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(Original Signature of Member)

110TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

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

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IN THE HOUSE OF REPRESENTATIVES

Mr. LANTOS introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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**A BILL**

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

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

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

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

1 (b) TABLE OF CONTENTS.—The table of contents for  
2 this Act is as follows:

- Sec. 1. Short title and table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of a comprehensive, five-year, global strategy.
- Sec. 102. HIV/AIDS Response Coordinator.

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

- Sec. 201. Sense of Congress on public-private partnerships.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Voluntary contributions to international vaccine funds.
- Sec. 204. Microbicide research for preventing transmission of HIV and other diseases.
- Sec. 205. Plan to combat HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of host countries.

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. Health care partnerships to combat HIV/AIDS.
- Sec. 305. Amendment to the Immigration and Nationality Act.

Subtitle B—Assistance for Women, Children, and Families

- Sec. 311. Policy and requirements.
- Sec. 312. Annual reports on prevention of mother-to-child transmission of the HIV infection.
- Sec. 313. Strategy to prevent HIV infections among women and youth.
- Sec. 314. Clerical amendment.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

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

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH  
CARE SYSTEMS

- Sec. 501. Sustainability and strengthening of health care systems.
- Sec. 502. Clerical amendment.



1 world region. While prevalence rates are relatively  
2 low in Eastern Europe, Central Asia, South and  
3 Southeast Asia, and Latin America, without effective  
4 prevention strategies, HIV prevalence rates could  
5 rise quickly in these regions.

6 “(33) By world region, according to UNAIDS’  
7 2007 global estimates—

8 “(A) in sub-Saharan Africa, there were  
9 22.5 million adults and children infected with  
10 HIV, up from 20.9 million in 2001, with 1.7  
11 million new HIV infections, a 5 percent preva-  
12 lence rate, and 1.6 million deaths;

13 “(B) in South and Southeast Asia, there  
14 were 4 million adults and children infected with  
15 HIV, up from 3.5 million in 2001, with  
16 340,000 new HIV infections, a 0.3 percent  
17 prevalence rate, and 270,000 deaths;

18 “(C) in East Asia, there were 800,000  
19 adults and children infected with HIV, up from  
20 420,000 in 2001, with 92,000 new HIV infec-  
21 tions, a 0.1 percent prevalence rate, and 32,000  
22 deaths;

23 “(D) in Eastern and Central Europe, there  
24 were 1.6 million adults and children infected  
25 with HIV, up from 630,000 in 2001, with

1           150,000 new HIV infections, a 0.9 percent  
2           prevalence rate, and 55,000 deaths; and

3           “(E) in the Caribbean, there were 230,000  
4           adults and children infected with HIV, up from  
5           190,000 in 2001, with 17,000 new HIV infec-  
6           tions, a 1 percent prevalence rate, and 11,000  
7           deaths.

8           “(34) Tuberculosis is the number one killer of  
9           individuals with HIV/AIDS and is responsible for up  
10          to one-half of HIV/AIDS deaths in Africa.

11          “(35) The wide extent of drug resistant tuber-  
12          culosis, including both multi-drug resistant tuber-  
13          culosis (MDR-TB) and extensively drug resistant  
14          tuberculosis (XDR-TB), driven by the HIV/AIDS  
15          pandemic in sub-Saharan Africa, has hampered both  
16          HIV/AIDS and tuberculosis treatment services. The  
17          World Health Organization (WHO) has declared the  
18          prevalence of tuberculosis to be at emergency levels  
19          in sub-Saharan Africa.

20          “(36) Forty percent of the world’s population,  
21          mostly poor, live in malarial zones, and malaria,  
22          which is highly preventable, kills more than 1 million  
23          individuals worldwide each year. Ninety percent of  
24          malaria’s victims are in sub-Saharan Africa and 70  
25          percent of malaria’s victims are children under the

1 age of 5. Additionally, hunger and malnutrition kill  
2 another 6 million individuals worldwide each year.

3 “(37) Assistance to combat HIV/AIDS must  
4 address the nutritional factors associated with the  
5 disease in order to be effective and sustainable. The  
6 World Food Program estimates that 6,400,000 indi-  
7 viduals affected by HIV will need nutritional support  
8 by 2008.

9 “(38) Women and girls continue to be vulner-  
10 able to HIV, in large part, due to gender-based cul-  
11 tural norms that leave many women and girls power-  
12 less to negotiate social relationships.

13 “(39) Women make up 50 percent of individ-  
14 uals infected with HIV worldwide. In sub-Saharan  
15 Africa, where the HIV/AIDS epidemic is most se-  
16 vere, women make up 57 percent of individuals in-  
17 fected with HIV, and 75 percent of young people in-  
18 fected with HIV in sub-Saharan Africa are young  
19 women ages 15 to 24.

20 “(40) Women and girls are biologically, socially,  
21 and economically more vulnerable to HIV infection.  
22 Gender disparities in the rate of HIV infection are  
23 the result of a number of factors, including the fol-  
24 lowing:

1           “(A) Cross generational sex with older men  
2           who are more likely to be infected with HIV,  
3           and a lack of choice regarding when and whom  
4           to marry, leading to early marriages and high  
5           rates of child marriages with older men. About  
6           one-half of all adolescent females in sub-Saha-  
7           ran Africa and two-thirds of adolescent females  
8           in Asia are married by age 18.

9           “(B) Research shows that married girls  
10          are more likely to have unprotected sex and  
11          have far more frequent sex than their unmar-  
12          ried peers, indicating that marriage cannot nec-  
13          essarily be considered a protective factor  
14          against HIV infection.

15          “(C) Studies show that married women  
16          and married and unmarried adolescent females  
17          often are unable to negotiate the frequency and  
18          timing of sexual intercourse, ensure their part-  
19          ner’s faithfulness, or insist on condom use.  
20          Under these circumstances, women often run  
21          the risk of being infected by husbands or male  
22          partners in societies where it is common or ac-  
23          cepted for men in relationships to have more  
24          than one partner.

1           “(D) Social and economic inequalities  
2 based largely on gender limit access for women  
3 and girls to education and employment opportu-  
4 nities and prevent them from asserting their in-  
5 heritance and property rights. For many  
6 women, a lack of independent economic means  
7 combine with socio-cultural practices to sustain  
8 and exacerbate their fear of abandonment, evic-  
9 tion, or ostracism from their homes and com-  
10 munities, and can leave many more women  
11 trapped within relationships where they are vul-  
12 nerable to HIV infection.

13           “(E) A lack of educational opportunities  
14 for women and girls are linked to younger sex-  
15 ual debut, earlier childhood marriage, earlier  
16 childbearing, decreased child survival, wors-  
17 ening nutrition, and increased risk of HIV in-  
18 fection.

19           “(F) High rates of gender-based violence,  
20 rape, and sexual coercion within and outside  
21 marriage contribute to high rates of HIV infec-  
22 tion. According to the World Health Organiza-  
23 tion, between one-sixth and three-quarters of  
24 women in various countries and settings have  
25 experienced some form of physical or sexual vio-

1           lence since the age of 15 within or outside of  
2           marriage. Women who are unable to protect  
3           themselves from such violence are often unable  
4           to protect themselves from being infected with  
5           HIV through forced sexual contact.

6           “(G) Fear of domestic violence and the  
7           continuing stigma and discrimination associated  
8           with HIV/AIDS prevents many women from ac-  
9           cessing information about HIV/AIDS, getting  
10          tested, disclosing their HIV status, accessing  
11          services to prevent mother-to-child transmission  
12          of HIV, or receiving treatment and counseling  
13          even when they already know they have been in-  
14          fected with HIV.

15          “(H) According to UNAIDS, the vulner-  
16          ability of individuals involved in commercial sex  
17          acts to HIV infection is heightened by stig-  
18          matization and marginalization, limited eco-  
19          nomic options, limited access to health, social,  
20          and legal services, limited access to information  
21          and prevention means, gender-related dif-  
22          ferences and inequalities, sexual exploitation  
23          and trafficking, harmful or non-protective laws  
24          and policies, and exposure to risks associated

1 with commercial sex acts, such as violence, sub-  
2 stance use, and increased mobility.

3 “(I) Lack of access to basic HIV preven-  
4 tion information, education, and services, and  
5 lack of coordination with existing women’s re-  
6 productive health services to reduce stigma and  
7 maximize coverage.

8 “(J) Lack of access to currently available  
9 female-controlled HIV prevention methods, such  
10 as the female condom, and lack of training on  
11 proper use of either male or female condoms.

12 “(K) High rates of other sexually trans-  
13 mitted infections, unintended pregnancies, and  
14 complications during pregnancies and child-  
15 birth.

16 “(L) An absence of functioning legal  
17 frameworks to protect women and girls and,  
18 where such frameworks exist, the lack of ac-  
19 countable and effective enforcement of such  
20 frameworks.

21 “(41) In addition to vulnerabilities to HIV in-  
22 fection, women in sub-Saharan Africa face a 1-in-13  
23 chance of dying in childbirth compared to a 1-in-16  
24 chance in least developed countries worldwide, a 1-

1 in-60 chance in developing countries, and a 1-in-  
2 4,100 chance in developed countries.

3 “(42) Because HIV/AIDS is primarily a sexu-  
4 ally transmitted disease, the dual threats to a wom-  
5 an’s life—HIV and pregnancy—require special at-  
6 tention to protect women’s maternal and women’s  
7 reproductive health.

8 “(43) Unprotected sex within or outside of mar-  
9 riage is the single greatest factor in the transmission  
10 of HIV worldwide and is responsible for 80 percent  
11 of new HIV infections in sub-Saharan Africa.

12 “(44) Multiple randomized controlled trials  
13 have established that male circumcision reduces a  
14 man’s risk of contracting HIV by 60 percent or  
15 more. Twelve acceptability studies have found that  
16 in regions of sub-Saharan Africa where circumcision  
17 is not traditionally practiced, a majority of men  
18 want the procedure. Broader availability of male cir-  
19 cumcision services could prevent millions of HIV in-  
20 fections not only in men but also in their female  
21 partners.

22 “(45)(A) Youth also face particular challenges  
23 in receiving services for HIV/AIDS.

24 “(B) Nearly one-half of all orphans who have  
25 lost one parent and two-thirds of those who have lost

1 both parents are ages 12 to 17. These orphans are  
2 in particular need of services to protect themselves  
3 against sexually-transmitted infections, including  
4 HIV.

5 “(C) Research indicates that many youth ben-  
6 efit from full disclosure of medically accurate, age-  
7 appropriate information about abstinence, partner  
8 reduction, and condoms. Providing comprehensive  
9 information about HIV, including delay of sexual  
10 debut and the ABC model: ‘Abstain, Be faithful, use  
11 Condoms’, and linking such information to health  
12 care can help improve awareness of safe sex prac-  
13 tices and address the fact that only 1 in 3 young  
14 men and 1 in 5 young women ages 15 to 24 can cor-  
15 rectly identify ways to prevent HIV infection.

16 “(D) Surveys indicate that no country has suc-  
17 ceeded in fully educating more than one-half of its  
18 youth about the prevention and transmission of  
19 HIV.

20 “(46) According to the United Nations High  
21 Commissioner for Refugees (UNHCR), HIV/AIDS  
22 prevalence rates among refugees are generally lower  
23 than the HIV/AIDS prevalence rates for their host  
24 communities, though perceptions run counter to this  
25 fact. However, refugees in camps often face vulner-

1 ability to HIV infection as a result of sexual exploi-  
2 tation by peacekeepers with HIV/AIDS. Host coun-  
3 tries generally do not provide HIV/AIDS prevention,  
4 treatment, and care services for refugees.

5 “(47) Continuing progress to reach the millions  
6 of poor individuals who need voluntary testing, coun-  
7 seling, treatment, and care for HIV/AIDS requires  
8 increased efforts to strengthen health care delivery  
9 systems and infrastructure, rebuild and expand the  
10 health care workforce, and strengthen allied and  
11 support services in countries receiving United States  
12 global HIV/AIDS assistance.

13 “(48) While HIV/AIDS poses the greatest  
14 health threat of modern times, it also poses the  
15 greatest development challenge for developing coun-  
16 tries with fragile economies and weak public finan-  
17 cial management systems that are ill equipped to  
18 shoulder the burden of this disease. International  
19 donors will have to play a critical role in providing  
20 resources for HIV/AIDS programs far into the fu-  
21 ture.

22 “(49) The emerging partnerships between coun-  
23 tries most affected by HIV/AIDS and the United  
24 States must include stronger coordination between  
25 HIV/AIDS programs and other United States for-

1       eign assistance programs, and stronger collaboration  
2       with other donors in the areas of economic develop-  
3       ment and growth strategies.

4               “(50) The future control of HIV/AIDS de-  
5       mands coordination between international organiza-  
6       tions such as the Global Fund to Fight AIDS, Tu-  
7       berculosis and Malaria, UNAIDS, the World Health  
8       Organization (WHO), the World Bank and the  
9       International Monetary Fund (IMF), the inter-  
10      national donor community, national governments,  
11      and private sector organizations, including commu-  
12      nity and faith-based organizations.

13              “(51) The future control of HIV/AIDS further  
14      requires effective and transparent public finance  
15      management systems in developing countries to ad-  
16      vance the ability of such countries to manage public  
17      revenues and donor funds aimed at combating HIV/  
18      AIDS and other diseases.

19              “(52) The HIV/AIDS pandemic contributes to  
20      the shortage of health care personnel through loss of  
21      life and illness, unsafe working conditions, increased  
22      workloads for diminished staff, and resulting stress  
23      and burnout, while the shortage of health care per-  
24      sonnel undermines efforts to prevent and provide  
25      care and treatment for individuals with HIV/AIDS.

1           “(53) The shortage of health care personnel, in-  
2           cluding doctors, nurses, pharmacists, counselors, lab-  
3           oratory staff, paraprofessionals, trained lay workers,  
4           and researchers is one of the leading obstacles to  
5           combating HIV/AIDS in sub-Saharan Africa.

6           “(54) Since 2003, important progress has been  
7           made in combating HIV/AIDS, yet there is more to  
8           be done. The number of new HIV infections is still  
9           increasing at an alarming rate. According to the  
10          United States National Institute of Allergy and In-  
11          fectious Diseases, globally, for every 1 individual put  
12          on antiretroviral therapy, 6 individuals are newly in-  
13          fected with HIV.

14          “(55) The United States Government continues  
15          to be the world’s leader in the fight against HIV/  
16          AIDS and the unsurpassed partner with developing  
17          countries in their efforts to control this disease.

18          “(56) By September 2007, the United States,  
19          through the United States Leadership Against HIV/  
20          AIDS, Tuberculosis, and Malaria Act of 2003 (22  
21          U.S.C. 7601 et seq.), had provided services to pre-  
22          vent mother-to-child-transmission of HIV to women  
23          during 10,000,000 pregnancies; provided  
24          antiretroviral prophylaxis for women during over  
25          827,300 pregnancies; prevented an estimated

1 157,240 HIV infections in infants; cared for nearly  
2 over 6.6 million individuals, including over 2.7 mil-  
3 lion orphans and vulnerable children; supported life-  
4 saving antiretroviral therapies for approximately  
5 1,358,500 men, women, and children in sub-Saharan  
6 Africa, Asia, and the Carribean; and provided coun-  
7 seling and testing to over 33.7 million men, women,  
8 and children in developing countries.

