

covering the President's authority to furnish assistance for health purposes, inserted references to disease prevention and environmental sanitation, and inserted provisions authorizing an appropriation of \$107,700,000 for fiscal year 1978. Former subsec. (b) redesignated (c).

Subsec. (c). Pub. L. 95-88, § 103(b), redesignated former subsec. (b) as (c).

Subsec. (d). Pub. L. 95-88, § 103(c), added subsec. (d).

1975—Subsec. (a). Pub. L. 94-161, § 304(1)–(3), designated existing provisions as subsec. (a), authorized appropriations of \$243,100,000 and \$275,600,000 for fiscal years 1976 and 1977, and prescribed minimum percentage (67) of funds available for any fiscal year to be used for population planning, either in separate programs or as an element of health programs.

Subsec. (b). Pub. L. 94-161, § 304(4), added subsec. (b). 1974—Pub. L. 93-559 increased appropriations authorization for fiscal year 1975 to \$165,000,000 from \$145,000,000.

#### EFFECTIVE DATE OF 1985 AMENDMENT

Amendment by Pub. L. 99-83 effective Oct. 1, 1985, see section 1301 of Pub. L. 99-83, set out as a note under section 2151-1 of this title.

#### EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-53 effective Oct. 1, 1979, see section 512(a) of Pub. L. 96-53, set out as a note under section 2151 of this title.

#### EFFECTIVE DATE OF 1978 AMENDMENT

Amendment by Pub. L. 95-424 effective Oct. 1, 1978, see section 605 of Pub. L. 95-424, set out as a note under section 2151 of this title.

#### EFFECTIVE DATE OF 1977 AMENDMENT

Pub. L. 95-88, title I, § 103(d), Aug. 3, 1977, 91 Stat. 535, provided that: "The amendment made by subsection (a) of this section [amending this section] shall take effect on October 1, 1977."

#### 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.

#### FINDINGS

Pub. L. 106-264, title II, § 202, Aug. 19, 2000, 114 Stat. 758, provided that: "Congress makes the following findings:

"(1) Since the development of antibiotics in the 1950s, tuberculosis has been largely controlled in the United States and the Western World.

"(2) Due to societal factors, including growing urban decay, inadequate health care systems, persistent poverty, overcrowding, and malnutrition, as well as medical factors, including the HIV/AIDS epidemic and the emergence of multi-drug resistant strains of tuberculosis, tuberculosis has again become a leading and growing cause of adult deaths in the developing world.

"(3) According to the World Health Organization—  
"(A) in 1998, about 1,860,000 people worldwide died of tuberculosis-related illnesses;

"(B) one-third of the world's total population is infected with tuberculosis; and

"(C) tuberculosis is the world's leading killer of women between 15 and 44 years old and is a leading cause of children becoming orphans.

"(4) Because of the ease of transmission of tuberculosis, its international persistence and growth pose a direct public health threat to those nations that had previously largely controlled the disease. This is complicated in the United States by the growth of the homeless population, the rate of incarceration, international travel, immigration, and HIV/AIDS.

"(5) With nearly 40 percent of the tuberculosis cases in the United States attributable to foreign-born per-

sons, tuberculosis will never be controlled in the United States until it is controlled abroad.

"(6) The means exist to control tuberculosis through screening, diagnosis, treatment, patient compliance, monitoring, and ongoing review of outcomes.

"(7) Efforts to control tuberculosis are complicated by several barriers, including—

"(A) the labor intensive and lengthy process involved in screening, detecting, and treating the disease;

"(B) a lack of funding, trained personnel, and medicine in virtually every nation with a high rate of the disease;

"(C) the unique circumstances in each country, which requires the development and implementation of country-specific programs; and

"(D) the risk of having a bad tuberculosis program, which is worse than having no tuberculosis program because it would significantly increase the risk of the development of more widespread drug-resistant strains of the disease.

"(8) Eliminating the barriers to the international control of tuberculosis through a well-structured, comprehensive, and coordinated worldwide effort would be a significant step in dealing with the increasing public health problem posed by the disease."

#### PROGRESS REPORT ON IMPLEMENTATION OF IMMUNIZATION AND ORAL REHYDRATION PROMOTION PROGRAMS

Pub. L. 99-83, title III, § 305(b), Aug. 8, 1985, 99 Stat. 215, provided that: "Each annual report required by section 634 of the Foreign Assistance Act of 1961 [22 U.S.C. 2394] shall describe the progress achieved during the preceding fiscal year in carrying out section 104(c)(3) of such Act [22 U.S.C. 2151b(c)(3)]."

### § 2151b-1. Assistance for malaria prevention, treatment, control, and elimination

#### (a) Assistance

##### (1) In general

The Administrator of the United States Agency for International Development, in coordination with the heads of other appropriate Federal agencies and nongovernmental organizations, shall provide assistance for the establishment and conduct of activities designed to prevent, treat, control, and eliminate malaria in countries with a high percentage of malaria cases.

