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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.

IN THE HOUSE OF REPRESENTATIVES

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

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

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

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

SEC. 2. FINDINGS.

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

"(29) The HIV/AIDS pandemic continues to pose a major threat to the health of the global community, from the most severely-affected regions of sub-Saharan Africa and the Caribbean, to the emerging epidemics of Eastern Europe, Central Asia, South and Southeast Asia, and Latin America.

"(30) According to UNAIDS' 2007 global estimates, there are 33.2 million individuals with HIV/AIDS worldwide, including 2.5 million people newly-infected with HIV. Of those infected with HIV, 2.5 million are children under 15 who also account for 460,000 of the newly-infected individuals.

"(31) Sub-Saharan Africa continues to be the region most affected by the HIV/AIDS pandemic. More than 68 percent of adults and nearly 90 percent of children with HIV/AIDS live in sub-Saharan Africa, and more than 76 percent of AIDS deaths in 2007 occurred in sub-Saharan Africa.

"(32) Although sub-Saharan Africa carries the heaviest disease burden of HIV/AIDS, the HIV/AIDS pandemic continues to affect virtually every

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

"(33) By world region, according to UNAIDS' 2007 global estimates—

"(A) in sub-Saharan Africa, there were 22.5 million adults and children infected with HIV, up from 20.9 million in 2001, with 1.7 million new HIV infections, a 5 percent prevalence rate, and 1.6 million deaths;

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

"(C) in East Asia, there were 800,000 adults and children infected with HIV, up from 420,000 in 2001, with 92,000 new HIV infections, a 0.1 percent prevalence rate, and 32,000 deaths;

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

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

"(E) in the Caribbean, there were 230,000 adults and children infected with HIV, up from 190,000 in 2001, with 17,000 new HIV infections, a 1 percent prevalence rate, and 11,000 deaths.

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

"(35) The wide extent of drug resistant tuberculosis, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), driven by the HIV/AIDS pandemic in sub-Saharan Africa, has hampered both HIV/AIDS and tuberculosis treatment services. The World Health Organization (WHO) has declared the prevalence of tuberculosis to be at emergency levels in sub-Saharan Africa.

"(36) Forty percent of the world's population, mostly poor, live in malarial zones, and malaria, which is highly preventable, kills more than 1 million individuals worldwide each year. Ninety percent of malaria's victims are in sub-Saharan Africa and 70 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

with commercial sex acts, such as violence, substance use, and increased mobility.

"(I) Lack of access to basic HIV prevention information, education, and services, and lack of coordination with existing women's reproductive health services to reduce stigma and maximize coverage.

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

"(K) High rates of other sexually transmitted infections, unintended pregnancies, and complications during pregnancies and childbirth.

"(L) An absence of functioning legal frameworks to protect women and girls and, where such frameworks exist, the lack of accountable and effective enforcement of such frameworks.

"(41) In addition to vulnerabilities to HIV infection, women in sub-Saharan Africa face a 1-in-13 chance of dying in childbirth compared to a 1-in-16 chance in least developed countries worldwide, a 1-

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

''(42) Because HIV/AIDS is primarily a sexually transmitted disease, the dual threats to a woman's life—HIV and pregnancy—require special attention to protect women's maternal and women's reproductive health.

''(43) Unprotected sex within or outside of marriage is the single greatest factor in the transmission of HIV worldwide and is responsible for 80 percent of new HIV infections in sub-Saharan Africa.

''(44) Multiple randomized controlled trials have established that male circumcision reduces a man's risk of contracting HIV by 60 percent or more. Twelve acceptability studies have found that in regions of sub-Saharan Africa where circumcision is not traditionally practiced, a majority of men want the procedure. Broader availability of male circumcision services could prevent millions of HIV infections not only in men but also in their female partners.

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

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

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

"(C) Research indicates that many youth benefit from full disclosure of medically accurate, age-appropriate information about abstinence, partner reduction, and condoms. Providing comprehensive information about HIV, including delay of sexual debut and the ABC model: 'Abstain, Be faithful, use Condoms', and linking such information to health care can help improve awareness of safe sex practices and address the fact that only 1 in 3 young men and 1 in 5 young women ages 15 to 24 can correctly identify ways to prevent HIV infection.

