14 **SEC. 308. ANNUAL REPORT ON PREVENTION OF MOTHER-**  
15 **TO-CHILD TRANSMISSION OF HIV.**

16          Section 313(a) of the United States Leadership  
17          Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003  
18          (22 U.S.C. 7653(a)) is amended by striking “5 years” and  
19          inserting “10 years”.

20 **SEC. 309. PREVENTION OF MOTHER-TO-CHILD TRANS-**  
21 **MISSION EXPERT PANEL.**

22          Section 312 of the United States Leadership Against  
23          HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
24          U.S.C. 7652) is amended by adding at the end the following:

1       “(c) *PREVENTION OF MOTHER-TO-CHILD TRANS-*  
2 *MISSION EXPERT PANEL.*—

3               “(1) *ESTABLISHMENT.*—*The Global AIDS Coor-*  
4 *ordinator shall establish a panel of experts to be known*  
5 *as the Prevention of Mother-to-Child Transmission*  
6 *Panel (referred to in this subsection as the ‘Panel’)*  
7 *to—*

8                       “(A) *provide an objective review of activi-*  
9 *ties to prevent mother-to-child transmission of*  
10 *HIV; and*

11                      “(B) *provide recommendations to the Global*  
12 *AIDS Coordinator and to the appropriate com-*  
13 *mittees of Congress for scale-up of mother-to-*  
14 *child transmission prevention services under this*  
15 *Act in order to achieve the target established in*  
16 *subsection (b)(1).*

17               “(2) *MEMBERSHIP.*—*The Panel shall be con-*  
18 *vened and chaired by the Global AIDS Coordinator,*  
19 *who shall serve as a nonvoting member. The Panel*  
20 *shall consist of not more than 15 members (excluding*  
21 *the Global AIDS Coordinator), to be appointed by the*  
22 *Global AIDS Coordinator not later than 1 year after*  
23 *the date of the enactment of this Act, including—*

24                      “(A) *2 members from the Department of*  
25 *Health and Human Services with expertise re-*

1           *lating to the prevention of mother-to-child trans-*  
2           *mission activities;*

3           “(B) 2 members from the United States  
4           *Agency for International Development with ex-*  
5           *pertise relating to the prevention of mother-to-*  
6           *child transmission activities;*

7           “(C) 2 representatives from among health  
8           *ministers of national governments of foreign*  
9           *countries in which programs under this Act are*  
10          *administered;*

11          “(D) 3 members representing organizations  
12          *implementing prevention of mother-to-child*  
13          *transmission activities under this Act;*

14          “(E) 2 health care researchers with expertise  
15          *relating to global HIV/AIDS activities; and*

16          “(F) representatives from among patient  
17          *advocate groups, health care professionals, per-*  
18          *sons living with HIV/AIDS, and non-govern-*  
19          *mental organizations with expertise relating to*  
20          *the prevention of mother-to-child transmission*  
21          *activities, giving priority to individuals in for-*  
22          *oreign countries in which programs under this Act*  
23          *are administered.*

24          “(3) DUTIES OF PANEL.—*The Panel shall—*

1           “(A) assess the effectiveness of current ac-  
2           tivities in reaching the target described in sub-  
3           section (b)(1);

4           “(B) review scientific evidence related to the  
5           provision of mother-to-child transmission preven-  
6           tion services, including programmatic data and  
7           data from clinical trials;

8           “(C) review and assess ways in which the  
9           Office of the United States Global AIDS Coordi-  
10          nator collaborates with international and multi-  
11          lateral entities on efforts to prevent mother-to-  
12          child transmission of HIV in affected countries;

13          “(D) identify barriers and challenges to in-  
14          creasing access to mother-to-child transmission  
15          prevention services and evaluate potential mech-  
16          anisms to alleviate those barriers and challenges;

17          “(E) identify the extent to which stigma has  
18          hindered pregnant women from obtaining HIV  
19          counseling and testing or returning for results,  
20          and provide recommendations to address such  
21          stigma and its effects;

22          “(F) identify opportunities to improve link-  
23          ages between mother-to-child transmission pre-  
24          vention services and care and treatment pro-  
25          grams; and

1           “(G) recommend specific activities to facili-  
2           tate reaching the target described in subsection  
3           (b)(1).

4           “(4) REPORT.—

5           “(A) IN GENERAL.—Not later than 1 year  
6           after the date on which the Panel is first con-  
7           vened, the Panel shall submit a report con-  
8           taining a detailed statement of the recommenda-  
9           tions, findings, and conclusions of the Panel to  
10          the appropriate congressional committees.

11          “(B) AVAILABILITY.—The report submitted  
12          under subparagraph (A) shall be made available  
13          to the public.

14          “(C) CONSIDERATION BY COORDINATOR.—  
15          The Coordinator shall—

16               “(i) consider any recommendations  
17               contained in the report submitted under  
18               subparagraph (A); and

19               “(ii) include in the annual report re-  
20               quired under section 104A(f) of the Foreign  
21               Assistance Act of 1961 a description of the  
22               activities conducted in response to the rec-  
23               ommendations made by the Panel and an  
24               explanation of any recommendations not  
25               implemented at the time of the report.

