

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 coordination 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.

(7) HIV/AIDS has devastated the lives of countless children and families across the globe. Since the epidemic began, an estimated 13,200,000 children under the age of 15 have been orphaned by AIDS, that is they have lost their mother or both parents to the disease. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that this number will double by the year 2010.

(8) HIV/AIDS also targets young people between the ages of 15 to 24, particularly young women, many of whom carry the burden of caring for family members living with HIV/AIDS. An estimated 10,300,000 young people are now living with HIV/AIDS. One-half of all new infections are occurring among this age group.

(Pub. L. 108–25, title III, §311, May 27, 2003, 117 Stat. 740.)

### § 7652. Policy and requirements

#### (a) Policy

The United States Government's response to the global HIV/AIDS pandemic should place high priority on the prevention of mother-to-child transmission, the care and treatment of family members and caregivers, and the care of children orphaned by AIDS. To the maximum extent possible, the United States Government should seek to leverage its funds by seeking matching contributions from the private sector, other national governments, and international organizations.

**(b) Requirements**

The 5-year United States Government strategy required by section 7611 of this title shall—

(1) establish a target for the prevention and treatment of mother-to-child transmission of HIV that, by 2013, will reach at least 80 percent of pregnant women in those countries most affected by HIV/AIDS in which the United States has HIV/AIDS programs;

(2) establish a target that, by 2013, the proportion of children receiving care and treatment under this chapter is proportionate to their numbers within the population of HIV infected individuals in each country;

(3) integrate care and treatment with prevention of mother-to-child transmission of HIV programs to improve outcomes for HIV-affected women and families as soon as is feasible and support strategies that promote successful follow-up and continuity of care of mother and child;

(4) expand programs designed to care for children orphaned by, affected by, or vulnerable to HIV/AIDS;

(5) ensure that women in prevention of mother-to-child transmission of HIV programs are provided with, or referred to, appropriate maternal and child services; and

(6) develop a timeline for expanding access to more effective regimes to prevent mother-to-child transmission of HIV, consistent with the national policies of countries in which programs are administered under this chapter and the goal of achieving universal use of such regimes as soon as possible.

**(c) Prevention of Mother-to-Child Transmission Expert Panel****(1) Establishment**

The Global AIDS Coordinator shall establish a panel of experts to be known as the Prevention of Mother-to-Child Transmission Panel (referred to in this subsection as the “Panel”) to—

(A) provide an objective review of activities to prevent mother-to-child transmission of HIV; and

(B) provide recommendations to the Global AIDS Coordinator and to the appropriate congressional committees for scale-up of mother-to-child transmission prevention services under this chapter in order to achieve the target established in subsection (b)(1).

**(2) Membership**

The Panel shall be convened and chaired by the Global AIDS Coordinator, who shall serve as a nonvoting member. The Panel shall consist of not more than 15 members (excluding the Global AIDS Coordinator), to be appointed by the Global AIDS Coordinator not later than 1 year after July 30, 2008, including—

(A) 2 members from the Department of Health and Human Services with expertise relating to the prevention of mother-to-child transmission activities;

(B) 2 members from the United States Agency for International Development with expertise relating to the prevention of mother-to-child transmission activities;

(C) 2 representatives from among health ministers of national governments of foreign countries in which programs under this chapter are administered;

(D) 3 members representing organizations implementing prevention of mother-to-child transmission activities under this chapter;

(E) 2 health care researchers with expertise relating to global HIV/AIDS activities; and

(F) representatives from among patient advocate groups, health care professionals, persons living with HIV/AIDS, and non-governmental organizations with expertise relating to the prevention of mother-to-child transmission activities, giving priority to individuals in foreign countries in which programs under this chapter are administered.

**(3) Duties of Panel**

The Panel shall—

(A) assess the effectiveness of current activities in reaching the target described in subsection (b)(1);

(B) review scientific evidence related to the provision of mother-to-child transmission prevention services, including programmatic data and data from clinical trials;

(C) review and assess ways in which the Office of the United States Global AIDS Coordinator collaborates with international and multilateral entities on efforts to prevent mother-to-child transmission of HIV in affected countries;

(D) identify barriers and challenges to increasing access to mother-to-child transmission prevention services and evaluate potential mechanisms to alleviate those barriers and challenges;

(E) identify the extent to which stigma has hindered pregnant women from obtaining HIV counseling and testing or returning for results, and provide recommendations to address such stigma and its effects;

(F) identify opportunities to improve linkages between mother-to-child transmission prevention services and care and treatment programs; and

(G) recommend specific activities to facilitate reaching the target described in subsection (b)(1).