"(D) Surveys indicate that no country has succeeded in fully educating more than one-half of its youth about the prevention and transmission of HIV.

"(46) According to the United Nations High Commissioner for Refugees (UNHCR), HIV/AIDS prevalence rates among refugees are generally lower than the HIV/AIDS prevalence rates for their host communities, though perceptions run counter to this 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

157,240 HIV infections in infants; cared for nearly over 6.6 million individuals, including over 2.7 million orphans and vulnerable children; supported life-saving antiretroviral therapies for approximately 1,358,500 men, women, and children in sub-Saharan Africa, Asia, and the Carribean; and provided counseling and testing to over 33.7 million men, women, and children in developing countries.

''(57) These numbers were achieved because of the commitment of substantial resources and support of the United States Government to our partners on the front lines—the dedicated and committed women and men, communities, and nations who are taking control of the HIV/AIDS epidemics in their own countries.''.

SEC. 3. DEFINITIONS.

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

(1) in paragraph (2), by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''; and

(2) by adding at the end the following:

''(7) WOMEN'S REPRODUCTIVE HEALTH.—The term 'women's reproductive health' means medical

care in furtherance of pregnancy and childbirth, preventative gynecological treatment and testing for women with healthy reproductive systems, including contraception safety and efficacy, and the diagnosis, treatment, and prevention of infections and diseases that affect the female reproductive system.''.

SEC. 4. PURPOSE.

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

''SEC. 4. PURPOSE.

''The purpose of this Act is to strengthen and enhance United States global leadership and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases in developing countries by—

''(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS, tuberculosis, and malaria that encompasses a plan for continued expansion and coordination of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

"(2) providing increased resources for United States bilateral efforts to combat HIV/AIDS, tuberculosis, and malaria, particularly for prevention, treatment, and care (including nutritional support), technical assistance and training, the strengthening of health care systems, health care workforce development, monitoring and evaluations systems, and operations research;

"(3) providing increased resources for multilateral efforts to combat HIV/AIDS, tuberculosis, and malaria;

"(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

"(5) intensifying efforts to support the development of vaccines, microbicides, and other prevention technologies and improved diagnostics treatment for HIV/AIDS, tuberculosis, and malaria.".

TITLE I—POLICY PLANNING AND COORDINATION

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

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

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

(1) in the first sentence of the matter preceding paragraph (1), by striking ''to combat'' and inserting ''to develop efforts further to combat'';

(2) by amending paragraph (4) to read as follows:

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

''(A) designing prevention strategies and programs based on sound epidemiological evidence, tailored to the unique needs of each country and community, and reaching those populations found to be most at risk for acquiring HIV infection;

''(B) promoting abstinence from sexual activity and substance abuse;

''(C) encouraging delay of sexual debut, monogamy, fidelity, and partner reduction;

''(D) promoting the effective use of male and female condoms;

''(E) promoting the use of safe-sex practices 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;'';

(5) by redesignating paragraphs (10) and (11) (as redesignated by paragraph (3) of this subsection) as paragraphs (11) and (12), respectively; and

(6) by inserting after paragraph (9) (as redesignated by paragraph (3) of this subsection) the following:

''(10) maximize host country capacities in training and research, particularly operations research;''.

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

(1) in paragraph (1), by striking ''this Act'' and inserting ''the United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008''; and

(2) in paragraph (3)—

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

''(C) A description of the manner in which the strategy will address the following:

''(i) The fundamental elements of prevention and education, care and treatment, including increasing access to pharmaceuticals, vaccines, and microbicides, as 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

access to necessary and comprehensive information about reducing sexual transmission of HIV among women, men, and young people.

"(AA) A strategy to work with international and host country partners toward universal access to HIV/AIDS prevention, treatment, and care programs.".

SEC. 102. HIV/AIDS RESPONSE COORDINATOR.

Section 1(f)(2) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—

(1) in subparagraph (A)—

(A) in the matter preceding clause (i), by inserting ", host country finance, health, and other relevant ministries" after "community-based organizations)"; and

(B) in clause (iii), by inserting "and host country finance, health, and other relevant ministries" after "community-based organizations)"; and

(2) in subparagraph (B)(ii)—

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

"(IV) Establishing an interagency 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

by subparagraph (D) of this paragraph) the following:

"(X) Working, in partnership with host countries in which the HIV/AIDS epidemic is prevalent among injection drug users, to establish, as a national priority, national HIV/AIDS prevention programs, including education, and services demonstrated to be effective in reducing the transmission of HIV infection among injection drug users without increasing drug use.

