

(A) represents a range of countries and service environments;

(B) estimates the per-patient cost of antiretroviral HIV/AIDS treatment and the care of people with HIV/AIDS not receiving antiretroviral treatment, including a comparison of the costs for equivalent services provided by programs not receiving assistance under this chapter;

(C) estimates per-patient costs across the program and in specific categories of service providers, including—

- (i) urban and rural providers;
- (ii) country-specific providers; and
- (iii) other subcategories, as appropriate.

(2) Publication

Not later than 90 days after the completion of each study under paragraph (1), the Global AIDS Coordinator shall make the results of such study available on a publicly accessible Web site.

(h) Message

The Global AIDS Coordinator shall develop a message, to be prominently displayed by each program receiving funds under this chapter, that—

(1) demonstrates that the program is a commitment by citizens of the United States to the global fight against HIV/AIDS, tuberculosis, and malaria; and

(2) enhances awareness by program recipients that the program is an effort on behalf of the citizens of the United States.

(Pub. L. 108–25, title I, §101, May 27, 2003, 117 Stat. 718; Pub. L. 110–293, title I, §101, July 30, 2008, 122 Stat. 2923.)

REFERENCES IN TEXT

This chapter, referred to in subsecs. (c)(2)(B)(vi), (vii), (f)(1)(A), (g)(1)(B), and (h), was in the original “this Act”, meaning Pub. L. 108–25, May 27, 2003, 117 Stat. 711, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 7601 of this title and Tables.

AMENDMENTS

2008—Subsec. (a). Pub. L. 110–293, §101(a), amended subsec. (a) generally. Prior to amendment, subsec. (a) required the President to establish a comprehensive, integrated, five-year strategy to combat global HIV/AIDS that strengthened the capacity of the United States to be an effective leader of the international campaign against HIV/AIDS and set out standards in pars. (1) to (10) for this strategy.

Subsec. (b). Pub. L. 110–293, §101(b), amended subsec. (b) generally. Prior to amendment, subsec. (b) consisted of pars. (1) to (3) relating to presidential submission of a report to Congress setting forth the strategy described in subsec. (a).

Subsec. (c). Pub. L. 110–293, §101(c), amended subsec. (c) generally. Prior to amendment, subsec. (c) related to the study of success rates and distribution of resources under the strategy described in subsec. (a).

Subsecs. (d) to (f). Pub. L. 110–293, §101(d), added subsecs. (d) to (f).

Subsecs. (g), (h). Pub. L. 110–293, §101(e), added subsecs. (g) and (h).

DELEGATION OF CERTAIN AUTHORITY UNDER THE UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003

For delegation of functions of President under this chapter to Secretary of State, see Delegation of Functions note set out under section 7601 of this title.

Memorandum of President of the United States, Feb. 23, 2004, 69 F.R. 9509, provided:

Memorandum for the Secretary of State

By the authority vested in me as President by the Constitution and the laws of the United States, including section 301 of title 3, United States Code, I hereby delegate to you the functions and authority conferred upon the President by sections 202(c), 305, and 313 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25) [22 U.S.C. 7622(c), 7635, and 7653], to provide the specified reports to the Congress. In addition, I delegate to you the authority vested in the President by section 101 of Public Law 108–25 [22 U.S.C. 7611] to establish a comprehensive, integrated, 5-year strategy to combat global HIV/AIDS and to submit to the appropriate congressional committees a report setting forth the strategy.

You are authorized and directed to publish this memorandum in the Federal Register.

GEORGE W. BUSH.

§ 7612. HIV/AIDS response Coordinator

(a) Omitted

(b) Resources

Not later than 90 days after May 27, 2003, the President shall specify the necessary financial and personnel resources, from funds appropriated pursuant to the authorization of appropriations under section 7671 of this title for HIV/AIDS assistance, that shall be assigned to and under the direct control of the Coordinator of United States Government Activities to Combat HIV/AIDS Globally to establish and maintain the duties and supporting activities assigned to the Coordinator by this chapter and the amendments made by this chapter.

(c) Establishment of separate account

There is established in the general fund of the Treasury a separate account which shall be known as the “Activities to Combat HIV/AIDS Globally Fund” and which shall be administered by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally. There shall be deposited into the Fund all amounts appropriated pursuant to the authorization of appropriations under section 7671 of this title for HIV/AIDS assistance, except for amounts appropriated for United States contributions to the Global Fund.

(d) Sense of Congress

It is the sense of Congress that—

(1) full-time country level coordinators, preferably with management experience, should head each HIV/AIDS country team for United States missions overseeing significant HIV/AIDS programs;

(2) foreign service nationals provide critically important services in the design and implementation of United States country-level HIV/AIDS programs and their skills and experience as public health professionals should be recognized within hiring and compensation practices; and

(3) staffing levels for United States country-level HIV/AIDS teams should be adequately maintained to fulfill oversight and other obligations of the positions.