9 “(57) These numbers were achieved because of  
10 the commitment of substantial resources and sup-  
11 port of the United States Government to our part-  
12 ners on the front lines—the dedicated and com-  
13 mitted women and men, communities, and nations  
14 who are taking control of the HIV/AIDS epidemics  
15 in their own countries.”

16 **SEC. 3. DEFINITIONS.**

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

20 (1) in paragraph (2), by striking “Committee  
21 on International Relations” and inserting “Com-  
22 mittee on Foreign Affairs”; and

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

24 “(7) WOMEN’S REPRODUCTIVE HEALTH.—The  
25 term ‘women’s reproductive health’ means medical

1 care in furtherance of pregnancy and childbirth, pre-  
2 ventative gynecological treatment and testing for  
3 women with healthy reproductive systems, including  
4 contraception safety and efficacy, and the diagnosis,  
5 treatment, and prevention of infections and diseases  
6 that affect the female reproductive system.”.

7 **SEC. 4. PURPOSE.**

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

11 **“SEC. 4. PURPOSE.**

12 “The purpose of this Act is to strengthen and en-  
13 hance United States global leadership and the effective-  
14 ness of the United States response to the HIV/AIDS, tu-  
15 berculosis, and malaria pandemics and other related and  
16 preventable infectious diseases in developing countries  
17 by—

18 “(1) establishing a comprehensive, integrated  
19 five-year, global strategy to fight HIV/AIDS, tuber-  
20 culosis, and malaria that encompasses a plan for  
21 continued expansion and coordination of critical pro-  
22 grams and improved coordination among relevant  
23 executive branch agencies and between the United  
24 States and foreign governments and international  
25 organizations;

1           “(2) providing increased resources for United  
2 States bilateral efforts to combat HIV/AIDS, tuber-  
3 culosis, and malaria, particularly for prevention,  
4 treatment, and care (including nutritional support),  
5 technical assistance and training, the strengthening  
6 of health care systems, health care workforce devel-  
7 opment, monitoring and evaluations systems, and  
8 operations research;

9           “(3) providing increased resources for multilat-  
10 eral efforts to combat HIV/AIDS, tuberculosis, and  
11 malaria;

12           “(4) encouraging the expansion of private sec-  
13 tor efforts and expanding public-private sector part-  
14 nerships to combat HIV/AIDS; and

15           “(5) intensifying efforts to support the develop-  
16 ment of vaccines, microbicides, and other prevention  
17 technologies and improved diagnostics treatment for  
18 HIV/AIDS, tuberculosis, and malaria.”.

## 19 **TITLE I—POLICY PLANNING AND** 20 **COORDINATION**

### 21 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-** 22 **YEAR, GLOBAL STRATEGY.**

23           (a) STRATEGY.—Subsection (a) of section 101 of the  
24 United States Leadership Against HIV/AIDS, Tuber-

1 culosis, and Malaria Act of 2003 (22 U.S.C. 7611) is  
2 amended—

3 (1) in the first sentence of the matter preceding  
4 paragraph (1), by striking “to combat” and insert-  
5 ing “to develop efforts further to combat”;

6 (2) by amending paragraph (4) to read as fol-  
7 lows:

8 “(4) provide that the reduction of HIV/AIDS  
9 behavioral risks shall be a priority of all prevention  
10 efforts in terms of funding, scientifically-accurate  
11 educational services, and activities by—

12 “(A) designing prevention strategies and  
13 programs based on sound epidemiological evi-  
14 dence, tailored to the unique needs of each  
15 country and community, and reaching those  
16 populations found to be most at risk for acquir-  
17 ing HIV infection;

18 “(B) promoting abstinence from sexual ac-  
19 tivity and substance abuse;

20 “(C) encouraging delay of sexual debut,  
21 monogamy, fidelity, and partner reduction;

22 “(D) promoting the effective use of male  
23 and female condoms;

24 “(E) promoting the use of safe-sex prac-  
25 tices for discordant couples (where one indi-

1           vidual has HIV/AIDS and the other individual  
2           does not have HIV/AIDS or whose status is un-  
3           known);

4           “(F) educating men and boys about the  
5           risks of procuring sex commercially and about  
6           the need to end violent behavior toward women  
7           and girls;

8           “(G) promoting the rapid expansion of safe  
9           and voluntary male circumcision services;

10          “(H) promoting life skills training and de-  
11          velopment and age appropriate education about  
12          sexual and women’s reproductive health for  
13          children and youth;

14          “(I) supporting advocacy for child and  
15          youth community-based protective social serv-  
16          ices;

17          “(J) eradicating trafficking in persons and  
18          creating alternatives to prostitution;

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

23          “(L) promoting services demonstrated to  
24          be effective in reducing the transmission of HIV

1 infection among injection drug users without in-  
2 creasing drug use; and

3 “(M) promoting policies and programs to  
4 end the sexual exploitation of and violence  
5 against women and children;’”;

6 (3) by redesignating paragraphs (5) through  
7 (10) as paragraphs (6) through (11), respectively;

8 (4) by inserting after paragraph (4) (as amend-  
9 ed by paragraph (2) of this subsection) the fol-  
10 lowing:

11 “(5) include specific plans for linkage and refer-  
12 ral systems and, where necessary, initial financing,  
13 for—

14 “(A) nutrition and food support for indi-  
15 viduals with HIV/AIDS and affected commu-  
16 nities;

17 “(B) specific plans for linkages with child  
18 health services and development programs;

19 “(C) HIV/AIDS prevention and treatment  
20 services for injection drug users;

21 “(D) family planning and women’s health  
22 services; and

23 “(E) medical, social, and legal services for  
24 victims of violence;”;

1           (5) by redesignating paragraphs (10) and (11)  
2           (as redesignated by paragraph (3) of this sub-  
3           section) as paragraphs (11) and (12), respectively;  
4           and

5           (6) by inserting after paragraph (9) (as redesign-  
6           ated by paragraph (3) of this subsection) the fol-  
7           lowing:

8           “(10) maximize host country capacities in train-  
9           ing and research, particularly operations research;”.

10          (b) REPORT.—Subsection (b) of such section is  
11          amended—

12           (1) in paragraph (1), by striking “this Act” and  
13           inserting “the United States Global Leadership  
14           Against HIV/AIDS, Tuberculosis, and Malaria Re-  
15           authorization Act of 2008”; and

16           (2) in paragraph (3)—

17           (A) by amending subparagraph (C) to read  
18           as follows:

19           “(C) A description of the manner in which  
20           the strategy will address the following:

21           “(i) The fundamental elements of pre-  
22           vention and education, care and treatment,  
23           including increasing access to pharma-  
24           ceuticals, vaccines, and microbicides, as  
25           they become available, screening, prophy-

1 laxis, and treatment of major opportunistic  
2 infections, including tuberculosis, and in-  
3 creasing access to nutrition and food for  
4 individuals on antiretroviral therapies.

5 “(ii) The promotion of delay of sexual  
6 debut, abstinence, monogamy, fidelity, and  
7 partner reduction.

8 “(iii) The promotion of correct and  
9 consistent use of male and female condoms  
10 and other strategies and skills development  
11 to support the practices of safe sex.

12 “(iv) Increasing voluntary access to  
13 safe male circumcision services.

14 “(v) Life-skills training.

15 “(vi) The provision of information and  
16 services to encourage young people to delay  
17 sexual debut and ensure access to HIV/  
18 AIDS prevention information and services.

19 “(vii) Prevention of sexual violence  
20 leading to transmission of HIV and assist-  
21 ance for victims of violence who are at risk  
22 of HIV transmission.

23 “(viii) HIV/AIDS prevention, care,  
24 and treatment services for injection drug  
25 users.

1                   “(ix) Research, including incentives  
2                   for HIV vaccine development and new pro-  
3                   tocols.

4                   “(x) Advocacy for community-based  
5                   child and youth protective services. Re-  
6                   search, including incentives for vaccine de-  
7                   velopment and new protocols.

8                   “(xi) Training of health care workers.

9                   “(xii) The development of health care  
10                  infrastructure and delivery systems.

11                  “(xiii) Prevention efforts for sub-  
12                  stance abusers.

13                  “(xiv) Prevention and outreach efforts  
14                  for men who have sex with men.”;

15                  (B) in subparagraph (E), by inserting “ac-  
16                  cess to family planning and maternal and wom-  
17                  en’s reproductive health services and” after  
18                  “the unique needs of women, including”;

19                  (C) in subparagraph (F), by inserting “(in-  
20                  cluding by accessing voluntary clinical circumci-  
21                  sion services)” after “in their sexual behavior”;

22                  (D) in subparagraph (G), by inserting  
23                  “and men’s” after “women’s”;

1 (E) by redesignating subparagraphs (M)  
2 through (W) as subparagraphs (N) through  
3 (X);

4 (F) by inserting after subparagraph (L)  
5 the following:

6 “(M) A description of efforts to be under-  
7 taken to strengthen the public finance manage-  
8 ment systems of selected host countries to en-  
9 sure transparent, efficient, and effective man-  
10 agement of national and donor financial invest-  
11 ments in health.”;

12 (G) in subparagraph (O) (as redesignated  
13 by subparagraph (E) of this paragraph), by  
14 striking “evaluating programs,” and inserting  
15 “evaluating programs to ensure medical accu-  
16 racy, operations research,”;

17 (H) in subparagraph (Q) (as redesignated  
18 by subparagraph (E) of this paragraph), by in-  
19 serting “, strengthen national health care deliv-  
20 ery systems, and increase national health work-  
21 force capacities,” after “HIV/AIDS pandemic”;

22 (I) in subparagraph (R) (as redesignated  
23 by subparagraph (E) of this paragraph), by in-  
24 serting at the end before the period the fol-  
25 lowing: “, including strategies relating to agri-

1 cultural development, trade and economic  
2 growth, and education”;

3 (J) in subparagraph (T) (as redesignated  
4 by subparagraph (E) of this paragraph), by in-  
5 serting “efforts of intergenerational caregivers  
6 and” after “, including”;

7 (K) by redesignating subparagraphs (V)  
8 through (X) (as redesignated by subparagraph  
9 (E) of this paragraph), as subparagraphs (W)  
10 through (Y), respectively;

11 (L) by inserting after subparagraph (U)  
12 (as redesignated by subparagraph (E) of this  
13 paragraph) the following:

14 “(V) A plan to strengthen and implement  
15 health care workforce strategies to enable coun-  
16 tries to increase the supply and retention of all  
17 cadres of trained professional and paraprofes-  
18 sional health care workers by numbers that  
19 move toward global health program needs and  
20 toward targets established by the World Health  
21 Organization, while enabling health systems to  
22 expand coverage consistent with national and  
23 international targets and goals.”; and

1 (M) by striking subparagraph (Y) (as re-  
2 designated by subparagraphs (E) and (K) of  
3 this paragraph) and inserting the following:

4 “(Y) A description of the specific strate-  
5 gies, developed in coordination with existing  
6 population and women’s reproductive health  
7 programs, to prevent mother-to-child trans-  
8 mission of HIV through voluntary contraceptive  
9 use among HIV-positive women, including the  
10 extent to which HIV-positive women and men  
11 in treatment, care, and support programs and  
12 HIV-negative women and men are counseled  
13 about voluntary family planning and about the  
14 means and methods of negotiating safe sex; the  
15 extent to which HIV prevention, women’s repro-  
16 ductive health, and contraceptive methods are  
17 provided onsite or by referral in treatment,  
18 care, and support programs; strategies to en-  
19 sure that contraceptive services are voluntary;  
20 and the extent of women’s reproductive health  
21 and family planning training among HIV serv-  
22 ice providers.

23 “(Z) A description of the specific strategies  
24 developed to maximize the capacity of health  
25 care and family planning providers to ensure

1 access to necessary and comprehensive informa-  
2 tion about reducing sexual transmission of HIV  
3 among women, men, and young people.

4 “(AA) A strategy to work with inter-  
5 national and host country partners toward uni-  
6 versal access to HIV/AIDS prevention, treat-  
7 ment, and care programs.”.

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

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

12 (1) in subparagraph (A)—

13 (A) in the matter preceding clause (i), by  
14 inserting “, host country finance, health, and  
15 other relevant ministries” after “community-  
16 based organizations”;

17 (B) in clause (iii), by inserting “and host  
18 country finance, health, and other relevant min-  
19 istries” after “community-based organiza-  
20 tions”;

21 (2) in subparagraph (B)(ii)—

22 (A) by striking subclauses (IV) and (V)  
23 and inserting the following:

24 “(IV) Establishing an inter-  
25 agency working group on HIV/AIDS

1 that is comprised of, but not limited  
2 to, representatives from the United  
3 States Agency for International Devel-  
4 opment, the Department of Health  
5 and Human Services (including the  
6 Centers for Disease Control and Pre-  
7 vention, the National Institutes of  
8 Health, and the Health Resources and  
9 Services Administration), the Depart-  
10 ment of Labor, the Department of  
11 Agriculture, the Millennium Challenge  
12 Corporation, the Department of De-  
13 fense, and the Office of the Coordi-  
14 nator of United States Government  
15 Activities to Combat Malaria Globally,  
16 for the purposes of coordination of ac-  
17 tivities relating to HIV/AIDS. The  
18 interagency working group shall—

19 “(aa) meet regularly to re-  
20 view progress in host countries  
21 toward HIV/AIDS prevention,  
22 treatment, and care objectives;

23 “(bb) participate in the  
24 process of identifying countries in  
25 need of increased assistance

1 based on the epidemiology of  
2 HIV/AIDS in those countries;  
3 and

4 “(cc) review policies that  
5 may be obstacles to reaching ob-  
6 jectives set forth for HIV/AIDS  
7 prevention, treatment, and care.

8 “(V) Coordinating overall United  
9 States HIV/AIDS policy and pro-  
10 grams with efforts led by host coun-  
11 tries and with the assistance provided  
12 by other relevant bilateral and multi-  
13 lateral aid agencies and other donor  
14 institutions to achieve  
15 complementarity with other programs  
16 aimed at improving primary health,  
17 and food security, promoting edu-  
18 cation, and strengthening health care  
19 systems.”;

20 (B) by redesignating subclauses (VII) and  
21 VIII) as subclauses (IX) and (X), respectively;

22 (C) by inserting after subclause (VI) the  
23 following:

24 “(VII) Holding annual consulta-  
25 tions with host country nongovern-

1 mental organizations providing serv-  
2 ices to improve health, and advocating  
3 on behalf of the individuals with HIV/  
4 AIDS and those at particular risk of  
5 contracting HIV/AIDS.