1           “(5) *AUTHORIZATION OF APPROPRIATIONS.*—  
2           *There are authorized to be appropriated to the Panel*  
3           *such sums as may be necessary for each of the fiscal*  
4           *years 2009 through 2011 to carry out this section.*

5           “(6) *TERMINATION.*—*The Panel shall terminate*  
6           *on the date that is 60 days after the date on which*  
7           *the Panel submits the report to the appropriate con-*  
8           *gressional committees under paragraph (4).”.*

9   **TITLE IV—FUNDING**  
10   **ALLOCATIONS**

11           **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

12           (a) *IN GENERAL.*—*Section 401(a) of the United States*  
13           *Leadership Against HIV/AIDS, Tuberculosis, and Malaria*  
14           *Act of 2003 (22 U.S.C. 7671(a)) is amended by striking*  
15           *“\$3,000,000,000 for each of the fiscal years 2004 through*  
16           *2008” and inserting “\$50,000,000,000 for the 5-year period*  
17           *beginning on October 1, 2008”.*

18           (b) *SENSE OF CONGRESS.*—*It is the sense of the Con-*  
19           *gress that the appropriations authorized under section*  
20           *401(a) of the United States Leadership Against HIV/AIDS,*  
21           *Tuberculosis, and Malaria Act of 2003, as amended by sub-*  
22           *section (a), should be allocated among fiscal years 2009*  
23           *through 2013 in a manner that allows for the appropria-*  
24           *tions to be gradually increased in a manner that is con-*  
25           *sistent with program requirements, absorptive capacity,*



1 *and priorities set forth in such Act, as amended by this*  
2 *Act.*

3 **SEC. 402. SENSE OF CONGRESS.**

4 *Section 402(b) of the United States Leadership*  
5 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*  
6 *(22 U.S.C. 7672(b)) is amended by striking “an effective*  
7 *distribution of such amounts would be” and all that follows*  
8 *through “10 percent of such amounts” and inserting “10*  
9 *percent should be used”.*

10 **SEC. 403. ALLOCATION OF FUNDS.**

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

14 *(1) by amending subsection (a) to read as fol-*  
15 *lows:*

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

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

19 *“(A) provide balanced funding for preven-*  
20 *tion activities for sexual transmission of HIV/*  
21 *AIDS; and*

22 *“(B) ensure that behavioral change pro-*  
23 *grams, including abstinence, delay of sexual*  
24 *debut, monogamy, fidelity, and partner reduc-*  
25 *tion, are implemented and funded in a meaning-*

1 *ful and equitable way in the strategy for each*  
2 *host country based on objective epidemiological*  
3 *evidence as to the source of infections and in*  
4 *consultation with the government of each host*  
5 *country involved in HIV/AIDS prevention activi-*  
6 *ties.*

7 *“(2) PREVENTION STRATEGY.—*

8 *“(A) ESTABLISHMENT.—In carrying out*  
9 *paragraph (1), the Global AIDS Coordinator*  
10 *shall establish a HIV sexual transmission pre-*  
11 *vention strategy governing the expenditure of*  
12 *funds authorized under this Act to prevent the*  
13 *sexual transmission of HIV in any host country*  
14 *with a generalized epidemic.*

15 *“(B) REPORT.—In each host country de-*  
16 *scribed in subparagraph (A), if the strategy es-*  
17 *tablished under subparagraph (A) provides less*  
18 *than 50 percent of the funds described in sub-*  
19 *paragraph (A) for behavioral change programs,*  
20 *including abstinence, delay of sexual debut, mo-*  
21 *nogamy, fidelity, and partner reduction, the*  
22 *Global AIDS Coordinator shall, not later than*  
23 *30 days after the issuance of this strategy, report*  
24 *to the appropriate congressional committees on*  
25 *the justification for this decision.*

1           “(3) *EXCLUSION.*—*Programs and activities that*  
2           *implement or purchase new prevention technologies or*  
3           *modalities, such as medical male circumcision, pre-*  
4           *exposure pharmaceutical prophylaxis to prevent*  
5           *transmission of HIV, or microbicides and programs*  
6           *and activities that provide counseling and testing for*  
7           *HIV or prevent mother-to-child prevention of HIV,*  
8           *shall not be included in determining compliance with*  
9           *paragraph (2).*

10           “(4) *REPORT.*—*Not later than 1 year after the*  
11           *date of the enactment of the Tom Lantos and Henry*  
12           *J. Hyde United States Global Leadership Against*  
13           *HIV/AIDS, Tuberculosis, and Malaria Reauthoriza-*  
14           *tion Act of 2008, and annually thereafter as part of*  
15           *the annual report required under section 104A(e) of*  
16           *the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-*  
17           *2(e)), the President shall—*

18                   “(A) *submit a report on the implementation*  
19                   *of paragraph (2) for the most recently concluded*  
20                   *fiscal year to the appropriate congressional com-*  
21                   *mittees; and*

22                   “(B) *make the report described in subpara-*  
23                   *graph (A) available to the public.”; and*  
24                   *(2) in subsection (b)—*

1                   (A) by striking “fiscal years 2006 through  
2                   2008” and inserting “fiscal years 2009 through  
3                   2013”; and

4                   (B) by striking “vulnerable children affected  
5                   by” and inserting “other children affected by, or  
6                   vulnerable to,”.



Calendar No. 698

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

**S. 2731**

[Report No. 110-325]

---

---

## **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.

---

---

APRIL 15, 2008

Reported with an amendment