(Pub. L. 108–25, title I, §102, May 27, 2003, 117 Stat. 721; Pub. L. 110–293, title I, §103, July 30, 2008, 122 Stat. 2935.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (b), was in the original “this Act”, meaning Pub. L. 108–25, May 27, 2003, 117 Stat. 711, which is classified principally to this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 7601 of this title and Tables.

CODIFICATION

Section is comprised of section 102 of Pub. L. 108–25. Subsec. (a) of section 102 of Pub. L. 108–25 amended section 2651a of this title.

AMENDMENTS

2008—Subsec. (d), Pub. L. 110–293 added subsec. (d).

DELEGATION OF FUNCTIONS

For delegation of functions of President under this section, see Ex. Ord. No. 12163, Sept. 29, 1979, 44 F.R. 56673, as amended, set out as a note under section 2381 of this title.

§ 7612a. HIV/AIDS Working Capital Fund

(1) In furtherance of the purposes of section 2151b–2 of this title, and to assist in providing a safe, secure, reliable, and sustainable supply chain of pharmaceuticals and other products needed to provide care and treatment of persons with HIV/AIDS and related infections, the Coordinator of the United States Government Activities to Combat HIV/AIDS Globally (the “Coordinator”) is authorized to establish an HIV/AIDS Working Capital Fund (in this section referred to as the “HIV/AIDS Fund”).

(2) Funds deposited during any fiscal year in the HIV/AIDS Fund shall be available without fiscal year limitation and used for pharmaceuticals and other products needed to provide care and treatment of persons with HIV/AIDS and related infections, including, but not limited to—

(A) anti-retroviral drugs;

(B) other pharmaceuticals and medical items needed to provide care and treatment to persons with HIV/AIDS and related infections;

(C) laboratory and other supplies for performing tests related to the provision of care and treatment to persons with HIV/AIDS and related infections;

(D) other medical supplies needed for the operation of HIV/AIDS treatment and care centers, including products needed in programs for the prevention of mother-to-child transmission;

(E) pharmaceuticals and health commodities needed for the provision of palliative care; and

(F) laboratory and clinical equipment, as well as equipment needed for the transportation and care of HIV/AIDS supplies, and other equipment needed to provide prevention, care and treatment of HIV/AIDS described above.

(3) There may be deposited during any fiscal year in the HIV/AIDS Fund payments for HIV/AIDS pharmaceuticals and products provided from the HIV/AIDS Fund received from applicable appropriations and funds of the United States Agency for International Development, the Department of Health and Human Services, the Department of Defense, or other Federal agencies and other sources at actual cost of the

HIV/AIDS pharmaceuticals and other products, actual cost plus the additional costs of providing such HIV/AIDS pharmaceuticals and other products, or at any other price agreed to by the Coordinator or his designee.

(4) There may be deposited in the HIV/AIDS Fund payments for the loss of, or damage to, HIV/AIDS pharmaceuticals and products held in the HIV/AIDS Fund, rebates, reimbursements, refunds and other credits applicable to the operation of the HIV/AIDS Fund.

(5) At the close of each fiscal year the Coordinator may transfer out of the HIV/AIDS Fund to other HIV/AIDS programmatic areas such amounts as the Coordinator determines to be in excess of the needs of the HIV/AIDS Fund.

(6) At the close of each fiscal year the Coordinator shall submit a report to the Committees on Appropriations detailing the financial activities of the HIV/AIDS Fund, including sources of income and information regarding disbursements.

(Pub. L. 108–447, div. D, title V, §525(b), Dec. 8, 2004, 118 Stat. 3000.)

CODIFICATION

Section was enacted as part of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2005, and also as part of the Consolidated Appropriations Act, 2005, and not as part of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 which comprises this chapter.

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

§ 7621. Sense of Congress on public-private partnerships**(a) Findings**

Congress makes the following findings:

(1) Innovative partnerships between governments and organizations in the private sector (including foundations, universities, corporations, faith-based and community-based organizations, and other nongovernmental organizations) have proliferated in recent years, particularly in the area of health.

(2) Public-private sector partnerships multiply local and international capacities to strengthen the delivery of health services in developing countries and to accelerate research for vaccines and other pharmaceutical products that are essential to combat infectious diseases decimating the populations of these countries.

(3) These partnerships maximize the unique capabilities of each sector while combining financial and other resources, scientific knowledge, and expertise toward common goals which neither the public nor the private sector can achieve alone.

(4) Sustaining existing public-private partnerships and building new ones are critical to the success of the international community’s efforts to combat HIV/AIDS and other infectious diseases around the globe.

(b) Sense of Congress

It is the sense of Congress that—