

§ 7556. Benchmarks to evaluate the progress being made toward the transition of security responsibilities for Afghanistan to the Government of Afghanistan

(a) Options for expansion of capacity of Afghan National Security Forces

The President shall, acting through the Secretary of Defense, establish and update as appropriate, and submit to Congress, options to accelerate the expansion of the capacity of Afghan National Security Forces with the goal of—

(1) enabling the Government of the Islamic Republic of Afghanistan, consistent with the Framework for Inteqal, to assume lead responsibility for security in all areas of Afghanistan, to maintain security in those areas, and to sustain the Afghan National Security Forces;

(2) achieving United States national security objectives to disrupt, dismantle, and defeat al-Qaeda and its extremist allies in Afghanistan, and preventing the establishment of safe havens for those entities; and

(3) enabling the United States to move to an enduring partnership with the Government of the Islamic Republic of Afghanistan, fully consistent with the Declaration by the North Atlantic Treaty Organization and the Government of the Islamic Republic of Afghanistan on an Enduring Partnership as issued at the Lisbon conference on November 20, 2010.

(b) Benchmarks

The President shall establish, and may update from time to time, a comprehensive set of benchmarks to evaluate progress being made toward meeting the goals set forth in paragraphs (1) through (3) of subsection (a).

(c) Submittal to Congress

The President shall include the most current set of benchmarks established pursuant to subsection (b) with each report on progress toward security and stability in Afghanistan that is submitted to Congress under sections 1230 and 1231 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110–181; 122 Stat. 385, 390).

(Pub. L. 112–81, div. A, title XII, §1221, Dec. 31, 2011, 125 Stat. 1635.)

REFERENCES IN TEXT

Sections 1230 and 1231 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110–181; 122 Stat. 385, 390), referred to in subsec. (c), are not classified to the Code.

CODIFICATION

Section was enacted as part of the National Defense Authorization Act for Fiscal Year 2012, and not as part of the Afghanistan Freedom Support Act of 2002 which comprises this chapter.

COMPLETION OF ACCELERATED TRANSITION OF SECURITY RESPONSIBILITY FROM UNITED STATES ARMED FORCES TO THE AFGHAN NATIONAL SECURITY FORCES

Pub. L. 113–66, div. A, title XII, §1222, Dec. 26, 2013, 127 Stat. 917, provided that:

“(a) IN GENERAL.—It is the policy of the United States, in coordination with the Government of Afghanistan, North Atlantic Treaty Organization (NATO) member countries, and other allies in Afghanistan, that—

“(1) the accelerated transition of security responsibility from United States Armed Forces to the Afghan National Security Forces and the associated draw down of United States Armed Forces from Afghanistan shall be completed by not later than December 31, 2014;

“(2) the United States shall support an Afghan-led and Afghan-owned peace negotiation process leading to a political settlement of the conflict in Afghanistan, with the goal of establishing a secure and independent Afghanistan and promoting regional security and stability; and

“(3) any political settlement resulting from such peace negotiations must result in insurgent groups breaking ties with al Qaeda, renouncing violence, and accepting the Afghanistan constitution, including its protections for women and minorities.

“(b) SENSE OF CONGRESS.—It is the sense of Congress that, before making a public announcement regarding a decision on a United States military presence in Afghanistan after December 31, 2014, the President should consult with Congress regarding the size, mission, and estimated duration of such a presence.

“(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed so as to limit or prohibit any authority of the President to modify the military strategy, tactics, and operations of United States Armed Forces as such Armed Forces draw down from Afghanistan.”

CHAPTER 83—UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA

Sec.	
7601.	Findings.
7602.	Definitions.
7603.	Purpose.
7604.	Authority to consolidate and combine reports.

SUBCHAPTER I—POLICY PLANNING AND COORDINATION

7611.	Development of a comprehensive, five-year, global strategy.
7612.	HIV/AIDS response Coordinator.
7612a.	HIV/AIDS Working Capital Fund.

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

7621.	Sense of Congress on public-private partnerships.
7622.	Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
7623.	Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.
7624.	Facilitating vaccine development.

SUBCHAPTER III—BILATERAL EFFORTS

PART A—GENERAL ASSISTANCE AND PROGRAMS

7631.	Assistance to combat HIV/AIDS.
7631a.	United States Agency for International Development.
7632.	Authorization of appropriations to combat tuberculosis.
7633.	Assistance to combat malaria.
7634.	Malaria response Coordinator.
7635.	Report on treatment activities by relevant executive branch agencies.
7636.	Study on illegal diversions of prescription drugs.

PART B—ASSISTANCE FOR CHILDREN AND FAMILIES

7651.	Findings.
7652.	Policy and requirements.
7653.	Annual reports on prevention of mother-to-child transmission of the HIV infection.