6 “(VIII) Ensuring, through inter-  
7 agency and international coordination,  
8 that United States HIV/AIDS pro-  
9 grams are integrated and complemen-  
10 tary to the delivery of related global  
11 health, food security, and education  
12 services, including—

13 “(aa) basic health services,  
14 such as women’s reproductive  
15 health and maternal and child  
16 health services;

17 “(bb) services for other ne-  
18 glected and easily preventable  
19 and treatable infectious diseases,  
20 such as tuberculosis;

21 “(cc) treatment and care  
22 services for injection drug users;  
23 and

24 “(dd) programs and services  
25 to improve legal, social, and eco-

1                    nomic status of women and  
2                    girls.”;

3                    (D) in subclause (IX) (as redesignated by  
4                    subparagraph (B) of this paragraph)—

5                    (i) by inserting “Vietnam,” after  
6                    “Uganda,”;

7                    (ii) by adding at the end before the  
8                    period the following: “and other countries  
9                    in which the United States is implementing  
10                    HIV/AIDS programs”; and

11                    (iii) by adding at the end the fol-  
12                    lowing: “In designating countries under  
13                    this subclause, the President shall give pri-  
14                    ority to those countries in which there is a  
15                    high prevalence of HIV/AIDS and coun-  
16                    tries with large populations and in which a  
17                    concentrated HIV/AIDS epidemic can be-  
18                    come generalized to the whole popu-  
19                    lation.”;

20                    (E) by redesignating subclause (X) (as re-  
21                    designated by subparagraph (B) of this para-  
22                    graph) as subclause (XII);

23                    (F) by inserting after subclause (IX) (as  
24                    redesignated by subparagraph (B) and amended

1 by subparagraph (D) of this paragraph) the fol-  
2 lowing:

3 “(X) Working, in partnership with  
4 host countries in which the HIV/AIDS epi-  
5 demic is prevalent among injection drug  
6 users, to establish, as a national priority,  
7 national HIV/AIDS prevention programs,  
8 including education, and services dem-  
9 onstrated to be effective in reducing the  
10 transmission of HIV infection among injec-  
11 tion drug users without increasing drug  
12 use.

13 “(XI) Working, in partnership with  
14 host countries in which the HIV/AIDS epi-  
15 demic is prevalent among individuals in-  
16 volved in commercial sex acts, to establish,  
17 as a national priority, national prevention  
18 programs, including education, voluntary  
19 testing, and counseling, and referral sys-  
20 tems that link HIV/AIDS programs with  
21 programs to eradicate trafficking in per-  
22 sons and create alternatives to prostitu-  
23 tion.”;

24 (G) in subclause (XII) (as redesignated by  
25 subparagraphs (B) and (E) of this paragraph),

1 by striking “funds section” and inserting  
2 “funds appropriated pursuant to the authoriza-  
3 tion of appropriations under section 401 of the  
4 United States Leadership Against HIV/AIDS,  
5 Tuberculosis, and Malaria Act of 2003 for HIV/  
6 AIDS assistance”; and

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

8 “(XIII) Publicizing updated drug  
9 pricing data to inform pharmaceutical  
10 procurement partners’ purchasing de-  
11 cisions.”.

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

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

18 Section 201(a) of the United States Leadership  
19 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
20 2003 (22 U.S.C. 7621(a)) is amended—

21 (1) in paragraph (2), by striking “infectious  
22 diseases” and inserting “easily preventable and  
23 treatable infectious diseases”; and

1           (2) in paragraph (4), by striking “infectious  
2           diseases” and inserting “easily preventable and  
3           treatable infectious diseases”.

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

6           (a) FINDINGS.—Subsection (a) of section 202 of the  
7   United States Leadership Against HIV/AIDS, Tuber-  
8   culosis, and Malaria Act of 2003 (22 U.S.C. 7622) is  
9   amended—

10           (1) by redesignating paragraphs (1) through  
11           (3) as paragraphs (7) through (9), respectively; and  
12           (2) by inserting before paragraph (7) (as reded-  
13           ignated by paragraph (1) of this subsection) the fol-  
14           lowing:

15           “(1) The Global Fund to Fight AIDS, Tuber-  
16           culosis and Malaria is the multilateral component of  
17           this Act, extending United States efforts to a total  
18           of 136 countries around the world.

19           “(2) Created in 2002, the Global Fund has  
20           played a leading role in the fight against HIV/AIDS,  
21           tuberculosis, and malaria around the world and has  
22           grown into an organization that currently provides  
23           nearly a quarter of international financing to combat  
24           HIV/AIDS and two-thirds of international financing  
25           to combat tuberculosis and malaria.

1           “(3) By 2010, it is estimated that the demand  
2           for funding by the Global Fund will grow in size to  
3           between \$6 and \$8 billion annually, requiring signifi-  
4           cant contributions from donors around the world, in-  
5           cluding at least \$2 billion annually from the United  
6           States.

7           “(4) The Global Fund is an innovative financ-  
8           ing mechanism to combat HIV/AIDS, tuberculosis,  
9           and malaria, and has made progress in many areas.

10           “(5) The United States Government is the larg-  
11           est supporter of the Global Fund, both in terms of  
12           resources and technical support.

13           “(6) The United States made the initial con-  
14           tribution to the Global Fund and is fully committed  
15           to its success.”.

16           (b) UNITED STATES FINANCIAL PARTICIPATION.—

17           (1) AUTHORIZATION OF APPROPRIATIONS.—

18           Subsection (d)(1) of such section is amended—

19                   (A) by striking “\$1,000,000,000” and in-  
20                   serting “\$2,000,000,000”;

21                   (B) by striking “for the period of fiscal  
22                   year 2004 beginning on January 1, 2004,” and  
23                   inserting “for each of the fiscal years 2009 and  
24                   2010,”; and

1 (C) by striking “the fiscal years 2005–  
2 2008” and inserting “each of the fiscal years  
3 2011 through 2013”.

4 (2) LIMITATION.—Subsection (d)(4) of such  
5 section is amended—

6 (A) in subparagraph (A)—

7 (i) in clause (i), by striking “fiscal  
8 years 2004 through 2008” and inserting  
9 “fiscal years 2009 through 2013”;

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

13 (iii) in clause (vi)—

14 (I) by striking “for purposes”  
15 and inserting “For purposes”;

16 (II) by striking “fiscal years  
17 2004 through 2008” and inserting  
18 “fiscal years 2009 through 2013”;  
19 and

20 (III) by striking “fiscal year  
21 2004” and inserting “fiscal year  
22 2009”;

23 (B) in subparagraph (B)(iv)—

1 (i) by striking “fiscal years 2004  
2 through 2008” and inserting “fiscal years  
3 2009 through 2013”; and

4 (ii) by adding at the end before the  
5 period the following: “, unless such amount  
6 is made available for more than one fiscal  
7 year, in which case such amount is author-  
8 ized to be made available for such purposes  
9 after December 31 of the fiscal year fol-  
10 lowing the fiscal year in which such funds  
11 first became available.”; and

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

15 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**  
16 **NATIONAL VACCINE FUNDS.**

17 (a) VACCINE FUND.—Subsection (k) of section 302  
18 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222)  
19 is amended by striking “fiscal years 2004 through 2008”  
20 and inserting “fiscal years 2009 through 2013”.

21 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—  
22 Subsection (l) of such section is amended by striking “fis-  
23 cal years 2004 through 2008” and inserting “fiscal years  
24 2009 through 2013”.

1 (c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—  
2 Subsection (m) of such section is amended by striking  
3 “fiscal years 2004 through 2008” and inserting “fiscal  
4 years 2009 through 2013”.

5 **SEC. 204. MICROBICIDE RESEARCH FOR PREVENTING**  
6 **TRANSMISSION OF HIV AND OTHER DIS-**  
7 **EASES.**

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

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

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

18 **“(a) FEDERAL STRATEGIC PLAN.—**

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

21 **“(A) expedite the implementation of the**  
22 **Federal strategic plans for the conduct and**  
23 **support of research on and development of a**  
24 **microbicide for use in developing countries to**  
25 **prevent the transmission of the human im-**

1           munodeficiency virus that is safe, effective, and  
2           inexpensive; and

3                   “(B) annually review and, as appropriate,  
4           revise such plan to prioritize funding and activi-  
5           ties relative to their scientific urgency.

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

10                   “(A) the heads of other Federal agencies  
11           involved in microbicide research, including the  
12           Coordinator of United States Government Ac-  
13           tivities to Combat HIV/AIDS Globally, the Di-  
14           rector of the Centers for Disease Control and  
15           Prevention, and the Administrator of the  
16           United States Agency for International Devel-  
17           opment;

18                   “(B) the microbicide research and develop-  
19           ment community; and

20                   “(C) health advocates.

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

1           (c) NATIONAL INSTITUTE OF ALLERGY AND INFEC-  
2 TIOUS DISEASES.—Subpart 6 of part C of title IV of the  
3 Public Health Service Act (42 U.S.C. 285f et seq.) is  
4 amended by adding at the end the following:

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

6           “The Director of the Institute, acting through the  
7 head of the Division of AIDS, shall carry out research on  
8 and development of a microbicide for use in developing  
9 countries to prevent the transmission of the human im-  
10 munodeficiency virus. The Director shall ensure that there  
11 are a sufficient number of employees dedicated to carrying  
12 out such activities.”.

13           (d) CDC.—Part B of title III of the Public Health  
14 Service Act (42 U.S.C. 243 et seq.) is amended by insert-  
15 ing after section 317S the following:

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

17           “(a) IN GENERAL.—The Director of the Centers for  
18 Disease Control and Prevention shall fully implement such  
19 Centers’ microbicide agenda to support research and de-  
20 velopment of microbicides for use in developing countries  
21 to prevent the transmission of the human immuno-  
22 deficiency virus.

23           “(b) AUTHORIZATION OF APPROPRIATION.—There  
24 are authorized to be appropriated such sums as may be

1 necessary for each of fiscal years 2009 through 2013 to  
2 carry out this section.”.

3 (e) UNITED STATES AGENCY FOR INTERNATIONAL  
4 DEVELOPMENT.—

5 (1) IN GENERAL.—The Administrator of the  
6 United States Agency for International Develop-  
7 ment, in coordination with the Coordinator of  
8 United States Government Activities to Combat  
9 HIV/AIDS Globally, shall develop and implement a  
10 program to facilitate widescale availability of  
11 microbicides that prevent the transmission of HIV  
12 after such microbicides are proven safe and effective.

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

1 **SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND**  
2 **MALARIA BY STRENGTHENING HEALTH POLI-**  
3 **CIES AND HEALTH SYSTEMS OF HOST COUN-**  
4 **TRIES.**

5 (a) IN GENERAL.—Title II of the United States  
6 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
7 Act of 2003 (22 U.S.C. 7621 et seq.) is amended by add-  
8 ing at the end the following:

9 **“SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS,**  
10 **AND MALARIA BY STRENGTHENING HEALTH**  
11 **POLICIES AND HEALTH SYSTEMS OF HOST**  
12 **COUNTRIES.**

13 “(a) FINDINGS.—Congress makes the following find-  
14 ings:

15 “(1) One of the most significant barriers to  
16 achieving universal access to HIV/AIDS treatment  
17 and prevention in developing countries is the lack of  
18 health infrastructure, particularly in sub-Saharan  
19 Africa.

20 “(2) In addition to HIV/AIDS programs, other  
21 treatable and preventable infectious diseases could  
22 be treated concurrently and easily if health care de-  
23 livery systems in developing countries were signifi-  
24 cantly improved.

1           “(3) More public investment in basic primary  
2           health care should be a priority in public spending  
3           in developing countries.

4           “(b) STATEMENT OF POLICY.—It shall be the policy  
5           of the United States Government—

6           “(1) to invest appropriate resources authorized  
7           under this Act and the amendments made by this  
8           Act to carry out activities to strengthen HIV/AIDS  
9           health policies and health systems and provide work-  
10          force training and capacity-building consistent with  
11          the goals and objectives of this Act and the amend-  
12          ments made by this Act; and

13          “(2) to support the development of a sound poli-  
14          cy environment in host countries to increase the  
15          ability of such countries to maximize utilization of  
16          health care resources from donor countries, deliver  
17          services to the people of such host countries in an  
18          effective and efficient manner, and reduce barriers  
19          that prevent recipients of services from achieving  
20          maximum benefit from such services.

21          “(c) PLAN REQUIRED.—The Coordinator of United  
22          States Government Activities to Combat HIV/AIDS Glob-  
23          ally, in collaboration with the Administrator of the United  
24          States Agency for International Development, shall de-  
25          velop and implement a plan to combat HIV/AIDS by

1 strengthening health policies and health systems of host  
2 countries as part of the United States Agency for Inter-  
3 national Development's 'Health Systems 2020' project.

4       “(d) ASSISTANCE TO IMPROVE PUBLIC FINANCE  
5 MANAGEMENT SYSTEMS.—

6           “(1) IN GENERAL.—The Secretary of the  
7 Treasury, acting through the head of the Office of  
8 Technical Assistance, is authorized to provide assist-  
9 ance for advisors and host country finance, health,  
10 and other relevant ministries to improve the effec-  
11 tiveness of public finance management systems in  
12 host countries to enable such countries to receive  
13 funding to carry out programs to combat HIV/  
14 AIDS, tuberculosis, and malaria and to manage  
15 such programs.

16           “(2) AUTHORIZATION OF APPROPRIATION.—Of  
17 the amounts authorized to be appropriated under  
18 section 401 for HIV/AIDS assistance, there are au-  
19 thorized to be appropriated to the Secretary of the  
20 Treasury such sums as may be necessary for each  
21 of the fiscal years 2009 through 2013 to carry out  
22 this subsection.”.

23       (b) CLERICAL AMENDMENT.—The table of contents  
24 for the United States Leadership Against HIV/AIDS, Tu-  
25 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)

1 is amended by inserting after the item relating to section  
2 203 the following:

“Sec. 204. Plan to combat HIV/AIDS by strengthening health policies and  
health systems of host countries.”.

3 **TITLE III—BILATERAL EFFORTS**  
4 **Subtitle A—General Assistance and**  
5 **Programs**

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

7 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE  
8 ACT OF 1961.—

9 (1) FINDING.—Subsection (a) of section 104A  
10 of the Foreign Assistance Act of 1961 (22 U.S.C.  
11 2151b–2) is amended by inserting “, South and  
12 Southeast Asia, Central and Eastern Europe” after  
13 “the Caribbean”.

14 (2) POLICY.—Subsection (b) of such section is  
15 amended—

16 (A) in the first sentence—

17 (i) by striking “It is a major” and in-  
18 serting the following:

19 “(1) GENERAL POLICY.—It is a major”;

20 (ii) by striking “control” and insert-  
21 ing “care”; and

22 (iii) by adding at the end before the  
23 period the following: “and to fulfill United  
24 States commitments to move toward the

1 goal of universal access to prevention,  
2 treatment, and care of HIV/AIDS”;

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

4 “The United States and other developed coun-  
5 tries should provide assistance for the preven-  
6 tion, treatment, and care of HIV/AIDS to coun-  
7 tries in sub-Saharan Africa, the Caribbean,  
8 South and Southeast Asia and Central and  
9 Eastern Europe, addressing both generalized  
10 epidemics and epidemics concentrated among  
11 populations at high risk of infection.”; and

12 (C) by further adding at the end the fol-  
13 lowing:

14 “(2) SPECIFIC POLICY.—It is therefore the pol-  
15 icy of the United States, by 2013, to—

16 “(A) prevent 12,000,000 new HIV infec-  
17 tions worldwide;

18 “(B) support treatment of 3,000,000 indi-  
19 viduals with HIV/AIDS;

20 “(C) provide care for 12,000,000 individ-  
21 uals with HIV/AIDS, including 5 million or-  
22 phans with HIV/AIDS; and

23 “(D) train health care professionals and  
24 workers for HIV/AIDS prevention, treatment  
25 and care.”.