**(4) Report****(A) In general**

Not later than 1 year after the date on which the Panel is first convened, the Panel shall submit a report containing a detailed statement of the recommendations, findings, and conclusions of the Panel to the appropriate congressional committees.

**(B) Availability**

The report submitted under subparagraph (A) shall be made available to the public.

**(C) Consideration by Coordinator**

The Coordinator shall—

(i) consider any recommendations contained in the report submitted under subparagraph (A); and

(ii) include in the annual report required under section 2151b-2(f) of this title a description of the activities conducted in response to the recommendations made by the Panel and an explanation of any recommendations not implemented at the time of the report.

**(5) Authorization of appropriations**

There are authorized to be appropriated to the Panel such sums as may be necessary for each of the fiscal years 2009 through 2011 to carry out this section.

**(6) Termination**

The Panel shall terminate on the date that is 60 days after the date on which the Panel submits the report to the appropriate congressional committees under paragraph (4).

(Pub. L. 108-25, title III, §312, May 27, 2003, 117 Stat. 741; Pub. L. 110-293, title III, §§307, 309, July 30, 2008, 122 Stat. 2963, 2964.)

REFERENCES IN TEXT

This chapter, referred to in subsecs. (b)(2), (6) and (c)(1), (2), 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. (b)(1) to (6). Pub. L. 110-293, §307, added pars. (1) to (6) and struck out former pars. (1) to (3) which read as follows:

“(1) provide for meeting or exceeding the goal to reduce the rate of mother-to-child transmission of HIV by 20 percent by 2005 and by 50 percent by 2010;

“(2) include programs to make available testing and treatment to HIV-positive women and their family members, including drug treatment and therapies to prevent mother-to-child transmission; and

“(3) expand programs designed to care for children orphaned by AIDS.”

Subsec. (c). Pub. L. 110-293, §309, added subsec. (c).

**§ 7653. Annual reports on prevention of mother-to-child transmission of the HIV infection**

**(a) In general**

Not later than 1 year after May 27, 2003, and annually thereafter for a period of 10 years, the President shall submit to appropriate congressional committees a report on the activities of relevant executive branch agencies during the reporting period to assist in the prevention of mother-to-child transmission of the HIV infection.

**(b) Report elements**

Each report shall include—

(1) a statement of whether or not all relevant executive branch agencies have met the goal described in section 7652(b)(1) of this title; and

(2) a description of efforts made by the relevant executive branch agencies to expand those activities, including—

(A) information on the number of sites supported for the prevention of mother-to-child transmission of the HIV infection;

(B) the specific activities supported;

(C) the number of women tested and counseled; and

(D) the number of women receiving preventative drug therapies.

**(c) Reporting period defined**

In this section, the term “reporting period” means, in the case of the initial report, the period since May 27, 2003, and, in the case of any subsequent report, the period since the date of submission of the most recent report.

(Pub. L. 108-25, title III, §313, May 27, 2003, 117 Stat. 741; Pub. L. 110-293, title III, §308, July 30, 2008, 122 Stat. 2964.)

AMENDMENTS

2008—Subsec. (a). Pub. L. 110-293 substituted “10 years” for “5 years”.

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.

**§ 7654. Pilot program of assistance for children and families affected by HIV/AIDS**

**(a) In general**

The President, acting through the United States Agency for International Development, should establish a program of assistance that would demonstrate the feasibility of the provision of care and treatment to orphans and other children and young people affected by HIV/AIDS in foreign countries.

**(b) Program requirements**

The program should—

(1) build upon and be integrated into programs administered as of May 27, 2003, by the relevant executive branch agencies for children affected by HIV/AIDS;

(2) work in conjunction with indigenous community-based programs and activities, particularly those that offer proven services for children;

(3) reduce the stigma of HIV/AIDS to encourage vulnerable children infected with HIV or living with AIDS and their family members and caregivers to avail themselves of voluntary counseling and testing, and related programs, including treatments;

(4) ensure the importance of inheritance rights of women, particularly women in African countries, due to the exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households as a result of the HIV/AIDS pandemic;

(5) provide, in conjunction with other relevant executive branch agencies, the range of services for the care and treatment, including the provision of antiretrovirals and other necessary pharmaceuticals, of children, parents, and caregivers infected with HIV or living with AIDS;

(6) provide nutritional support and food security, and the improvement of overall family health;

(7) work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and