

104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c))¹ (as in effect immediately before May 27, 2003) and made available for the control of malaria shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2009 through 2013 under paragraph (1).

(c) Statement of policy

Providing assistance for the prevention, control, treatment, and the ultimate eradication of malaria is—

- (1) a major objective of the foreign assistance program of the United States; and
- (2) 1 component of a comprehensive United States global health strategy to reduce disease burdens and strengthen communities around the world.

(d) Development of a comprehensive 5-Year strategy

The President shall establish a comprehensive, 5-year strategy to combat global malaria that—

- (1) strengthens the capacity of the United States to be an effective leader of international efforts to reduce² malaria burden;
- (2) maintains sufficient flexibility and remains responsive to the ever-changing nature of the global malaria challenge;
- (3) includes specific objectives and multisectoral approaches and strategies to reduce the prevalence, mortality, incidence, and spread of malaria;
- (4) describes how this strategy would contribute to the United States' overall global health and development goals;
- (5) clearly explains how outlined activities will interact with other United States Government global health activities, including the 5-year global AIDS strategy required under this chapter;
- (6) expands public-private partnerships and leverage of resources;
- (7) coordinates among relevant Federal agencies to maximize human and financial resources and to reduce duplication among these agencies, foreign governments, and international organizations;
- (8) coordinates with other international entities, including the Global Fund;
- (9) maximizes United States capabilities in the areas of technical assistance and training and research, including vaccine research; and
- (10) establishes priorities and selection criteria for the distribution of resources based on factors such as—
 - (A) the size and demographics of the population with malaria;
 - (B) the needs of that population;
 - (C) the country's existing infrastructure; and
 - (D) the ability to closely coordinate United States Government efforts with national malaria control plans of partner countries.

(Pub. L. 108–25, title III, § 303, May 27, 2003, 117 Stat. 736; Pub. L. 110–293, title III, § 303(b), July 30, 2008, 122 Stat. 2960.)

¹ So in original. Probably should be followed by a second closing parenthesis.

² So in original. Probably should be followed by “the”.

REFERENCES IN TEXT

The Foreign Assistance Act of 1961, referred to in subsec. (b)(1), is Pub. L. 87–195, Sept. 4, 1961, 75 Stat. 424, which is classified principally to chapter 32 (§2151 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 2151 of this title and Tables.

This chapter, referred to in subsec. (d)(5), 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 303 of Pub. L. 108–25. Subsec. (a) and another subsec. (c) of section 303 of Pub. L. 108–25, respectively, enacted section 2151b–4 of this title and amended section 2151b of this title.

AMENDMENTS

2008—Subsec. (b)(1). Pub. L. 110–293, § 303(b)(1)(A), substituted “\$5,000,000,000 during the 5-year period beginning on October 1, 2008” for “such sums as may be necessary for fiscal years 2004 through 2008”.

Subsec. (b)(3). Pub. L. 110–293, § 303(b)(1)(B), substituted “fiscal years 2009 through 2013” for “fiscal years 2004 through 2008”.

Subsecs. (c), (d). Pub. L. 110–293, § 303(b)(2), added subsecs. (c) relating to statement of policy and (d).

§ 7634. Malaria response Coordinator

(a) In general

There is established within the United States Agency for International Development a Coordinator of United States Government Activities to Combat Malaria Globally (referred to in this section as the “Malaria Coordinator”), who shall be appointed by the President.

(b) Authorities

The Malaria Coordinator, acting through non-governmental organizations (including faith-based and community-based organizations), partner country finance, health, and other relevant ministries, and relevant executive branch agencies as may be necessary and appropriate to carry out this section, is authorized to—

- (1) operate internationally to carry out prevention, care, treatment, support, capacity development, and other activities to reduce the prevalence, mortality, and incidence of malaria;
- (2) provide grants to, and enter into contracts and cooperative agreements with, non-governmental organizations (including faith-based organizations) to carry out this section; and
- (3) transfer and allocate executive branch agency funds that have been appropriated for the purposes described in paragraphs (1) and (2).

(c) Duties

(1) In general

The Malaria Coordinator has primary responsibility for the oversight and coordination of all resources and international activities of the United States Government relating to efforts to combat malaria.

(2) Specific duties

The Malaria Coordinator shall—

(A) facilitate program and policy coordination of antimalarial efforts among relevant executive branch agencies and nongovernmental organizations by auditing, monitoring, and evaluating such programs;

(B) ensure that each relevant executive branch agency undertakes antimalarial programs primarily in those areas in which the agency has the greatest expertise, technical capability, and potential for success;

(C) coordinate relevant executive branch agency activities in the field of malaria prevention and treatment;

(D) coordinate planning, implementation, and evaluation with the Global AIDS Coordinator in countries in which both programs have a significant presence;

(E) coordinate with national governments, international agencies, civil society, and the private sector; and

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

(d) Assistance for the World Health Organization

In carrying out this section, the President may provide financial assistance to the Roll Back Malaria Partnership of the World Health Organization to improve the capacity of countries with high rates of malaria and other affected countries to implement comprehensive malaria control programs.

(e) Coordination of assistance efforts

In carrying out this section and in accordance with section 2151b-4 of this title, the Malaria Coordinator shall coordinate the provision of assistance by working with—

(1) relevant executive branch agencies, including—

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

(B) the Department of Health and Human Services;

(C) the Department of Defense; and

(D) the Office of the United States Trade Representative;

(2) relevant multilateral institutions, including—

(A) the World Health Organization;

(B) the United Nations Children's Fund;

(C) the United Nations Development Programme;

(D) the Global Fund;

(E) the World Bank; and

(F) the Roll Back Malaria Partnership;

(3) program delivery and efforts to lift barriers that would impede effective and comprehensive malaria control programs; and

(4) partner or recipient country governments and national entities including universities and civil society organizations (including faith- and community-based organizations).