1           (3) AUTHORIZATION.—Subsection (c) of such  
2 section is amended—

3           (A) in paragraph (1)—

4                 (i) by inserting “, South and South-  
5 east Asia, Central and Eastern Europe”  
6 after “the Caribbean”; and

7                 (ii) by adding at the end before the  
8 period the following: “, and particularly  
9 with respect to refugee populations in such  
10 countries and areas”;

11           (B) in paragraph (2)—

12                 (i) by inserting “, South and South-  
13 east Asia, Central and Eastern Europe”  
14 after “the Caribbean”; and

15                 (ii) by adding at the end before the  
16 period the following: “, and particularly  
17 with respect to camp-based refugee popu-  
18 lations in such countries and areas”;

19           (C) by redesignating paragraph (3) as  
20 paragraph (4);

21           (D) by inserting after paragraph (2) the  
22 following:

23           “(3) ROLE OF PUBLIC HEALTH CARE DELIVERY  
24 SYSTEMS.—It is the sense of Congress that—

1           “(A) the President should provide an ap-  
2           propriate level of assistance under paragraph  
3           (1) to help strengthen public health care deliv-  
4           ery systems financed by host countries; and

5           “(B) the President, acting through the Co-  
6           ordinator of United States Government Activi-  
7           ties to Combat HIV/AIDS Globally, should sup-  
8           port the development of a policy framework in  
9           such host countries for the long-term sustain-  
10          ability of HIV/AIDS prevention, treatment, and  
11          care programs, and for strengthening health  
12          care delivery systems and increasing health  
13          workforces through recruitment, training, and  
14          policies that allows the devolution of clinical re-  
15          sponsibilities to increase the work force able to  
16          deliver prevention, treatment, and care services,  
17          as necessary, with clearly identified objectives  
18          and reporting strategies for such services.”;

19          (E) in paragraph (4) (as redesignated by  
20          subparagraph (C) of this paragraph), by strik-  
21          ing “foreign countries” and inserting “host  
22          countries and donor countries”; and

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

24          “(5) SENSE OF CONGRESS.—

1           “(A) IN GENERAL.—It is the sense of Con-  
2           gress that the Coordinator of United States  
3           Government Activities to Combat HIV/AIDS  
4           Globally and the heads of relevant executive  
5           branch agencies (as such term is defined in sec-  
6           tion 3 of the United States Leadership Against  
7           HIV/AIDS, Tuberculosis, and Malaria Act of  
8           2003) should operate in a manner consistent  
9           with the ‘Three Ones’ goals of UNAIDS.

10           “(B) ‘THREE ONES’ GOALS OF UNAIDS DE-  
11           FINED.—In this paragraph, the term “‘Three  
12           Ones’” goals of UNAIDS’ means—

13                   “(i) the goal of one agreed HIV/AIDS  
14                   action framework that provides the basis  
15                   for coordinating the work of all partners in  
16                   host countries;

17                   “(ii) the goal of one national HIV/  
18                   AIDS coordinating authority, with a  
19                   broad-based multisectoral mandate; and

20                   “(iii) the goal of one agreed country-  
21                   level data-collection, monitoring, and eval-  
22                   uation system.”.

23           (4) ACTIVITIES SUPPORTED.—

24                   (A) PREVENTION.—Subsection (d)(1) of  
25                   such section is amended—

1 (i) in subparagraph (A)—

2 (I) by inserting “, including  
3 women’s reproductive health and fam-  
4 ily planning programs,” after “health  
5 programs”; and

6 (II) by inserting “male and fe-  
7 male” before “condoms”;

8 (ii) in subparagraph (B)—

9 (I) by inserting “relevant and”  
10 after “culturally”;

11 (II) by inserting “and programs”  
12 after “those organizations”; and

13 (III) by inserting “, level of sci-  
14 entific and fact-based knowledge”  
15 after “experience”;

16 (iii) in subparagraph (D)—

17 (I) by inserting “and non-  
18 judgmental approaches” after “protec-  
19 tions”; and

20 (II) by adding at the end before  
21 the semicolon the following: “, and for  
22 improving prevention services, includ-  
23 ing counseling on family planning and  
24 the provision of contraceptive services

1 and commodities, either directly or by  
2 referral”;

3 (iv) by amending subparagraph (E) to  
4 read as follows:

5 “(E) assistance to achieve the target of  
6 reaching 80 percent of pregnant women for pre-  
7 vention and treatment of mother-to-child trans-  
8 mission of HIV in countries in which the  
9 United States is implementing HIV/AIDS pro-  
10 grams by 2013, as described in section  
11 312(b)(1) of the United States Leadership  
12 Against HIV/AIDS, Tuberculosis, and Malaria  
13 Act of 2003, and to promote infant feeding op-  
14 tions that meet the criteria described in the  
15 World Health Organization’s Global Strategy  
16 for Infant and Young Child Feeding;”;

17 (v) in subparagraph (G)—

18 (I) by adding at the end before  
19 the semicolon the following: “, includ-  
20 ing education and services dem-  
21 onstrated to be effective in reducing  
22 the transmission of HIV infection  
23 without increasing drug use”; and

24 (II) by striking “and” at the end;

1 (vi) in subparagraph (H), by striking  
2 the period at the end and inserting “; and”  
3 ; and

4 (vii) by adding at the end the fol-  
5 lowing:

6 “(I)(i) assistance for counseling, testing,  
7 treatment, care, and support programs for pre-  
8 vention of re-infection of individuals with HIV/  
9 AIDS;

10 “(ii) counseling to prevent sexual trans-  
11 mission of HIV, including skill development for  
12 practicing abstinence, reducing the number of  
13 sexual partners, and ensuring correct and con-  
14 sistent use of male and female condoms;

15 “(iii) assistance to provide male and female  
16 condoms;

17 “(iv) diagnosis and treatment of other sex-  
18 ually-transmitted infections;

19 “(v) counseling on voluntary family plan-  
20 ning and the provision of contraceptive services  
21 and commodities, either directly or by referral;

22 “(vi) strategies to address the stigma and  
23 discrimination that impede HIV/AIDS preven-  
24 tion efforts; and

1           “(vii) assistance to facilitate widespread  
2           access to microbicides for HIV prevention, as  
3           safe and effective products become available, in-  
4           cluding financial and technical support for cul-  
5           turally appropriate introductory programs, pro-  
6           curement, distribution, logistics management,  
7           program delivery, acceptability studies, provider  
8           training, demand generation, and post-introduc-  
9           tion monitoring; and

10           “(J) assistance for HIV/AIDS education  
11           targeted to reach and prevent the spread of  
12           HIV among men who have sex with men.”.

13           (C) TREATMENT.—Subsection (d)(2) of  
14           such section is amended—

15                   (i) in subparagraph (B), by striking “;  
16                   and” at the end and inserting a semicolon;

17                   (ii) in subparagraph (C), by striking  
18                   the period at the end and inserting a semi-  
19                   colon; and

20                   (iii) by adding at the end the fol-  
21                   lowing:

22           “(D) assistance specifically to address bar-  
23           riers that might limit the start of and adher-  
24           ence to treatment services, especially in rural  
25           areas, through such measures as mobile and de-

1 centralized distribution of treatment services,  
2 and where feasible and necessary, direct link-  
3 ages with nutrition and income security pro-  
4 grams, referrals to services for victims of vio-  
5 lence, support groups for individuals with HIV/  
6 AIDS, and efforts to combat stigma and dis-  
7 crimination against all such individuals;

8 “(E) assistance to support comprehensive  
9 HIV/AIDS treatment for at least one-third of  
10 individuals with HIV/AIDS in the poorest coun-  
11 tries worldwide who are in clinical need of  
12 antiretroviral treatment; and

13 “(F) assistance to improve access to psy-  
14 chosocial support systems and other necessary  
15 services for youth who are infected with HIV to  
16 ensure the start of and adherence to treatment  
17 services.”.

18 (D) MONITORING.—Subsection (d)(4) of  
19 such section is amended—

20 (i) by striking “The monitoring” and  
21 inserting the following:

22 “(A) IN GENERAL.—The monitoring”;

23 (ii) by inserting “and paragraph (8)”  
24 after “paragraphs (1) through (3)”;

1 (iii) by redesignating subparagraphs  
2 (A) through (D) as clauses (i) through  
3 (iv), respectively;

4 (iv) in clause (iii) (as redesignated by  
5 clause (iii) of this subparagraph), by strik-  
6 ing “and” at the end;

7 (v) in clause (iv) (as redesignated by  
8 clause (iii) of this subparagraph), by strik-  
9 ing the period at the end and inserting “;  
10 and” and

11 (vi) by adding at the end the fol-  
12 lowing:

13 “(v) carrying out and expanding mon-  
14 itoring, impact evaluation research, and  
15 operations research (including research  
16 and evaluations of gender-responsive inter-  
17 ventions, disaggregated by age and sex, in  
18 order to identify and replicate effective  
19 models, develop gender indicators to meas-  
20 ure both outcomes and impacts of interven-  
21 tions, especially interventions designed to  
22 reduce gender inequalities, and collect les-  
23 sons learned for dissemination among dif-  
24 ferent countries) in order to—

1           “(I) improve the coverage, effi-  
2           ciency, effectiveness, quality and ac-  
3           cessibility of services provided under  
4           this section;

5           “(II) establish the cost-effective-  
6           ness of program models;

7           “(III) assess the population-level  
8           impact of programs, projects, and ac-  
9           tivities implemented;

10          “(IV) ensure the transparency  
11          and accountability of services provided  
12          under this section;

13          “(V) disseminate and promote  
14          the utilization of evaluation findings,  
15          lessons, and best practices in the im-  
16          plementation of programs, projects,  
17          and activities supported under this  
18          section; and

19          “(VI) encourage and evaluate in-  
20          novative service models and strategies  
21          to optimize functionality of programs,  
22          projects, and activities.”; and

23          (vii) by further adding at the end the  
24          following:

1                   “(B) DEFINITIONS.—For purposes of sub-  
2                   paragraph (A)(v)—

3                   “(i) the term ‘impact evaluation re-  
4                   search’ means the application of research  
5                   methods and statistical analysis to meas-  
6                   ure the extent to which a change in a pop-  
7                   ulation-based outcome can be attributed to  
8                   a program, project, or activity as opposed  
9                   to other factors in the environment;

10                  “(ii) the term ‘monitoring’ means the  
11                  collection, analysis, and use of routine data  
12                  with respect to a program, project, or ac-  
13                  tivity to determine how well the program,  
14                  project, or activity is carried out and at  
15                  what cost; and

16                  “(iii) the term ‘operations research’  
17                  means the application of social science re-  
18                  search methods and statistical analysis to  
19                  judge, compare, and improve policy out-  
20                  comes and outcomes of a program, project,  
21                  or activity, from the earliest stages of de-  
22                  fining and designing the program, project,  
23                  or activity through the development and  
24                  implementation of the program, project, or  
25                  activity.”.

1 (E) PHARMACEUTICALS.—Subsection  
2 (d)(5) of such section is amended—

3 (i) by redesignating subparagraph (C)  
4 as subparagraph (D); and

5 (ii) by inserting after subparagraph  
6 (B) the following:

7 “(C) MECHANISMS TO ENSURE COST-EF-  
8 FECTIVE DRUG PURCHASING.—Mechanisms to  
9 ensure that pharmaceuticals, including  
10 antiretrovirals and medicines to treat opportu-  
11 nistic infections, are purchased at the lowest pos-  
12 sible price at which such pharmaceuticals may  
13 be obtained in sufficient quantity on the world  
14 market.”.

15 (F) REFERRAL SYSTEMS AND COORDINA-  
16 TION WITH OTHER ASSISTANCE PROGRAMS.—

17 (i) FINDING.—The effectiveness of all  
18 HIV/AIDS prevention, treatment, and care  
19 programs and the survival of individuals  
20 with HIV/AIDS would be enhanced by en-  
21 suring that such individuals are referred to  
22 appropriate support programs, including  
23 education, income generation, HIV/AIDS  
24 support group and food and nutrition pro-  
25 grams, and by providing assistance directly

1 to such programs to the extent such pro-  
2 grams would further the purposes of ex-  
3 panding access to and the success of HIV/  
4 AIDS prevention, treatment, and care.

5 (ii) AMENDMENT.—Subsection (d) of  
6 such section is further amended by adding  
7 at the end the following:

8 “(8) REFERRAL SYSTEMS AND COORDINATION  
9 WITH OTHER ASSISTANCE PROGRAMS.—

10 “(A) REFERRAL SYSTEMS.—Assistance to  
11 ensure that a continuum of care is available to  
12 individuals participating in HIV/AIDS preven-  
13 tion, treatment, and care programs through the  
14 development of referral systems for such indi-  
15 viduals to community-based programs that,  
16 where practicable, are co-located with such  
17 HIV/AIDS programs, and that provide support  
18 activities for such individuals, including HIV/  
19 AIDS treatment adherence, HIV/AIDS support  
20 groups, food and nutrition support, women’s re-  
21 productive health services, substance abuse pre-  
22 vention and treatment services, income-genera-  
23 tion programs, legal services, and other pro-  
24 gram support

1                   “(B) COORDINATION WITH OTHER ASSIST-  
2                   ANCE PROGRAMS.—

3                   “(i)(I) Assistance to integrate HIV/AIDS  
4                   testing with testing for other easily detectable  
5                   and treatable infectious diseases, such as ma-  
6                   laria, tuberculosis, diarrhea, and respiratory in-  
7                   fections, and to provide treatment if possible or  
8                   referral to appropriate treatment programs.

9                   “(II) Assistance to provide, whenever pos-  
10                  sible, as a component of HIV/AIDS prevention,  
11                  treatment, and care services, co-treatment of  
12                  curable diseases such as other sexually trans-  
13                  mitted diseases.

14                  “(III) Assistance and other activities to en-  
15                  sure, through interagency and international co-  
16                  ordination, that United States global HIV/  
17                  AIDS programs are integrated and complemen-  
18                  tary to delivering related health services.

19                  “(ii) Assistance to support schools and re-  
20                  lated programs for children and youth that in-  
21                  crease the effectiveness of programs described  
22                  in this subsection by providing the infrastruc-  
23                  ture, teachers, and other support to such pro-  
24                  grams.

1           “(iii) Assistance and other activities to co-  
2           ordinate and integrate HIV/AIDS prevention,  
3           treatment, and care programs with women’s re-  
4           productive health, family planning, and mater-  
5           nal and child services.