##### (2) Consideration of interaction among epidemics

In providing assistance pursuant to paragraph (1), the Administrator should consider the interaction among the epidemics of HIV/AIDS, malaria, and tuberculosis.

##### (3) Dissemination of information requirement

Activities referred to in paragraph (1) shall include the dissemination of information relating to the development of vaccines and therapeutic agents for the prevention of malaria (including information relating to participation in, and the results of, clinical trials for such vaccines and agents conducted by United States Government agencies) to appropriate officials in such countries.

#### (b) Authorization of appropriations

##### (1) In general

There are authorized to be appropriated to carry out subsection (a) of this section \$50,000,000 for each of the fiscal years 2001 and 2002.

**(2) Availability**

Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

(Pub. L. 106-570, title I, §103, Dec. 27, 2000, 114 Stat. 3039.)

## CODIFICATION

Section was enacted as part of the Assistance for International Malaria Control Act and also as part of the International Malaria Control Act of 2000, and not as part of the Foreign Assistance Act of 1961 which comprises this chapter.

## FINDINGS

Pub. L. 106-570, title I, §102, Dec. 27, 2000, 114 Stat. 3039, provided that: “Congress makes the following findings:

“(1) The World Health Organization estimates that there are 300,000,000 to 500,000,000 cases of malaria each year.

“(2) According to the World Health Organization, more than 1,000,000 persons are estimated to die due to malaria each year.

“(3) According to the National Institutes of Health, about 40 percent of the world’s population is at risk of becoming infected.

“(4) About half of those who die each year from malaria are children under 9 years of age.

“(5) Malaria kills one child each 30 seconds.

“(6) Although malaria is a public health problem in more than 90 countries, more than 90 percent of all malaria cases are in sub-Saharan Africa.

“(7) In addition to Africa, large areas of Central and South America, Haiti and the Dominican Republic, the Indian subcontinent, Southeast Asia, and the Middle East are high risk malaria areas.

“(8) These high risk areas represent many of the world’s poorest nations.

“(9) Malaria is particularly dangerous during pregnancy. The disease causes severe anemia and is a major factor contributing to maternal deaths in malaria endemic regions.

“(10) ‘Airport malaria’, the importing of malaria by international aircraft and other conveyances, is becoming more common, and the United Kingdom reported 2,364 cases of malaria in 1997, all of them imported by travelers.

“(11) In the United States, of the 1,400 cases of malaria reported to the Centers for Disease Control and Prevention in 1998, the vast majority were imported.

“(12) Between 1970 and 1997, the malaria infection rate in the United States increased by about 40 percent.

“(13) Malaria is caused by a single-cell parasite that is spread to humans by mosquitoes.

“(14) No vaccine is available and treatment is hampered by development of drug-resistant parasites and insecticide-resistant mosquitoes.”

**§ 2151b-2. Assistance to combat HIV/AIDS****(a) Finding**

Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America and other developing countries is a major global health, national security, development, and humanitarian crisis.

**(b) Policy****(1) Objectives**

It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention and treatment of

HIV/AIDS and the care of those affected by the disease. It is the policy objective of the United States, by 2013, to—

(A) assist partner countries to—

(i) prevent 12,000,000 new HIV infections worldwide;

(ii) support—

(I) the increase in the number of individuals with HIV/AIDS receiving antiretroviral treatment above the goal established under section 7672(a)(3)<sup>1</sup> of this title and increased pursuant to paragraphs (1) through (3) of section 7673(d)<sup>1</sup> of this title; and

(II) additional treatment through coordinated multilateral efforts;

(iii) support care for 12,000,000 individuals infected with or affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children affected by HIV/AIDS, with an emphasis on promoting a comprehensive, coordinated system of services to be integrated throughout the continuum of care;

(iv) provide at least 80 percent of the target population with access to counseling, testing, and treatment to prevent the transmission of HIV from mother-to-child;

(v) provide care and treatment services to children with HIV in proportion to their percentage within the HIV-infected population of a given partner country; and

(vi) train and support retention of health care professionals, paraprofessionals, and community health workers in HIV/AIDS prevention, treatment, and care, with the target of providing such training to at least 140,000 new health care professionals and paraprofessionals with an emphasis on training and in country deployment of critically needed doctors and nurses;

(B) strengthen the capacity to deliver primary health care in developing countries, especially in sub-Saharan Africa;

(C) support and help countries in their efforts to achieve staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population, as called for by the World Health Organization; and

(D) help partner countries to develop independent, sustainable HIV/AIDS programs.

**(2) Coordinated global strategy**

The United States and other countries with the sufficient capacity should provide assistance to countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, and Latin America, and other countries and regions confronting HIV/AIDS epidemics in a coordinated global strategy to help address generalized and concentrated epidemics through HIV/AIDS prevention, treatment, care, monitoring and evaluation, and related activities.

**(3) Priorities**

The United States Government’s response to the global HIV/AIDS pandemic and the Government’s efforts to help countries assume

<sup>1</sup> See References in Text note below.