(f) Research

To carry out this section, the Malaria Coordinator, in accordance with section 2151b-4 of this title, shall ensure that operations and implementation research conducted under this chapter will closely complement the clinical and program research being undertaken by the Na-

tional Institutes of Health. The Centers for Disease Control and Prevention should advise the Malaria Coordinator on priorities for operations and implementation research and should be a key implementer of this research.

(g) Monitoring

To ensure that adequate malaria controls are established and implemented, the Centers for Disease Control and Prevention should advise the Malaria Coordinator on monitoring, surveillance, and evaluation activities and be a key implementer of such activities under this chapter. Such activities shall complement, rather than duplicate, the work of the World Health Organization.

(h) Annual report

(1) Submission

Not later than 1 year after July 30, 2008, and annually thereafter, the President shall submit a report to the appropriate congressional committees that describes United States assistance for the prevention, treatment, control, and elimination of malaria.

(2) Contents

The report required under paragraph (1) shall describe—

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

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

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

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

(E) the coordination of United States antimalarial efforts with the national malarial strategies of other donor or partner governments and major private initiatives;

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

(G) the coordination of antimalarial efforts with broader health and development programs; and

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

(I) the number of personnel trained as health workers and the training levels achieved.

(Pub. L. 108-25, title III, §304, May 27, 2003, 117 Stat. 737; Pub. L. 110-293, title III, §304, July 30, 2008, 122 Stat. 2961.)

REFERENCES IN TEXT

This chapter, referred to in subsecs. (f) and (g), 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—Pub. L. 110-293 amended section generally. Prior to amendment, section consisted of subsecs. (a) to (h)

relating to a pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.

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.

§ 7635. Report on treatment activities by relevant executive branch agencies

(a) In general

Not later than 15 months after May 27, 2003, the President shall submit to appropriate congressional committees a report on the programs and activities of the relevant executive branch agencies that are directed to the treatment of individuals in foreign countries infected with HIV or living with AIDS.

(b) Report elements

The report shall include—

(1) a description of the activities of relevant executive branch agencies with respect to—

(A) the treatment of opportunistic infections;

(B) the use of antiretrovirals;

(C) the status of research into successful treatment protocols for individuals in the developing world;

(D) technical assistance and training of local health care workers (in countries affected by the pandemic) to administer antiretrovirals, manage side effects, and monitor patients' viral loads and immune status;

(E) the status of strategies to promote sustainability of HIV/AIDS pharmaceuticals (including antiretrovirals) and the effects of drug resistance on HIV/AIDS patients; and

(F) the status of appropriate law enforcement officials working to ensure that HIV/AIDS pharmaceutical treatment is not diminished through illegal counterfeiting and black market sales of such pharmaceuticals;

(2) information on existing pilot projects, including a discussion of why a given population was selected, the number of people treated, the cost of treatment, the mechanisms established to ensure that treatment is being administered effectively and safely, and plans for scaling up pilot projects (including projected timelines and required resources); and

(3) an explanation of how those activities relate to efforts to prevent the transmission of the HIV infection.

(Pub. L. 108–25, title III, §305, May 27, 2003, 117 Stat. 739.)

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, and Memorandum of President of Feb. 23, 2004, 69 F.R. 9509, set out as a note under section 7611 of this title.

§ 7636. Study on illegal diversions of prescription drugs

Not later than 180 days after May 27, 2003, the Secretary of Health and Human Services, in co-

ordination with other agencies, shall submit a report to the Congress that includes the following:

(1) A thorough accounting of evidence indicating illegal diversion into the United States of prescription drugs donated or sold for humanitarian efforts, and an estimate of the extent of such diversion.

(2) Recommendations to increase the administrative and enforcement powers of the United States to identify, monitor, and prevent the illegal diversion into the United States of prescription drugs donated or sold for humanitarian efforts.

(3) Recommendations and guidelines to advise and provide technical assistance to developing countries on how to implement a program that minimizes diversion into the United States of prescription drugs donated or sold for humanitarian efforts.

(Pub. L. 108–25, title III, §307, May 27, 2003, 117 Stat. 740.)

PART B—ASSISTANCE FOR WOMEN, CHILDREN, AND FAMILIES

§ 7651. Findings

Congress makes the following findings:

(1) Approximately 2,000 children around the world are infected each day with HIV through mother-to-child transmission. Transmission can occur during pregnancy, labor, and delivery or through breast feeding. Over 90 percent of these cases are in developing nations with little or no access to public health facilities.

(2) Mother-to-child transmission is largely preventable with the proper application of pharmaceuticals, therapies, and other public health interventions.

(3) Certain antiretroviral drugs reduce mother-to-child transmission by nearly 50 percent. Universal availability of this drug could prevent up to 400,000 infections per year and dramatically reduce the number of AIDS-related deaths.

(4) At the United Nations Special Session on HIV/AIDS in June 2001, the United States committed to the specific goals with respect to the prevention of mother-to-child transmission, including the goals of reducing the proportion of infants infected with HIV by 20 percent by the year 2005 and by 50 percent by the year 2010, as specified in the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly at the Special Session.

(5) Several United States Government agencies including the United States Agency for International Development and the Centers for Disease Control are already supporting programs to prevent mother-to-child transmission in resource-poor nations and have the capacity to expand these programs rapidly by working closely with foreign governments and nongovernmental organizations.

(6) Efforts to prevent mother-to-child transmission can provide the basis for a broader response that includes care and treatment of mothers, fathers, and other family members who are infected with HIV or living with AIDS.