"(XI) Working, in partnership with host countries in which the HIV/AIDS epidemic is prevalent among individuals involved in commercial sex acts, to establish, as a national priority, national prevention programs, including education, voluntary testing, and counseling, and referral systems that link HIV/AIDS programs with programs to eradicate trafficking in persons and create alternatives to prostitution.";

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

by striking ''funds section'' and inserting ''funds appropriated pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 for HIV/AIDS assistance''; and

(H) by adding at the end the following:

''(XIII) Publicizing updated drug pricing data to inform pharmaceutical procurement partners' purchasing decisions.''.

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

SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PARTNERSHIPS.

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

(1) in paragraph (2), by striking ''infectious diseases'' and inserting ''easily preventable and treatable infectious diseases''; and

(2) in paragraph (4), by striking ''infectious diseases'' and inserting ''easily preventable and treatable infectious diseases''.

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

(a) FINDINGS.—Subsection (a) of section 202 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622) is amended—

(1) by redesignating paragraphs (1) through (3) as paragraphs (7) through (9), respectively; and

(2) by inserting before paragraph (7) (as redesignated by paragraph (1) of this subsection) the following:

''(1) The Global Fund to Fight AIDS, Tuberculosis and Malaria is the multilateral component of this Act, extending United States efforts to a total of 136 countries around the world.

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

"(3) By 2010, it is estimated that the demand for funding by the Global Fund will grow in size to between $6 and $8 billion annually, requiring significant contributions from donors around the world, including at least $2 billion annually from the United States.

"(4) The Global Fund is an innovative financing mechanism to combat HIV/AIDS, tuberculosis, and malaria, and has made progress in many areas.

"(5) The United States Government is the largest supporter of the Global Fund, both in terms of resources and technical support.

"(6) The United States made the initial contribution to the Global Fund and is fully committed to its success.".

(b) UNITED STATES FINANCIAL PARTICIPATION.—

(1) AUTHORIZATION OF APPROPRIATIONS.—Subsection (d)(1) of such section is amended—

(A) by striking "$1,000,000,000" and inserting "$2,000,000,000";

(B) by striking "for the period of fiscal year 2004 beginning on January 1, 2004," and inserting "for each of the fiscal years 2009 and 2010,"; and

(C) by striking ''the fiscal years 2005–2008'' and inserting ''each of the fiscal years 2011 through 2013''.

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

(A) in subparagraph (A)—

(i) in clause (i), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013'';

(ii) in clause (ii), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(iii) in clause (vi)—

(I) by striking ''for purposes'' and inserting ''For purposes'';

(II) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(III) by striking ''fiscal year 2004'' and inserting ''fiscal year 2009'';

(B) in subparagraph (B)(iv)—

(i) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(ii) by adding at the end before the period the following: '', unless such amount is made available for more than one fiscal year, in which case such amount is authorized to be made available for such purposes after December 31 of the fiscal year following the fiscal year in which such funds first became available.''; and

(C) in subparagraph (C)(ii) by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''.

SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.

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

(b) INTERNATIONAL AIDS VACCINE INITIATIVE.—Subsection (l) of such section is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—Subsection (m) of such section is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 204. MICROBICIDE RESEARCH FOR PREVENTING TRANSMISSION OF HIV AND OTHER DISEASES.

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

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

''SEC. 2351A. MICROBICIDE RESEARCH.

''(a) FEDERAL STRATEGIC PLAN.—

''(1) IN GENERAL.—The Director of the Office shall—

''(A) expedite the implementation of the Federal strategic plans for the conduct and support of research on and development of a microbicide for use in developing countries to 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.".

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

"SEC. 447C. MICROBICIDE RESEARCH AND DEVELOPMENT.

''The Director of the Institute, acting through the head of the Division of AIDS, shall carry out research on and development of a microbicide for use in developing countries to prevent the transmission of the human immunodeficiency virus. The Director shall ensure that there are a sufficient number of employees dedicated to carrying out such activities.''.