6           “(iv) Assistance to United States and host  
7           country nonprofit development organizations  
8           that directly support livelihood initiatives in  
9           HIV/AIDS-affected countries that provide op-  
10          portunities for direct lending to microentre-  
11          preneurs by United States citizens or opportu-  
12          nities for United States citizens to purchase  
13          livestock and plants for families to provide nu-  
14          trition and generate income for individual  
15          households and communities.

16          “(v) Assistance to coordinate and provide  
17          linkages between HIV/AIDS prevention, treat-  
18          ment, and care programs with efforts to im-  
19          prove the economic and legal status of women  
20          and girls.

21          “(vi) Technical assistance coordinated  
22          across implementing agencies, offered on a reg-  
23          ular basis, and made available upon request, for  
24          faith-based and community-based organizations,  
25          especially indigenous organizations and new

1 partners who do not have extensive experience  
2 managing United States foreign assistance pro-  
3 grams, including for training and logistical sup-  
4 port to establish financial mechanisms to track  
5 program receipts and expenditures and data  
6 management systems to ensure data quality  
7 and strengthen reporting.

8 “(vii) In accordance with the World Health  
9 Organization’s Interim Policy on TB/HIV Ac-  
10 tivities (2004), assistance to individuals with or  
11 symptomatic of tuberculosis, and assistance to  
12 implement the following:

13 “(I) Provide opt-out HIV/AIDS coun-  
14 seling and testing and appropriate referral  
15 for treatment and care to individuals with  
16 or symptomatic of tuberculosis, and work  
17 with host countries to ensure that such in-  
18 dividuals in host countries are provided  
19 such services.

20 “(II) Ensure, in coordination with  
21 host countries, that individuals with HIV/  
22 AIDS receive tuberculosis screening and  
23 other appropriate treatment.

24 “(III) Provide increased funding for  
25 HIV/AIDS and tuberculosis activities, by

1 increasing total resources for such activi-  
2 ties, including lab strengthening and infec-  
3 tion control.

4 “(IV) Improve the management and  
5 dissemination of knowledge gained from  
6 HIV/AIDS and tuberculosis activities to  
7 increase the replication of best practices.”.

8 (5) ANNUAL REPORT.—Subsection (e) of such  
9 section is amended—

10 (A) in paragraph (1), by striking “Com-  
11 mittee on International Relations” and insert-  
12 ing “Committee on Foreign Affairs”;

13 (B) in paragraph (2)—

14 (i) in subparagraph (B), by striking  
15 “and” at the end;

16 (ii) in subparagraph (C)—

17 (I) in the matter preceding clause  
18 (i), by striking “including” and insert-  
19 ing “including—”;

20 (II) by striking clauses (i) and  
21 (ii) and inserting the following:

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

1 HIV, including through drug treatment  
2 and therapies, either directly or by refer-  
3 ral, and in reducing mortality rates from  
4 HIV/AIDS, including through drug treat-  
5 ment, addiction therapies, and contracep-  
6 tive counseling and referral;

7 “(II) a description of strategies, goals,  
8 programs, and interventions to address the  
9 specific needs and vulnerabilities of young  
10 women and young men; the progress to-  
11 ward expanding access among young  
12 women and young men to evidence-based,  
13 comprehensive HIV/AIDS health care serv-  
14 ices and HIV prevention and sexuality and  
15 abstinence education programs at the indi-  
16 vidual, community, and national levels; and  
17 clear targets for integrating adolescents  
18 who are orphans, including adolescents  
19 who are infected with HIV, into programs  
20 for orphans and vulnerable children; and

21 “(III) the amount of United States  
22 funding provided under the authorities of  
23 this Act to procure drugs for HIV/AIDS  
24 programs in countries described in section  
25 1(f)(2)(B)(IX) of the State Department

1 Basic Authorities Act of 1956 (22 U.S.C.  
2 2651a(f)(2)(B)(VIII)), including a detailed  
3 description of anti-retroviral drugs pro-  
4 cured, including—

5 “(aa) the total amount expended  
6 for each generic and name brand  
7 drug;

8 “(bb) the price paid per unit of  
9 each drug; and

10 “(cc) the vendor from which each  
11 drug was purchased; and

12 “(ii) the progress made toward im-  
13 proving health care delivery systems (in-  
14 cluding the training of adequate numbers  
15 of health care professionals) and infra-  
16 structure to ensure increased access to  
17 care and treatment, including a description  
18 of progress toward—

19 “(I)(aa) the training and reten-  
20 tion of adequate numbers of health  
21 care professionals in order to meet a  
22 nationally-determined ratio of doctors,  
23 nurses, and midwives to patients,  
24 based on the target of the 2.3 per-

1 thousand ratio established by the  
2 World Health Organization (WHO);

3 “(bb) increases in the number of  
4 other health care professions, such as  
5 pharmacists and lab technicians, as  
6 necessary; and

7 “(cc) the improvement of infra-  
8 structure needed to ensure universal  
9 access to HIV/AIDS prevention, treat-  
10 ment, and care by 2015;

11 “(II) national health care work-  
12 force strategy benchmarks, as re-  
13 quired by section 202(d)(5)(B) of the  
14 United States Leadership Against  
15 HIV/AIDS, Tuberculosis, and Malaria  
16 Act of 2003, United States contribu-  
17 tions to developing and implementing  
18 the benchmarks, and main challenges  
19 to implementing the benchmarks;

20 “(III) ensuring, to the extent  
21 practicable, that health care workers  
22 providing services under this Act have  
23 safe working conditions and are re-  
24 ceiving health care services, including  
25 services relating to HIV/AIDS;

1           “(IV) activities to strengthen  
2 health care systems in order to over-  
3 come obstacles and barriers to the  
4 provision of HIV/AIDS, tuberculosis,  
5 and malaria services;

6           “(V) improving integration and  
7 coordination of HIV/AIDS programs  
8 with primary and related health care  
9 services and supporting the capacity  
10 of health care programs to refer indi-  
11 viduals to community-based services;  
12 and

13           “(VI) strengthening procurement  
14 and supply chain management sys-  
15 tems of host countries;”;

16           (III) in clause (iii), by adding at  
17 the end before the semicolon the fol-  
18 lowing: “, including the percentage of  
19 such United States foreign assistance  
20 provided for diagnosis and treatment  
21 of individuals with tuberculosis in  
22 countries with the highest burden of  
23 tuberculosis, as determined by the  
24 World Health Organization (WHO)”;

1 (IV) in clause (iv), by striking  
2 the period at the end and inserting a  
3 semicolon; and

4 (iii) by adding at the end the fol-  
5 lowing:

6 “(D) a description of efforts to integrate  
7 HIV/AIDS and tuberculosis prevention, treat-  
8 ment, and care programs, including—

9 “(i) the number and percentage of  
10 HIV-infected individuals receiving HIV/  
11 AIDS treatment or care services who are  
12 also receiving screening and subsequent  
13 treatment for tuberculosis;

14 “(ii) the number and percentage of in-  
15 dividuals with tuberculosis who are receiv-  
16 ing HIV/AIDS counseling and testing, and  
17 appropriate referral to HIV/AIDS services;

18 “(iii) the number and location of lab-  
19 oratories with the capacity to perform tu-  
20 berculosis culture tests and tuberculosis  
21 drug susceptibility tests;

22 “(iv) the number and location of lab-  
23 oratories with the capacity to perform ap-  
24 propriate tests for multi-drug resistant tu-

1                   berculosis (MDR–TB) and extensively drug  
2                   resistant tuberculosis (XDR–TB); and

3                   “ (v) the number of HIV-infected indi-  
4                   viduals suspected of having tuberculosis  
5                   who are provided tuberculosis culture diag-  
6                   nosis or tuberculosis drug susceptibility  
7                   testing;

8                   “ (E) a description of coordination efforts  
9                   with relevant executive branch agencies (as such  
10                  term is defined in section 3 of the United  
11                  States Leadership Against HIV/AIDS, Tuber-  
12                  culosis, and Malaria Act of 2003) and at the  
13                  global level in the effort to link HIV/AIDS serv-  
14                  ices with non-HIV/AIDS services;

15                  “ (F) a description of programs serving  
16                  women and girls, including—

17                  “ (i) a description of HIV/AIDS pre-  
18                  vention programs that address the  
19                  vulnerabilities of girls and women to HIV/  
20                  AIDS; and

21                  “ (ii) information on the number of in-  
22                  dividuals served by programs aimed at re-  
23                  ducing the vulnerabilities of women and  
24                  girls to HIV/AIDS;

1           “(G) a description of the specific strategies  
2 funded to ensure the reduction of HIV infection  
3 among injection drug users, and the number of  
4 injection drug users, by country, reached by  
5 such strategies, including medication-assisted  
6 drug treatment for individuals with HIV or at  
7 risk of HIV, and HIV prevention programs  
8 demonstrated to be effective in reducing HIV  
9 transmission without increasing drug use; and

10           “(H) a detailed description of monitoring,  
11 impact evaluation research, and operations re-  
12 search of programs, projects, and activities car-  
13 ried out pursuant to subsection (d)(4)(A)(v).”;  
14 and

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

16           “(3) PUBLIC AVAILABILITY.—The Coordinator  
17 of United States Government Activities to Combat  
18 HIV/AIDS Globally shall make publicly available on  
19 the Internet website of the Office of the Coordinator  
20 the information contained in paragraph (2)(H) of  
21 each report.”.

22           (6) DEFINITIONS.—Subsection (g) of such sec-  
23 tion is amended by adding at the end the following:

24           “(5) WOMEN’S REPRODUCTIVE HEALTH.—The  
25 term ‘women’s reproductive health’ has the meaning

1 given the term in section 3 of the United States  
2 Leadership Against HIV/AIDS, Tuberculosis, and  
3 Malaria Act of 2003 (22 U.S.C. 7602).”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—Sub-  
5 section (b) of section 301 of the United States Leadership  
6 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
7 2003 (22 U.S.C. 7631) is amended—

8 (1) in paragraph (1), by striking “fiscal years  
9 2004 through 2008” and inserting “fiscal years  
10 2009 through 2013”; and

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

14 (c) FOOD SECURITY AND NUTRITION SUPPORT.—  
15 Subsection (c) of such section is amended to read as fol-  
16 lows:

17 “(c) FOOD SECURITY AND NUTRITION SUPPORT.—

18 “(1) FINDINGS.—Congress finds the following:

19 “(A) The United States provides more  
20 than 60 percent of all food assistance world-  
21 wide.

22 “(B) According to the United Nations  
23 World Food Program and other United Nations  
24 agencies, food insecurity of individuals with  
25 HIV/AIDS is a major problem in countries with

1 large populations of such individuals, particu-  
2 larly in sub-Saharan African countries.

3 “(C) Individuals infected with HIV have  
4 higher nutritional requirements than individuals  
5 who are not infected with HIV, particularly  
6 with respect to the need for protein. Also, there  
7 is evidence to suggest that the full benefit of  
8 therapy to treat HIV/AIDS may not be  
9 achieved in individuals who are malnourished,  
10 particularly in pregnant and lactating women.

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

13 “(A) malnutrition, especially for individ-  
14 uals with HIV/AIDS, is a clinical health issue  
15 with wider nutrition, health, and social implica-  
16 tions for such individuals, their families, and  
17 their communities that must be addressed by  
18 United States HIV/AIDS prevention, treat-  
19 ment, and care programs;

20 “(B) food security and nutrition directly  
21 impact an individual’s vulnerability to HIV in-  
22 fection, the progression of HIV to AIDS, an in-  
23 dividual’s ability to begin an antiretroviral  
24 medication treatment regimen, the efficacy of  
25 an antiretroviral medication treatment regimen

1           once an individual begins such a regimen, and  
2           the ability of communities to effectively cope  
3           with the HIV/AIDS epidemic and its impacts;

4           “(C) international guidelines established by  
5           the World Health Organization (WHO) should  
6           serve as the reference standard for HIV/AIDS  
7           food and nutrition activities supported by this  
8           Act and the amendments made by this Act;

9           “(D) the Coordinator of United States  
10          Government Activities to Combat HIV/AIDS  
11          Globally and the Administrator of the United  
12          States Agency for International Development  
13          should make it a priority to work together and  
14          with other United States Government agencies,  
15          donors, and multilateral institutions to increase  
16          the integration of food and nutrition support  
17          and livelihood activities into HIV/AIDS preven-  
18          tion, treatment, and care activities funded by  
19          the United States and other governments and  
20          organizations;

21          “(E) for purposes of determining which in-  
22          dividuals infected with HIV should be provided  
23          with nutrition and food support, an individual  
24          with a body mass index (BMI) of 18.5 or less,  
25          or at the prevailing WHO-approved measure-

1           ment for BMI, should be considered ‘malnour-  
2           ished’ and should be given priority for nutrition  
3           and food support;

4           “(F) programs funded by the United  
5           States should include therapeutic and supple-  
6           mentary feeding, food, and nutrition support  
7           and should include strong links to development  
8           programs that provide support for livelihoods;  
9           and

10           “(G) the inability of individuals with HIV/  
11           AIDS to access food for themselves or their  
12           families should not be allowed to impair or  
13           erode the therapeutic status of such individuals  
14           with respect to HIV/AIDS or related  
15           comorbidities.

16           “(3) STATEMENT OF POLICY.—It is the policy  
17           of the United States to—

18           “(A) address the food and nutrition needs  
19           of individuals with HIV/AIDS and affected in-  
20           dividuals, including orphans and vulnerable  
21           children;

22           “(B) fully integrate food and nutrition  
23           support into HIV/AIDS prevention, treatment,  
24           and care programs carried out under this Act  
25           and the amendments made by this Act;

1           “(C) ensure, to the extent practicable,  
2           that—

3                   “(i) HIV/AIDS prevention, treatment,  
4                   and care providers and health care workers  
5                   are adequately trained so that such pro-  
6                   viders and workers can provide accurate  
7                   and informed information regarding food  
8                   and nutrition support to individuals en-  
9                   rolled in treatment and care programs and  
10                  individuals affected by HIV/AIDS; and

11                   “(ii) individuals with HIV/AIDS who,  
12                   with their households, are identified as  
13                   food insecure are provided with adequate  
14                   food and nutrition support; and

15                  “(D) effectively link food and nutrition  
16                  support provided under this Act and the  
17                  amendments made by this Act to individuals  
18                  with HIV/AIDS, their households, and their  
19                  communities, to other food security and liveli-  
20                  hood programs funded by the United States  
21                  and other donors and multilateral agencies.