- Sec.
7654. Pilot program of assistance for children and families affected by HIV/AIDS.
7655. Pilot program on family survival partnerships.

SUBCHAPTER IV—AUTHORIZATION OF APPROPRIATIONS

7671. Authorization of appropriations.
7672. Sense of Congress.
7673. Allocation of funds.
7674. Assistance from the United States private sector to prevent and reduce HIV/AIDS in sub-Saharan Africa.

SUBCHAPTER V—INTERNATIONAL FINANCIAL INSTITUTIONS

7681. Report on expansion of debt relief to non-HIPC countries.
7682. Authorization of appropriations.

§ 7601. Findings

Congress makes the following findings:

(1) During the last 20 years, HIV/AIDS has assumed pandemic proportions, spreading from the most severely affected regions, sub-Saharan Africa and the Caribbean, to all corners of the world, and leaving an unprecedented path of death and devastation.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 65,000,000 individuals worldwide have been infected with HIV since the epidemic began, more than 25,000,000 of these individuals have lost their lives to the disease, and more than 14,000,000 children have been orphaned by the disease. HIV/AIDS is the fourth-highest cause of death in the world.

(3)(A) At the end of 2002, an estimated 42,000,000 individuals were infected with HIV or living with AIDS, of which more than 75 percent live in Africa or the Caribbean. Of these individuals, more than 3,200,000 were children under the age of 15 and more than 19,200,000 were women.

(B) Women are four times more vulnerable to infection than are men and are becoming infected at increasingly high rates, in part because many societies do not provide poor women and young girls with the social, legal, and cultural protections against high risk activities that expose them to HIV/AIDS.

(C) Women and children who are refugees or are internally displaced persons are especially vulnerable to sexual exploitation and violence, thereby increasing the possibility of HIV infection.

(4) As the leading cause of death in sub-Saharan Africa, AIDS has killed more than 19,400,000 individuals (more than 3 times the number of AIDS deaths in the rest of the world) and will claim the lives of one-quarter of the population, mostly adults, in the next decade.

(5) An estimated 2,000,000 individuals in Latin America and the Caribbean and another 7,100,000 individuals in Asia and the Pacific region are infected with HIV or living with AIDS. Infection rates are rising alarmingly in Eastern Europe (especially in the Russian Federation), Central Asia, and China.

(6) HIV/AIDS threatens personal security by affecting the health, lifespan, and productive

capacity of the individual and the social cohesion and economic well-being of the family.

(7) HIV/AIDS undermines the economic security of a country and individual businesses in that country by weakening the productivity and longevity of the labor force across a broad array of economic sectors and by reducing the potential for economic growth over the long term.

(8) HIV/AIDS destabilizes communities by striking at the most mobile and educated members of society, many of whom are responsible for security at the local level and governance at the national and subnational levels as well as many teachers, health care personnel, and other community workers vital to community development and the effort to combat HIV/AIDS. In some countries the overwhelming challenges of the HIV/AIDS epidemic are accelerating the outward migration of critically important health care professionals.

(9) HIV/AIDS weakens the defenses of countries severely affected by the HIV/AIDS crisis through high infection rates among members of their military forces and voluntary peacekeeping personnel. According to UNAIDS, in sub-Saharan Africa, many military forces have infection rates as much as five times that of the civilian population.

(10) HIV/AIDS poses a serious security issue for the international community by—

(A) increasing the potential for political instability and economic devastation, particularly in those countries and regions most severely affected by the disease;

(B) decreasing the capacity to resolve conflicts through the introduction of peacekeeping forces because the environments into which these forces are introduced pose a high risk for the spread of HIV/AIDS; and

(C) increasing the vulnerability of local populations to HIV/AIDS in conflict zones from peacekeeping troops with HIV infection rates significantly higher than civilian populations.

(11) The devastation wrought by the HIV/AIDS pandemic is compounded by the prevalence of tuberculosis and malaria, particularly in developing countries where the poorest and most vulnerable members of society, including women, children, and those individuals living with HIV/AIDS, become infected. According to the World Health Organization (WHO), HIV/AIDS, tuberculosis, and malaria accounted for more than 5,700,000 deaths in 2001 and caused debilitating illnesses in millions more.

(12) Together, HIV/AIDS, tuberculosis, malaria and related diseases are undermining agricultural production throughout Africa. According to the United Nations Food and Agricultural Organization, 7,000,000 agricultural workers throughout 25 African countries have died from AIDS since 1985. Countries with poorly developed agricultural systems, which already face chronic food shortages, are the hardest hit, particularly in sub-Saharan Africa, where high HIV prevalence rates are compounding the risk of starvation for an estimated 14,400,000 people.

(13) Tuberculosis is the cause of death for one out of every three people with AIDS