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

"SEC. 317T. MICROBICIDE RESEARCH.

''(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention shall fully implement such Centers' microbicide agenda to support research and development of microbicides for use in developing countries to prevent the transmission of the human immunodeficiency virus.

''(b) AUTHORIZATION OF APPROPRIATION.—There 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.

SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF HOST COUNTRIES.

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

"SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF HOST COUNTRIES.

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

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

''(2) In addition to HIV/AIDS programs, other treatable and preventable infectious diseases could be treated concurrently and easily if health care delivery systems in developing countries were significantly 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 pol-
14 icy 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)

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

"Sec. 204. Plan to combat HIV/AIDS 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.

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

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

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

(A) in the first sentence—

(i) by striking "It is a major" and inserting the following:

"(1) GENERAL POLICY.—It is a major";

(ii) by striking "control" and inserting "care"; and

(iii) by adding at the end before the period the following: "and to fulfill United 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.''.

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

(A) in paragraph (1)—

(i) by inserting ", South and Southeast Asia, Central and Eastern Europe" after "the Caribbean"; and

(ii) by adding at the end before the period the following: ", and particularly with respect to refugee populations in such countries and areas";

(B) in paragraph (2)—

(i) by inserting ", South and Southeast Asia, Central and Eastern Europe" after "the Caribbean"; and

(ii) by adding at the end before the period the following: ", and particularly with respect to camp-based refugee populations in such countries and areas";

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

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

"(3) ROLE OF PUBLIC HEALTH CARE DELIVERY 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—

(i) in subparagraph (A)—

(I) by inserting ", including women's reproductive health and family planning programs," after "health programs"; and

(II) by inserting "male and female" before "condoms";

(ii) in subparagraph (B)—

(I) by inserting "relevant and" after "culturally";

(II) by inserting "and programs" after "those organizations"; and

(III) by inserting ", level of scientific and fact-based knowledge" after "experience";

(iii) in subparagraph (D)—

(I) by inserting "and non-judgmental approaches" after "protections"; and

(II) by adding at the end before the semicolon the following: ", and for improving prevention services, including counseling on family planning and the provision of contraceptive services

and commodities, either directly or by referral'';

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

''(E) assistance to achieve the target of reaching 80 percent of pregnant women for prevention and treatment of mother-to-child transmission of HIV in countries in which the United States is implementing HIV/AIDS programs by 2013, as described in section 312(b)(1) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, and to promote infant feeding options that meet the criteria described in the World Health Organization's Global Strategy for Infant and Young Child Feeding;'';

(v) in subparagraph (G)—

(I) by adding at the end before the semicolon the following: '', including education and services demonstrated to be effective in reducing the transmission of HIV infection without increasing drug use''; and

(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)'';

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

(iv) in clause (iii) (as redesignated by clause (iii) of this subparagraph), by striking ''and'' at the end;

(v) in clause (iv) (as redesignated by clause (iii) of this subparagraph), by striking the period at the end and inserting ''; and'' and

(vi) by adding at the end the following:

''(v) carrying out and expanding monitoring, impact evaluation research, and operations research (including research and evaluations of gender-responsive interventions, disaggregated by age and sex, in order to identify and replicate effective models, develop gender indicators to measure both outcomes and impacts of interventions, especially interventions designed to reduce gender inequalities, and collect lessons learned for dissemination among different 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 opportun-
11 istic 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 professsionals) 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

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

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

(1) in paragraph (1), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) FOOD SECURITY AND NUTRITION SUPPORT.—Subsection (c) of such section is amended to read as follows:

''(c) FOOD SECURITY AND NUTRITION SUPPORT.—

''(1) FINDINGS.—Congress finds the following:

''(A) The United States provides more than 60 percent of all food assistance worldwide.

''(B) According to the United Nations World Food Program and other United Nations agencies, food insecurity of individuals with 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

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

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

''(D) the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the Administrator of the United States Agency for International Development should make it a priority to work together and with other United States Government agencies, donors, and multilateral institutions to increase the integration of food and nutrition support and livelihood activities into HIV/AIDS prevention, treatment, and care activities funded by the United States and other governments and organizations;

''(E) for purposes of determining which individuals infected with HIV should be provided with nutrition and food support, an individual with a body mass index (BMI) of 18.5 or less, 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 livelihood
20 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 tivities 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 heath
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).