22                  “(4) INTEGRATION OF FOOD SECURITY AND  
23                  NUTRITION ACTIVITIES INTO HIV/AIDS PREVENTION,  
24                  TREATMENT, AND CARE ACTIVITIES.—

1           “(A) REQUIREMENTS RELATING TO GLOB-  
2           AL AIDS COORDINATOR.—Consistent with the  
3           statement of policy described in paragraph (3),  
4           the Coordinator of United States Government  
5           Activities to Combat HIV/AIDS Globally  
6           shall—

7                   “(i) ensure, to the extent practicable,  
8           that—

9                           “(I) an assessment, using vali-  
10                          dated criteria, of the food security and  
11                          nutritional status of each individual  
12                          enrolled in antiretroviral medication  
13                          treatment programs supported with  
14                          funds authorized under this Act or  
15                          any amendment made by this Act is  
16                          carried out; and

17                           “(II) appropriate nutritional  
18                          counseling is provided to each indi-  
19                          vidual described in subclause (I);

20                          “(ii) coordinate with the Adminis-  
21                          trator of the United States Agency for  
22                          International Development, the Secretary  
23                          of Agriculture, and the heads of other rel-  
24                          evant executive branch agencies to—

1           “(I) ensure, to the extent prac-  
2           ticable, that, in communities in which  
3           a significant proportion of individuals  
4           with HIV/AIDS are in need of food  
5           and nutrition support, a status and  
6           needs assessment for such support  
7           employing validated criteria is con-  
8           ducted and a plan to provide such  
9           support is developed and implemented;

10           “(II) improve and enhance co-  
11           ordination between food security and  
12           livelihood programs for individuals in-  
13           fected with HIV in host countries and  
14           food security and livelihood programs  
15           that may already exist in such coun-  
16           tries;

17           “(III) establish effective linkages  
18           between the health and agricultural  
19           development and livelihoods sectors in  
20           order to enhance food security; and

21           “(IV) ensure, by providing in-  
22           creased resources if necessary, effec-  
23           tive coordination between activities  
24           authorized under this Act and the  
25           amendments made by this Act and ac-

1                   activities carried out under other provi-  
2                   sions of the Foreign Assistance Act of  
3                   1961 when establishing new HIV/  
4                   AIDS treatment sites;

5                   “(iii) develop effective, validated indi-  
6                   cators that measure outcomes of nutrition  
7                   and food security interventions carried out  
8                   under this section and use such indicators  
9                   to monitor and evaluate the effectiveness  
10                  of such interventions; and

11                  “(iv) evaluate the role of and, to the  
12                  extent appropriate, support and expand  
13                  partnerships and linkages between United  
14                  States postsecondary educational institu-  
15                  tions with postsecondary educational insti-  
16                  tutions in host countries in order to pro-  
17                  vide training and build indigenous human  
18                  and institutional capacity and expertise to  
19                  respond to HIV/AIDS, and to improve ca-  
20                  pacity to address nutrition, food security,  
21                  and livelihood needs of HIV/AIDS-affected  
22                  and impoverished communities.

23                  “(B) REQUIREMENTS RELATING TO USAID  
24                  ADMINISTRATOR.—Consistent with the state-  
25                  ment of policy described in paragraph (3), the

1 Administrator of the United States Agency for  
2 International Development, in coordination with  
3 the Coordinator of United States Government  
4 Activities to Combat HIV/AIDS Globally and  
5 the Secretary of Agriculture, shall provide, to  
6 the extent practicable, as an essential compo-  
7 nent of antiretroviral medication treatment pro-  
8 grams supported with funds authorized under  
9 this Act and the amendments made by this Act,  
10 food and nutrition support to each individual  
11 with HIV/AIDS who is determined to need such  
12 support by the assessing health professional,  
13 based on a body mass index (BMI) of 18.5 or  
14 less, or at the prevailing WHO-approved meas-  
15 urement for BMI, and the individual's house-  
16 hold, for a period of not less than 180 days, ei-  
17 ther directly or through referral to an assist-  
18 ance program or organization with demon-  
19 strable ability to provide such support.

20 “(C) REPORT.—Not later than October 31,  
21 2010, and annually thereafter, the Coordinator  
22 of United States Government Activities to Com-  
23 bat HIV/AIDS Globally, in consultation with  
24 the Administrator of the United States Agency  
25 for International Development, shall submit to

1 the appropriate congressional committees a re-  
2 port on the implementation of this subsection  
3 for the prior fiscal year. The report shall in-  
4 clude a description of—

5 “(i) the effectiveness of interventions  
6 carried out to improve the nutritional sta-  
7 tus of individuals with HIV/AIDS;

8 “(ii) the amount of funds provided for  
9 food and nutrition support for individuals  
10 with HIV/AIDS and affected individuals in  
11 the prior fiscal year and the projected  
12 amount of funds to be provided for such  
13 purpose for next fiscal year; and

14 “(iii) a strategy for improving the  
15 linkage between assistance provided with  
16 funds authorized under this subsection and  
17 food security and livelihood programs  
18 under other provisions of law as well as ac-  
19 tivities funded by other donors and multi-  
20 lateral organizations.

21 “(D) AUTHORIZATION OF APPROPRIA-  
22 TIONS.—Of the amounts authorized to be ap-  
23 propriated under section 401 for HIV/AIDS as-  
24 sistance, there are authorized to be appro-  
25 priated to the President such sums as may be

1           necessary for each of the fiscal years 2009  
2           through 2013 to carry out this subsection.”.

3           (d) LIMITATION.—Such section is further amended  
4 by striking subsection (f).

5           (e) SENSE OF CONGRESS.—Such section is further  
6 amended by striking subsection (g).

7           (f) REPORT.—

8           (1) IN GENERAL.—Not later than 270 days  
9 after the date of the enactment of this Act, the Co-  
10 ordinator of United States Government Activities to  
11 Combat HIV/AIDS Globally shall submit to the ap-  
12 propriate congressional committees a report identi-  
13 fying a target for the number of additional health  
14 professionals and workers needed in host countries  
15 to provide HIV/AIDS prevention, treatment, and  
16 care and the training needs of such health profes-  
17 sionals and workers. The target should reflect avail-  
18 able data and should identify the need for United  
19 States Government contributions to meet the target.

20           (2) DEFINITION.—In this subsection, the term  
21 “appropriate congressional committees” has the  
22 meaning given the term in section 3 of the United  
23 States Leadership Against HIV/AIDS, Tuberculosis,  
24 and Malaria Act of 2003 (22 U.S.C. 7602).

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

2 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE  
3 ACT OF 1961.—

4 (1) FINDINGS.—Subsection (a) of section 104B  
5 of the Foreign Assistance Act of 1961 (22 U.S.C.  
6 2151b–3) is amended by striking paragraphs (1)  
7 and (2) and inserting the following:

8 “(1) Tuberculosis is one of the greatest infec-  
9 tious causes of death of adults worldwide, killing 1.6  
10 million individuals per year—one person every 20  
11 seconds.

12 “(2) Tuberculosis is the leading infectious cause  
13 of death among individuals who are infected with  
14 HIV due to their weakened immune systems, and it  
15 is estimated that one-third of such individuals have  
16 tuberculosis. Tuberculosis is also a leading killer of  
17 women of reproductive age.

18 “(3) Driven by the HIV/AIDS pandemic, inci-  
19 dence rates of tuberculosis in sub-Saharan Africa  
20 have more than doubled on average since 1990. The  
21 problem is so pervasive that in August 2005, African  
22 health ministers and the World Health Organization  
23 (WHO) declared tuberculosis to be an emergency in  
24 sub-Saharan Africa.

25 “(4)(A) The wide extent of drug resistance, in-  
26 cluding both multi-drug resistant tuberculosis

1 (MDR–TB) and extensively drug resistant tuber-  
2 culosis (XDR–TB), represents both a critical chal-  
3 lenge to the global control of tuberculosis and a seri-  
4 ous worldwide public health threat.

5 “(B) XDR–TB, which is a form of MDR–TB  
6 with additional resistance to multiple second-line  
7 anti-tuberculosis drugs, is associated with worst  
8 treatment outcomes of any form of tuberculosis.

9 “(C) XDR–TB is converging with the HIV/  
10 AIDS epidemic, undermining gains in HIV/AIDS  
11 prevention and treatment programs and requires ur-  
12 gent interventions.

13 “(D) Drug resistance surveillance reports have  
14 confirmed the serious scale and spread of tuber-  
15 culosis, with XDR–TB strains confirmed on six con-  
16 tinent.

17 “(E) Demonstrating the lethality of XDR–TB,  
18 an initial outbreak in Tugela Ferry, South Africa, in  
19 2006 killed 52 of 53 patients with hundreds more  
20 cases reported since that time.

21 “(F) Of the world’s regions, sub-Saharan Afri-  
22 ca, faces the greatest gap in capacity to prevent,  
23 treat, and care for individuals with XDR–TB.”.

24 (2) POLICY.—Subsection (b) of such section is  
25 amended to read as follows:

1           “(b) POLICY.—It is a major objective of the foreign  
2 assistance program of the United States to control tuber-  
3 culosis. In all countries in which the Government of the  
4 United States has established development programs, par-  
5 ticularly in countries with the highest burden of tuber-  
6 culosis and other countries with high rates of tuberculosis,  
7 the United States Government should prioritize the  
8 achievement of the following goals by not later than De-  
9 cember 31, 2015:

10           “(1) Reduce by one-half the tuberculosis death  
11 and disease burden from the 1990 baseline.

12           “(2) Sustain or exceed the detection of at least  
13 70 percent of sputum smear-positive cases of tuber-  
14 culosis and the cure of at least 85 percent of such  
15 cases detected.”.

16           (3) ACTIVITIES SUPPORTED.—Such section is  
17 further amended—

18           (A) by redesignating subsections (d)  
19 through (f) as subsections (e) through (g); and

20           (B) by inserting after subsection (c) the  
21 following:

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

1           “(1) Provide diagnostic counseling and testing  
2           to individuals with HIV/AIDS for tuberculosis (in-  
3           cluding a culture diagnosis to rule out multi-drug re-  
4           sistant tuberculosis (MDR–TB) and extensively drug  
5           resistant tuberculosis (XDR–TB) and provide HIV/  
6           AIDS voluntary counseling and testing to individuals  
7           with any form of tuberculosis.

8           “(2) Provide tuberculosis treatment to individ-  
9           uals receiving treatment and care for HIV/AIDS  
10          who have active tuberculosis and provide prophy-  
11          lactic treatment to individuals with HIV/AIDS who  
12          also have a latent tuberculosis infection.

13          “(3) Link individuals with both HIV/AIDS and  
14          tuberculosis to HIV/AIDS treatment and care serv-  
15          ices, including antiretroviral therapy and  
16          cotrimoxazole therapy.

17          “(4) Ensure that health care workers trained to  
18          diagnose, treat, and provide care for HIV/AIDS are  
19          also trained to diagnose, treat, and provide care for  
20          individuals with both HIV/AIDS and tuberculosis.

21          “(5) Ensure that individuals with active pul-  
22          monary tuberculosis are provided a culture diag-  
23          nosis, including drug susceptibility testing to rule  
24          out multi-drug resistant tuberculosis (MDR–TB)  
25          and extensively drug resistant tuberculosis (XDR–

1 TB) in areas with high prevalence of tuberculosis  
2 drug resistance.”.

3 (4) PRIORITY TO STOP TB STRATEGY.—Sub-  
4 section (f) of such section (as redesignated by para-  
5 graph (3) of this subsection) is amended—

6 (A) by amending the heading to read as  
7 follows: “PRIORITY TO STOP TB STRATEGY”;

8 (B) in the first sentence, by striking “In  
9 furnishing” and all that follows through “, in-  
10 cluding funding” and inserting the following:

11 “(1) PRIORITY.—In furnishing assistance under  
12 subsection (c), the President shall give priority to—

13 “(A) activities described in the Stop TB  
14 Strategy, including expansion and enhancement  
15 of DOTS coverage, treatment for individuals in-  
16 fected with both tuberculosis and HIV and  
17 treatment for individuals with multi-drug resist-  
18 ant tuberculosis (MDR-TB), strengthening of  
19 health systems, use of the International Stand-  
20 ards for Tuberculosis Care by all care pro-  
21 viders, empowering individuals with tuber-  
22 culosis, and enabling and promoting research to  
23 develop new diagnostics, drugs, and vaccines,  
24 and program-based operational research relat-  
25 ing to tuberculosis; and

1 “(B) funding”; and

2 (C) in the second sentence—

3 (i) by striking “In order to” and all  
4 that follows through “not less than” and  
5 inserting the following:

6 “(2) AVAILABILITY OF AMOUNTS.—In order to  
7 meet the requirements of paragraph (1), the Presi-  
8 dent—

9 “(A) shall ensure that not less than”;

10 (ii) by striking “for Directly Observed  
11 Treatment Short-course (DOTS) coverage  
12 and treatment of multi-drug resistant tu-  
13 berculosis using DOTS-Plus,” and insert-  
14 ing “to implement the Stop TB Strategy;  
15 and”; and

16 (iii) by striking “including” and all  
17 that follows and inserting the following:

18 “(B) should ensure that not less than  
19 \$15,000,000 of the amount made available to  
20 carry out this section for a fiscal year is used  
21 to make a contribution to the Global Tubercu-  
22 losis Drug Facility.”.

23 (5) ASSISTANCE FOR WHO AND THE STOP TU-  
24 BERCULOSIS PARTNERSHIP.—Such section is further  
25 amended—

1 (A) by redesignating subsection (g) (as re-  
2 designated by paragraph (3) of this subsection)  
3 as subsection (h) ; and

4 (B) by inserting after subsection (f) (as re-  
5 designated by paragraph (4) and amended by  
6 paragraph (5) of this subsection) the following  
7 new subsection:

8 “(g) ASSISTANCE FOR WHO AND THE STOP TUBER-  
9 CULOSIS PARTNERSHIP.—In carrying out this section, the  
10 President, acting through the Administrator of the United  
11 States Agency for International Development, is author-  
12 ized to provide increased resources to the World Health  
13 Organization (WHO) and the Stop Tuberculosis Partner-  
14 ship to improve the capacity of countries with high rates  
15 of tuberculosis and other affected countries to implement  
16 the Stop TB Strategy and specific strategies related to  
17 addressing extensively drug resistant tuberculosis (XDR-  
18 TB).”.

19 (6) DEFINITIONS.—Subsection (h) of such sec-  
20 tion (as redesignated by paragraph (5)(A) of this  
21 subsection) is amended—

22 (A) in paragraph (1), by adding at the end  
23 before the period the following: “, including low  
24 cost and effective diagnosis and evaluation of  
25 treatment regimes, vaccines, and monitoring of

1 tuberculosis, as well as a reliable drug supply,  
2 and a management strategy for public health  
3 systems, with health system strengthening, pro-  
4 motion of the use of the International Stand-  
5 ards for Tuberculosis Care by all care pro-  
6 viders, bacteriology under an external quality  
7 assessment framework, short-course chemo-  
8 therapy, and sound reporting and recording sys-  
9 tems”; and

10 (B) by adding after paragraph (5) the fol-  
11 lowing new paragraph:

12 “(6) STOP TB STRATEGY.—The term ‘Stop TB  
13 Strategy’ means the six-point strategy to reduce tu-  
14 berculosis developed by the World Health Organiza-  
15 tion. The strategy is described in the Global Plan to  
16 Stop TB 2007–2016: Actions for Life, a comprehen-  
17 sive plan developed by the Stop Tuberculosis Part-  
18 nership that sets out the actions necessary to  
19 achieve the millennium development goal of cutting  
20 tuberculosis deaths and disease burden in half by  
21 2016.”.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
23 302(b) of the United States Leadership Against HIV/  
24 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
25 7632(b)) is amended—

1 (1) in paragraph (1), by striking “such sums as  
2 may be necessary for each of the fiscal years 2004  
3 through 2008” and inserting “\$4,000,000,000 for  
4 fiscal years 2009 through 2013”; and

5 (2) in paragraph (3), by striking “fiscal years  
6 2004 through 2008” and inserting “fiscal years  
7 2009 through 2013”.