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

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

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

''(1) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 1.6 million individuals per year—one person every 20 seconds.

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

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

''(4)(A) The wide extent of drug resistance, including both multi-drug resistant tuberculosis

(MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat.

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

''(C) XDR–TB is converging with the HIV/AIDS epidemic, undermining gains in HIV/AIDS prevention and treatment programs and requires urgent interventions.

''(D) Drug resistance surveillance reports have confirmed the serious scale and spread of tuberculosis, with XDR–TB strains confirmed on six continents.

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

''(F) Of the world's regions, sub-Saharan Africa, faces the greatest gap in capacity to prevent, treat, and care for individuals with XDR–TB.''.

(2) POLICY.—Subsection (b) of such section is 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 Tuber-
22 culosis Drug Facility.".
23 (5) ASSISTANCE FOR WHO AND THE STOP TU-
24 BERCULOSIS PARTNERSHIP.—Such section is further
25 amended—

(A) by redesignating subsection (g) (as redesignated by paragraph (3) of this subsection) as subsection (h) ; and

(B) by inserting after subsection (f) (as redesignated by paragraph (4) and amended by paragraph (5) of this subsection) the following new subsection:

''(g) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB).''.

(6) DEFINITIONS.—Subsection (h) of such section (as redesignated by paragraph (5)(A) of this subsection) is amended—

(A) in paragraph (1), by adding at the end before the period the following: '', including low cost and effective diagnosis and evaluation of 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) in paragraph (1), by striking ''such sums as may be necessary for each of the fiscal years 2004 through 2008'' and inserting ''$4,000,000,000 for fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

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

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

(1) in paragraph (1), by striking ''such sums as may be necessary for fiscal years 2004 through 2008'' and inserting ''$5,000,000,000 for fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) DEVELOPMENT OF A COMPREHENSIVE FIVE-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;

"(iv) pursue coordinate program implementation with host governments, other donors, and the private sector; and

"(v) establish due diligence criteria for all recipients of funds appropriated pursuant to the authorizations of appropriations under section 401 for malaria assistance.

"(f) ASSISTANCE TO WHO.—In carrying out this section, the President is authorized to make a United States contribution to the Roll Back Malaria Partnership and the World Health Organization (WHO) to improve the capacity of countries with high rates of malaria and other affected countries to implement comprehensive malaria control programs.

"(g) ANNUAL REPORT.—

"(1) IN GENERAL.—Not later than 270 days after the date of the enactment of the United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter, the President shall transmit to the appropriate congressional committees a report on United States assistance for the prevention, treatment, 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

"(H) the number of women receiving antenatal care and access to women's reproductive health services through malaria assistance programs.".

SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.

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

"SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.

"(a) SENSE OF CONGRESS.—It is the sense of Congress that the use of health care partnerships that link United States and host country health care institutions create opportunities for sharing of knowledge and expertise among individuals with significant experience in health-related fields and build local capacity to combat HIV/AIDS and increase scientific understanding of the progression of HIV/AIDS and the HIV/AIDS epidemic.

"(b) AUTHORITY TO FACILITATE HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.—The President, acting through the Coordinator of United States Government 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/AID services in host countries; and

"(4) meeting individual country needs and, where possible, insisting on the implementation of a national strategic plan, by providing training and mentoring to strengthen human and organizational capacity among local health care service organizations.

"(c) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this section.".

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by striking the item relating to section 304 and inserting the following new item:

"Sec. 304. Health care partnerships to combat HIV/AIDS.".

SEC. 305. AMENDMENT TO THE IMMIGRATION AND NATIONALITY ACT.

Section 212(a)(1)(A)(i) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)(A)(i)) is amended by striking "which shall include infection with the etiologic agent for acquired immune deficiency syndrome,".

Subtitle B—Assistance for Women, Children, and Families

SEC. 311. POLICY AND REQUIREMENTS.

(a) POLICY.—Subsection (a) of section 312 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7652) is amended—

(1) in the first sentence, by striking ''The United States Government's'' and inserting the following:

''(1) IN GENERAL.—The United States''; and

(2) by adding at the end the following:

''(2) COLLABORATION.—The United States should work in collaboration with governments, donors, the private sector, nongovernmental organizations, and other key stakeholders to carry out the policy described in paragraph (1).''.