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

9 (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT  
10 OF 1961.—Section 104C(b) of the Foreign Assistance Act  
11 of 1961 (22 U.S.C. 21516–4(b)) is amended by striking  
12 “control, and cure” and inserting “treatment, and care”.

13 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
14 303(b) of the United States Leadership Against HIV/  
15 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
16 7633(b)) is amended—

17 (1) in paragraph (1), by striking “such sums as  
18 may be necessary for fiscal years 2004 through  
19 2008” and inserting “\$5,000,000,000 for fiscal  
20 years 2009 through 2013”; and

21 (2) in paragraph (3), by striking “fiscal years  
22 2004 through 2008” and inserting “fiscal years  
23 2009 through 2013”.

24 (c) DEVELOPMENT OF A COMPREHENSIVE FIVE-  
25 YEAR STRATEGY.—Section 303 of the United States

1 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
2 Act of 2003 (22 U.S.C. 7633) is amended by adding at  
3 the end the following:

4       “(d) DEVELOPMENT OF A COMPREHENSIVE FIVE-  
5 YEAR STRATEGY.—The President shall establish a com-  
6 prehensive, five-year strategy to combat global malaria  
7 that strengthens the capacity of the United States to be  
8 an effective leader of international efforts to reduce the  
9 global malaria disease burden. Such strategy shall main-  
10 tain sufficient flexibility and remain responsive to the  
11 ever-changing nature of the global malaria challenge and  
12 shall—

13           “(1) include specific objectives, multisectoral  
14 approaches and strategies to treat and provide care  
15 to individuals infected with malaria, to prevent the  
16 further spread of malaria;

17           “(2) describe how this strategy would con-  
18 tribute to the United States’ overall global health  
19 and development goals;

20           “(3) clearly explain how proposed activities to  
21 combat malaria will be coordinated with other  
22 United States global health activities, including the  
23 five-year global HIV/AIDS and tuberculosis strate-  
24 gies developed pursuant to section 101 of this Act;

1           “(4) expand public-private partnerships and  
2           leveraging of resources to combat malaria, including  
3           private sector resources;

4           “(5) coordinate among relevant executive  
5           branch agencies providing assistance to combat ma-  
6           laria in order to maximize human and financial re-  
7           sources and reduce unnecessary duplication among  
8           such agencies and other donors;

9           “(6) maximize United States capabilities in the  
10          areas of technical assistance, training, and research,  
11          including vaccine research, to combat malaria; and

12          “(7) establish priorities and selection criteria  
13          for the distribution of resources to combat malaria  
14          based on factors such as the size and demographics  
15          of the population with malaria, the needs of that  
16          population, the host countries’ existing infrastruc-  
17          ture, and the host countries’ ability to complement  
18          United States efforts with strategies outlined in na-  
19          tional malaria control plans.

20          “(e) MALARIA RESPONSE COORDINATOR.—

21                 “(1) IN GENERAL.—There should be established  
22                 within the United States Agency for International  
23                 Development a Coordinator of United States Gov-  
24                 ernment Activities to Combat Malaria Globally, who  
25                 should be appointed by the President.

1           “(2) AUTHORITIES.—The Coordinator, acting  
2 through such nongovernmental organizations and  
3 relevant executive branch agencies as may be nec-  
4 essary and appropriate to effect the purposes of this  
5 section, is authorized—

6           “(A) to operate internationally to carry out  
7 prevention, treatment, care, support, capacity  
8 development of health systems, and other activi-  
9 ties for combating malaria;

10           “(B) to transfer and allocate funds to rel-  
11 evant executive branch agencies;

12           “(C) to provide grants to, and enter into  
13 contracts with, nongovernmental organizations  
14 to carry out the purposes of this section

15           “(D) to enter into contracts and transfer  
16 and allocate funds to international organiza-  
17 tions to carry out the purposes of this section;  
18 and

19           “(E) to coordinate with a public-private  
20 partnership to discover and develop effective  
21 new antimalarial drugs, including drugs for  
22 multi-drug resistant malaria and malaria in  
23 pregnant women.

24           “(3) DUTIES.—

1           “(A) IN GENERAL.—The Coordinator shall  
2           have primary responsibility for the oversight  
3           and coordination of all resources and global  
4           United States government activities to combat  
5           malaria.

6           “(B) SPECIFIC DUTIES.—The Coordinator  
7           shall—

8                   “(i) facilitate program and policy co-  
9                   ordination among relevant executive  
10                  branch agencies and nongovernmental or-  
11                  ganizations, including auditing, monitoring  
12                  and evaluation of such programs;

13                   “(ii) ensure that each relevant execu-  
14                  tive branch agency has sufficient resources  
15                  to execute programs in areas in which the  
16                  agency has the greatest expertise, technical  
17                  capability, and potential for success;

18                   “(iii) coordinate relevant executive  
19                  branch agency activities in the field, in-  
20                  cluding coordination of planning, imple-  
21                  mentation, and evaluation of malaria pro-  
22                  grams with HIV/AIDS programs in coun-  
23                  tries in which both programs are being  
24                  carried out;

1                   “(iv) pursue coordinate program im-  
2                   plementation with host governments, other  
3                   donors, and the private sector; and

4                   “(v) establish due diligence criteria  
5                   for all recipients of funds appropriated  
6                   pursuant to the authorizations of appro-  
7                   priations under section 401 for malaria as-  
8                   sistance.

9                   “(f) ASSISTANCE TO WHO.—In carrying out this sec-  
10                  tion, the President is authorized to make a United States  
11                  contribution to the Roll Back Malaria Partnership and the  
12                  World Health Organization (WHO) to improve the capac-  
13                  ity of countries with high rates of malaria and other af-  
14                  fected countries to implement comprehensive malaria con-  
15                  trol programs.

16                  “(g) ANNUAL REPORT.—

17                  “(1) IN GENERAL.—Not later than 270 days  
18                  after the date of the enactment of the United States  
19                  Global Leadership Against HIV/AIDS, Tuberculosis,  
20                  and Malaria Reauthorization Act of 2008, and annu-  
21                  ally thereafter, the President shall transmit to the  
22                  appropriate congressional committees a report on  
23                  United States assistance for the prevention, treat-  
24                  ment, control, and elimination of malaria.

1           “(2) MATTERS TO BE INCLUDED.—The report  
2 required under paragraph (1) shall include a de-  
3 scription of—

4           “(A) the countries and activities to which  
5 malaria assistance has been allocated;

6           “(B) the number of people reached  
7 through malaria assistance programs;

8           “(C) the percentage and number of chil-  
9 dren and mothers reached through malaria as-  
10 sistance programs;

11           “(D) research efforts to develop new tools  
12 to combat malaria, including drugs and vac-  
13 cines;

14           “(E) collaboration with the World Health  
15 Organization (WHO), the Global Fund to Fight  
16 AIDS, Tuberculosis and Malaria, other donor  
17 governments, and relevant executive branch  
18 agencies to combat malaria;

19           “(F) quantified impact of United States  
20 assistance on childhood morbidity and mor-  
21 tality;

22           “(G) the number of children who received  
23 immunizations through malaria assistance pro-  
24 grams; and

1                   “(H) the number of women receiving ante-  
2                   natal care and access to women’s reproductive  
3                   health services through malaria assistance pro-  
4                   grams.”.

5   **SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**  
6                   **AIDS.**

7           (a) IN GENERAL.—Title III of the United States  
8   Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
9   Act of 2003 (22 U.S.C. 7631 et seq.) is amended by strik-  
10   ing section 304 and inserting the following:

11   **“SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**  
12                   **AIDS.**

13           “(a) SENSE OF CONGRESS.—It is the sense of Con-  
14   gress that the use of health care partnerships that link  
15   United States and host country health care institutions  
16   create opportunities for sharing of knowledge and exper-  
17   tise among individuals with significant experience in  
18   health-related fields and build local capacity to combat  
19   HIV/AIDS and increase scientific understanding of the  
20   progression of HIV/AIDS and the HIV/AIDS epidemic.

21           “(b) AUTHORITY TO FACILITATE HEALTH CARE  
22   PARTNERSHIPS TO COMBAT HIV/AIDS.—The President,  
23   acting through the Coordinator of United States Govern-  
24   ment Activities to Combat HIV/AIDS Globally, shall fa-

1 cilitate the development of health care partnerships de-  
2 scribed in subsection (a) by—

3           “(1) supporting short and long term institu-  
4 tional partnerships, including partnerships that build  
5 capacity in ministries of health, central and district  
6 level health agencies, medical facilities, health edu-  
7 cation and training institutions, academic centers,  
8 and faith- and community-based organizations in-  
9 volved in prevention, treatment, and care of HIV/  
10 AIDS;

11           “(2) supporting the development of consultation  
12 services using appropriate technologies, including on-  
13 line courses, DVDs, telecommunications services,  
14 and other technologies to eliminate the barriers that  
15 prevent host country professionals from accessing  
16 high quality health care services information, par-  
17 ticularly providers located in rural areas;

18           “(3) supporting the placements of highly quali-  
19 fied individuals to strengthen human and organiza-  
20 tional capacity through the use of health care profes-  
21 sionals to facilitate skills transfer, building local ca-  
22 pacity, and to expand rapidly the pool of providers,  
23 managers, and other health care staff delivering  
24 HIV/AIDS services in host countries; and



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

3     **SEC. 311. POLICY AND REQUIREMENTS.**

4           (a) **POLICY.**—Subsection (a) of section 312 of the  
5 United States Leadership Against HIV/AIDS, Tuber-  
6 culosis, and Malaria Act of 2003 (22 U.S.C. 7652) is  
7 amended—

8           (1) in the first sentence, by striking “The  
9 United States Government’s” and inserting the fol-  
10 lowing:

11           “(1) **IN GENERAL.**—The United States”; and

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

13           “(2) **COLLABORATION.**—The United States  
14 should work in collaboration with governments, do-  
15 nors, the private sector, nongovernmental organiza-  
16 tions, and other key stakeholders to carry out the  
17 policy described in paragraph (1).”.

18           (b) **REQUIREMENTS.**—Subsection (b) of such section  
19 is amended to read as follows:

20           “(b) **REQUIREMENTS.**—The 5-year United States  
21 strategy required by section 101 of this Act shall—

22           “(1) establish a target for prevention and treat-  
23 ment of mother-to-child transmission of HIV that  
24 will reach at least 80 percent of pregnant women in

1 those countries most affected by HIV/AIDS by  
2 2013;

3 “(2) establish a target requiring that up to 15  
4 percent of individuals receiving care and up to 15  
5 percent of individuals receiving treatment under this  
6 Act and the amendments made by this Act are chil-  
7 dren by 2013;

8 “(3) integrate care and treatment with preven-  
9 tion of mother-to-child transmission of HIV pro-  
10 grams in order to improve outcomes for HIV-af-  
11 fected women and families as soon as is feasible,  
12 consistent with the national government policies of  
13 countries in which programs under this Act are ad-  
14 ministered, and including support for strategies to  
15 ensure successful follow-up and continuity of care;

16 “(4) expand programs designed to care for chil-  
17 dren orphaned by HIV/AIDS;

18 “(5) develop a timeline for expanding access to  
19 more effective regimes to prevent mother-to-child  
20 transmission of HIV, consistent with the national  
21 government policies of countries in which programs  
22 under this Act are administered and the goal of  
23 achieving universal use of such regimens as soon as  
24 possible;

1           “(6) ensure that women in prevention of moth-  
2           er-to-child transmission of HIV programs have ac-  
3           cess to voluntary contraceptive counseling as well as  
4           with contraceptive services and commodities, either  
5           directly or by referral; and

6           “(7) ensure that women in prevention of moth-  
7           er-to-child transmission of HIV programs are pro-  
8           vided with appropriate maternal and child services,  
9           either directly or by referral.”.

10 **SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-**  
11 **TO-CHILD TRANSMISSION OF THE HIV INFEC-**  
12 **TION.**

13           Section 313(a) of the United States Leadership  
14 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
15 2003 (22 U.S.C. 7653(a)) is amended by striking “5  
16 years” and inserting “10 years”.

17 **SEC. 313. STRATEGY TO PREVENT HIV INFECTIONS AMONG**  
18 **WOMEN AND YOUTH.**

19           (a) IN GENERAL.—Title III of the United States  
20 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
21 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by add-  
22 ing at the end the following:

1 **“SEC. 316. STRATEGY TO PREVENT HIV INFECTIONS AMONG**  
2 **WOMEN AND YOUTH.**

3 “(a) STATEMENT OF POLICY.—In order to meet the  
4 United States Government’s goal of preventing  
5 12,000,000 new HIV infections worldwide, it shall be the  
6 policy of the United States to pursue a global HIV/AIDS  
7 prevention strategy that emphasizes the immediate and  
8 ongoing needs of women and youth and addresses the fac-  
9 tors that lead to gender disparities in the rate of HIV in-  
10 fection.

11 “(b) STRATEGY.—

12 “(1) IN GENERAL.—The President shall formu-  
13 late a comprehensive, integrated, and culturally-ap-  
14 propriate global HIV/AIDS prevention strategy that,  
15 to the extent epidemiologically appropriate, address-  
16 es the vulnerabilities of women and youth to HIV in-  
17 fection and seeks to reduce the factors that lead to  
18 gender disparities in the rate of HIV infection.

19 “(2) ELEMENTS.—The strategy required under  
20 paragraph (1) shall include specific goals and tar-  
21 gets under the 5-year strategy outlined in section  
22 101 and shall include comprehensive HIV/AIDS pre-  
23 vention education at the individual and national level  
24 including as an extension of the ABC (‘Abstain, Be  
25 faithful, use Condoms’) model as a means to reduce  
26 HIV infections and shall include the following:

1           “(A) Specific goals under the five-year  
2 strategy outlined in section 101.

3           “(B) Empowering women and youth to  
4 avoid cross-generational sex and to decide when  
5 and whom to marry in order to reduce the inci-  
6 dence of early or child marriage.

7           “(C) Dramatically increasing access to cur-  
8 rently available female-controlled prevention  
9 methods and including investments in training  
10 to increase the effective and consistent use of  
11 both male and female condoms.

12           “(D) Accelerating the de-stigmatization of  
13 HIV/AIDS among women and youth as a major  
14 risk factor for the transmission of HIV.

15           “(E) Addressing and preventing the con-  
16 sequences of gender-based violence and rape  
17 against women and youth through appropriate  
18 medical, social, educational, and legal services.