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

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

''(1) establish a target for prevention and treatment of mother-to-child transmission of HIV that 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;

"(6) ensure that women in prevention of mother-to-child transmission of HIV programs have access to voluntary contraceptive counseling as well as with contraceptive services and commodities, either directly or by referral; and

"(7) ensure that women in prevention of mother-to-child transmission of HIV programs are provided with appropriate maternal and child services, either directly or by referral.".

SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.

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

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

(a) IN GENERAL.—Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631 et seq.) is amended by adding 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

implementation of this section for the prior fiscal year.

"(2) MATTERS TO BE INCLUDED.—The report required under paragraph (1) shall include the following:

"(A) A description of the prevention programs designed to address the vulnerabilities of women and youth to HIV/AIDS.

"(B) A list of nongovernmental organizations in each country that receive assistance from the United States to carry out HIV prevention activities, including the amount and the source of funding received.".

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

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

SEC. 314. CLERICAL AMENDMENT.

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

"Subtitle B—Assistance for Women, Children, and Families".

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

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

(1) by striking ''$3,000,000,000'' and inserting ''$10,000,000,000''; and

(2) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 402. SENSE OF CONGRESS.

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

(1) by striking paragraph (1);

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

(3) in paragraph (2) (as redesignated by paragraph (2) of this section), by striking '', of which'' and all that follows through ''programs''.

SEC. 403. ALLOCATION OF FUNDS.

(a) HIV/AIDS PREVENTION ACTIVITIES.—Subsection (a) of section 403 of the United States Leadership

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

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

(b) ORPHANS AND VULNERABLE CHILDREN.—Subsection (b) of such section is amended by striking "fiscal years 2006 through 2008" and inserting "fiscal years 2009 through 2013".

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

SEC. 501. SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS.

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

"TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

"SEC. 601. FINDINGS.

''Congress makes the following findings:

''(1) The shortage of health personnel, including doctors, nurses, pharmacists, counselors, laboratory staff, and paraprofessionals, is one of the leading obstacles to fighting HIV/AIDS in sub-Saharan Africa.

''(2) The HIV/AIDS pandemic aggravates the shortage of health workers through loss of life and illness among medical staff, unsafe working conditions for medical personnel, and increased workloads for diminished staff, while the shortage of health personnel undermines efforts to prevent and provide care and treatment for individuals with HIV/AIDS.

''(3) Failure to address the shortage of health care professionals and paraprofessionals, and the factors forcing such individuals to leave sub-Saharan Africa, will undermine the objectives of United States development policy and will subvert opportunities to achieve internationally-recognized goals for the prevention, treatment, and care of HIV/AIDS 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) POSITION OF THE UNITED STATES AT THE
2 IMF.—The Secretary of the Treasury shall instruct the
3 United States Executive Director at the International
4 Monetary Fund to use the voice, vote, and influence of
5 the United States to oppose any loan, project, agreement,
6 memorandum, instrument, plan, or other program of the
7 International Monetary Fund that does not exempt in-
8 creased government spending on health care from national
9 budget caps or restraints, hiring or wage bill ceilings, or
10 other limits sought by any international financial institu-
11 tion.

12 **"SEC. 604. PUBLIC-SECTOR PROCUREMENT AND SUPPLY**
13 **CHAIN MANAGEMENT SYSTEMS.**

14 "(a) IN GENERAL.—The Coordinator of United
15 States Government Activities to Combat AIDS Globally
16 shall work with the Partnership for Supply Chain Manage-
17 ment Systems, host countries, and nongovernmental orga-
18 nizations to develop an effective, reliable host country-
19 owned and operated public-sector procurement and supply
20 chain management systems, including regional distribu-
21 tion, with ongoing technical assistance and sustained sup-
22 port to ensure the function of such systems, as well as
23 existing non-public sector supply chains, including those
24 operated by faith-based and other humanitarian organiza-
25 tions that procure and distribute medical supplies.

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 international financial institutions.
''Sec. 604. Public-sector procurement and supply chain management systems.
''Sec. 605. Authorization of appropriations.''.