19           “(F) Promoting changes in male attitudes  
20 and behavior that respect the human rights of  
21 women and youth and that support and foster  
22 gender equality.

23           “(G) Supporting the development of micro-  
24 enterprise initiatives, job training programs,  
25 and other such efforts to assist women in devel-

1           oping and retaining independent economic  
2           means.

3           “(H) Supporting universal basic education  
4           and expanded educational opportunities for  
5           women and youth.

6           “(I) Protecting the property and inherit-  
7           ance rights of women.

8           “(J) Coordinating HIV/AIDS prevention  
9           information and education services and pro-  
10          grams for individuals with HIV/AIDS with ex-  
11          isting health care services targeted to women  
12          and youth, such as family planning, comprehen-  
13          sive women’s reproductive health services, and  
14          programs to reduce the transmission of HIV be-  
15          tween parents and children, and expanding the  
16          reach of such health services.

17          “(K) Promoting gender equality by sup-  
18          porting the development of nongovernmental or-  
19          ganizations that support the needs of women  
20          and utilizing such organizations that are al-  
21          ready empowering women and youth at the  
22          community level.

23          “(L) Encouraging the creation and effec-  
24          tive enforcement of legal frameworks that guar-

1           antee women equal rights and equal protection  
2           under the law.

3           “(M) Encouraging the participation and  
4           involvement of women in drafting, coordinating,  
5           and implementing the national HIV/AIDS stra-  
6           tegic plans of their countries.

7           “(N) Responding to other economic and  
8           social factors that increase the vulnerability of  
9           women and youth to HIV infection.

10          “(3) TRANSMISSION TO CONGRESS AND PUBLIC  
11          AVAILABILITY.—Not later than 180 days after the  
12          date of the enactment of the United States Global  
13          Leadership Against HIV/AIDS, Tuberculosis, and  
14          Malaria Reauthorization Act of 2008, the President  
15          shall transmit to the appropriate congressional com-  
16          mittees and make available to the public the strategy  
17          required under paragraph (1).

18          “(c) COORDINATION.—In formulating and imple-  
19          menting the strategy required under subsection (b), the  
20          President shall ensure that the United States coordinates  
21          its overall HIV/AIDS policy and programs with the na-  
22          tional governments of the countries for which the United  
23          States provides assistance to combat HIV/AIDS and with  
24          international organizations, other donor countries, and in-  
25          digenous organizations, including, specifically, organiza-

1 tions providing services to expanding and enforcing wom-  
2 en’s rights, improving women’s health, and expanding edu-  
3 cation for women and youth, and organizations providing  
4 services to and advocating on behalf of individuals with  
5 HIV/AIDS and individuals affected by HIV/AIDS.

6 “(d) GUIDANCE.—

7 “(1) IN GENERAL.—The President shall provide  
8 clear guidance to field missions of the United States  
9 Government in countries for which the United States  
10 provides assistance to combat HIV/AIDS, based on  
11 the strategy required under subsection (b).

12 “(2) TRANSMISSION TO CONGRESS AND PUBLIC  
13 AVAILABILITY.—The President shall transmit to the  
14 appropriate congressional committees and make  
15 available to the public a description of the guidance  
16 required under paragraph (1).

17 “(e) REPORT.—

18 “(1) IN GENERAL.—Not later than 1 year after  
19 the date of the enactment of this Act, and annually  
20 thereafter as part of the annual report required  
21 under section 104A(e) of the Foreign Assistance Act  
22 of 1961 (22 U.S.C. 2151b-2(e)), the President shall  
23 transmit to the appropriate congressional commit-  
24 tees and make available to the public a report on the

1 implementation of this section for the prior fiscal  
2 year.

3 “(2) MATTERS TO BE INCLUDED.—The report  
4 required under paragraph (1) shall include the fol-  
5 lowing:

6 “(A) A description of the prevention pro-  
7 grams designed to address the vulnerabilities of  
8 women and youth to HIV/AIDS.

9 “(B) A list of nongovernmental organiza-  
10 tions in each country that receive assistance  
11 from the United States to carry out HIV pre-  
12 vention activities, including the amount and the  
13 source of funding received.”.

14 (b) CLERICAL AMENDMENT.—The table of contents  
15 for the United States Leadership Against HIV/AIDS, Tu-  
16 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)  
17 is amended by inserting after the item relating to section  
18 315 the following:

“Sec. 316. Strategy to prevent HIV infections among women and youth.”.

19 **SEC. 314. CLERICAL AMENDMENT.**

20 The table of contents for the United States Leader-  
21 ship Against HIV/AIDS, Tuberculosis, and Malaria Act  
22 of 2003 (22 U.S.C. 7601 note) is amended by striking  
23 the item relating to subtitle B of title III and inserting  
24 the following:

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

1     **TITLE IV—AUTHORIZATION OF**  
2                   **APPROPRIATIONS**

3     **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

4           Section 401(a) of the United States Leadership  
5 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
6 2003 (22 U.S.C. 7671(a)) is amended—

7           (1) by striking “\$3,000,000,000” and inserting  
8           “\$10,000,000,000”; and

9           (2) by striking “fiscal years 2004 through  
10          2008” and inserting “fiscal years 2009 through  
11          2013”.

12    **SEC. 402. SENSE OF CONGRESS.**

13          Section 402(b) of the United States Leadership  
14 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
15 2003 (22 U.S.C. 7672) is amended—

16          (1) by striking paragraph (1);

17          (2) by redesignating paragraphs (2) through  
18          (4) as paragraphs (1) through (3), respectively; and

19          (3) in paragraph (2) (as redesignated by para-  
20          graph (2) of this section), by striking “, of which”  
21          and all that follows through “programs”.

22    **SEC. 403. ALLOCATION OF FUNDS.**

23          (a) HIV/AIDS PREVENTION ACTIVITIES.—Sub-  
24 section (a) of section 403 of the United States Leadership

1 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
2 2003 (22 U.S.C. 7673) is amended to read as follows:

3 “(a) HIV/AIDS PREVENTION ACTIVITIES.—For  
4 each of the fiscal years 2009 through 2013, not less than  
5 20 percent of the amounts appropriated pursuant to the  
6 authorization of appropriations under section 401 for  
7 HIV/AIDS assistance for each such fiscal year shall be  
8 expended for HIV/AIDS prevention activities consistent  
9 with section 104A(d) of the Foreign Assistance Act of  
10 1961.”.

11 (b) ORPHANS AND VULNERABLE CHILDREN.—Sub-  
12 section (b) of such section is amended by striking “fiscal  
13 years 2006 through 2008” and inserting “fiscal years  
14 2009 through 2013”.

15 **TITLE V—SUSTAINABILITY AND**  
16 **STRENGTHENING OF HEALTH**  
17 **CARE SYSTEMS**

18 **SEC. 501. SUSTAINABILITY AND STRENGTHENING OF**  
19 **HEALTH CARE SYSTEMS.**

20 The United States Leadership Against HIV/AIDS,  
21 Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601  
22 et seq.) is amended by adding at the end the following:

1 **“TITLE VI—SUSTAINABILITY AND**  
2 **STRENGTHENING OF HEALTH**  
3 **CARE SYSTEMS**

4 **“SEC. 601. FINDINGS.**

5 “Congress makes the following findings:

6 “(1) The shortage of health personnel, includ-  
7 ing doctors, nurses, pharmacists, counselors, labora-  
8 tory staff, and paraprofessionals, is one of the lead-  
9 ing obstacles to fighting HIV/AIDS in sub-Saharan  
10 Africa.

11 “(2) The HIV/AIDS pandemic aggravates the  
12 shortage of health workers through loss of life and  
13 illness among medical staff, unsafe working condi-  
14 tions for medical personnel, and increased workloads  
15 for diminished staff, while the shortage of health  
16 personnel undermines efforts to prevent and provide  
17 care and treatment for individuals with HIV/AIDS.

18 “(3) Failure to address the shortage of health  
19 care professionals and paraprofessionals, and the  
20 factors forcing such individuals to leave sub-Saharan  
21 Africa, will undermine the objectives of United  
22 States development policy and will subvert opportu-  
23 nities to achieve internationally-recognized goals for  
24 the prevention, treatment, and care of HIV/AIDS  
25 and other diseases, the reduction of child and mater-

1       nal mortality, and for economic growth and develop-  
2       ment in sub-Saharan Africa.

3       **“SEC. 602. NATIONAL HEALTH WORKFORCE STRATEGIES**  
4               **AND OTHER POLICIES.**

5       “(a) NATIONAL HEALTH WORKFORCE STRATE-  
6       GIES.—

7               “(1) STATEMENT OF POLICY.—It shall be the  
8       policy of the United States Government to support  
9       countries receiving United States assistance to com-  
10      bat HIV/AIDS, tuberculosis, and malaria, and other  
11      health programs in developing, strengthening, and  
12      implementing 5-year health workforce strategies.

13              “(2) TECHNICAL AND FINANCIAL ASSIST-  
14      ANCE.—The Administrator of the United States  
15      Agency for International Development, in coordina-  
16      tion with the Coordinator of United States Govern-  
17      ment Activities to Combat HIV/AIDS Globally, is  
18      authorized to provide technical and financial assist-  
19      ance to countries described in paragraph (1) to en-  
20      able such countries, in conjunction with other fund-  
21      ing sources, to develop, strengthen, and implement  
22      health workforce strategies.

23              “(3) ACTIVITIES SUPPORTED.—Assistance pro-  
24      vided under paragraph (2) shall, to the maximum

1 extent practicable, be used to carry out the fol-  
2 lowing:

3 “(A) Activities to promote an inclusive  
4 process that includes nongovernmental organi-  
5 zations and individuals with HIV/AIDS in de-  
6 veloping health workforce strategies.

7 “(B) Activities to achieve and sustain a  
8 health workforce sufficient in numbers, skill,  
9 and capacity to meet United States and host-  
10 country international health commitments, in-  
11 cluding the Millennium Development Goals and  
12 universal access to HIV/AIDS prevention, treat-  
13 ment, and care. In particular, such health work-  
14 force strategies should include plans for  
15 progress toward achieving the minimum ratio of  
16 health professionals required to achieve these  
17 goals by 2015, estimated by the World Health  
18 Organization to require at least 2.3 doctors,  
19 nurses, and midwives per 1,000 population, and  
20 additional health workers such as pharmacists  
21 and lab technicians.

22 “(C) Activities to ensure that health work-  
23 force strategies are aimed at creating appro-  
24 priate distribution of health workers and  
25 prioritizing activities required to ensure rural,

1           marginalized, and other underserved popu-  
2           lations are able to access skilled and equipped  
3           health workers.

4           “(D) Activities to expand the capacity of  
5           public and private medical, nursing, pharma-  
6           ceutical, and other health training institutions.

7           “(b) POSITIVE BROADER HEALTH IMPACT.—It shall  
8           be the policy of the United States to ensure to expand  
9           the capacity of the health workforce engaged in HIV/AIDS  
10          programming in ways that contribute to, and do not de-  
11          tract from, the capacity of countries to meet other health  
12          needs, particularly child survival and maternal health.

13          “(c) SAFETY FOR HEALTH WORKERS.—It is the  
14          sense of Congress that the United States should ensure  
15          that all health workers participating in programs that re-  
16          ceive assistance under this Act and the amendments made  
17          by this Act have the proper training to create safe and  
18          sanitary working conditions in accordance with universal  
19          precautions and other forms of infection prevention and  
20          control.

21          “(d) HEALTH CARE FOR HEALTH WORKERS.—The  
22          Coordinator of United States Government Activities to  
23          Combat HIV/AIDS Globally shall ensure that comprehen-  
24          sive and confidential health services shall be provided to  
25          all health workers participating in programs that receive

1 assistance under this Act and the amendments made by  
2 this Act, including—

3 “(1) testing and counseling for all such employ-  
4 ees;

5 “(2) providing HIV/AIDS treatment to HIV-  
6 positive employees; and

7 “(3) taking measures to reduce HIV-related  
8 stigma in the workplace.

9 “(e) TRAINING AND COMPENSATION FINANCE.—  
10 Where the Coordinator determines such financial support  
11 is essential to fulfill the purposes of this Act, the Coordi-  
12 nator shall finance training and provide compensation or  
13 other benefits for health workers in order to enhance re-  
14 cruitment and retention of such workers.

15 **“SEC. 603. EXEMPTION OF INVESTMENTS IN HEALTH FROM**  
16 **LIMITS SOUGHT BY INTERNATIONAL FINAN-**  
17 **CIAL INSTITUTIONS.**

18 “(a) COORDINATION WITHIN THE UNITED STATES  
19 GOVERNMENT.—The Coordinator of United States Gov-  
20 ernment Activities to Combat HIV/AIDS Globally shall  
21 work with the Secretary of the Treasury to reform Inter-  
22 national Monetary Fund macroeconomic and fiscal policies  
23 that result in limitations on national and donor invest-  
24 ments in health.



1       “(b) AVAILABILITY OF EQUIPMENT AND SUP-  
2 PLIES.—The public-sector procurement and supply chain  
3 management systems developed pursuant to subsection (a)  
4 should ensure that adequate laboratory equipment and  
5 supplies commonly needed to fight HIV/AIDS, including  
6 diagnostic tests for CD4 and viral load counts, x-ray ma-  
7 chines, mobile and facility-based rapid HIV test kits and  
8 other necessary assays, reagents and basic supplies such  
9 as sterile syringes and gloves, are available and distributed  
10 in a manner that is accessible to urban and rural popu-  
11 lations.

12       “(c) REPORT.—The Coordinator shall submit to the  
13 appropriate congressional committees an annual report on  
14 the implementation of this section, including progress to-  
15 ward specific benchmarks established by the Partnership  
16 for Supply Chain Management Systems, and the projec-  
17 tion of when host countries can fully sustain their own  
18 procurement and supply chain management and distribu-  
19 tion systems at a scale necessary for national primary  
20 health needs.

21 **“SEC. 605. AUTHORIZATION OF APPROPRIATIONS.**

22       “(a) IN GENERAL.—Of the amounts authorized to be  
23 appropriated under section 401 for HIV/AIDS assistance,  
24 there are authorized to be appropriated to the President

1 such sums as may be necessary for each of the fiscal years  
2 2009 through 2013 to carry out this title.

3 “(b) AVAILABILITY.—Amounts appropriated pursu-  
4 ant to the authorization of appropriations under sub-  
5 section (a) are authorized to remain available until ex-  
6 pended.”.

7 **SEC. 502. CLERICAL AMENDMENT.**

8 The table of contents for the United States Leader-  
9 ship Against HIV/AIDS, Tuberculosis, and Malaria Act  
10 of 2003 (22 U.S.C. 7601 note) is amended by inserting  
11 after the items relating to title V the following:

“TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH  
CARE SYSTEMS

“Sec. 601. Findings.

“Sec. 602. National health workforce strategies and other policies.

“Sec. 603. Exemption of investments in health from limits sought by inter-  
national financial institutions.

“Sec. 604. Public-sector procurement and supply chain management systems.

“Sec. 605. Authorization of appropriations.”.