

dissemination of conclusions and concrete impact on programming.

(9) Paraprofessional

The term “paraprofessional” means an individual who is trained and employed as a health agent for the provision of basic assistance in the identification, prevention, or treatment of illness or disability.

(10) Partner government

The term “partner government” means a government with which the United States is working to provide assistance to combat HIV/AIDS, tuberculosis, or malaria on behalf of people living within the jurisdiction of such government.

(11) Program monitoring

The term “program monitoring” means the collection, analysis, and use of routine program data to determine—

- (A) how well a program is carried out; and
- (B) how much the program costs.

(12) Relevant executive branch agencies

The term “relevant executive branch agencies” means the Department of State, the United States Agency for International Development, and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or the Foreign Assistance Act of 1961 [22 U.S.C. 2151 et seq.].

(Pub. L. 108-25, §3, May 27, 2003, 117 Stat. 717; Pub. L. 110-293, §3, July 30, 2008, 122 Stat. 2921.)

REFERENCES IN TEXT

This chapter, referred to in text, 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.

The Foreign Assistance Act of 1961, referred to in par. (12), 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.

AMENDMENTS

2008—Pub. L. 110-293 substituted “Committee on Foreign Affairs of the House of Representatives, the Committee on Appropriations of the Senate, and the Committee on Appropriations” for “Committee on International Relations” in par. (2), added pars. (3) and (7) to (11), and redesignated former pars. (3) to (5) and (6) as (4) to (6) and (12), respectively.

§ 7603. Purpose

The purpose of this chapter is to strengthen and enhance United States leadership and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases as part of the overall United States health and development agenda by—

- (1) establishing comprehensive, coordinated, and integrated 5-year, global strategies to combat HIV/AIDS, tuberculosis, and malaria by—
 - (A) building on progress and successes to date;

- (B) improving harmonization of United States efforts with national strategies of partner governments and other public and private entities; and

- (C) emphasizing capacity building initiatives in order to promote a transition toward greater sustainability through the support of country-driven efforts;

- (2) providing increased resources for bilateral and multilateral efforts to fight HIV/AIDS, tuberculosis, and malaria as integrated components of United States development assistance;

- (3) intensifying efforts to—

- (A) prevent HIV infection;

- (B) ensure the continued support for, and expanded access to, treatment and care programs;

- (C) enhance the effectiveness of prevention, treatment, and care programs; and

- (D) address the particular vulnerabilities of girls and women;

- (4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS, tuberculosis, and malaria;

- (5) reinforcing efforts to—

- (A) develop safe and effective vaccines, microbicides, and other prevention and treatment technologies; and

- (B) improve diagnostics capabilities for HIV/AIDS, tuberculosis, and malaria; and

- (6) helping partner countries to—

- (A) strengthen health systems;

- (B) expand health workforce; and

- (C) address infrastructural weaknesses.

(Pub. L. 108-25, §4, May 27, 2003, 117 Stat. 717; Pub. L. 110-293, §4, July 30, 2008, 122 Stat. 2922.)

REFERENCES IN TEXT

This chapter, referred to in text, 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 stated the purpose of this chapter.

§ 7604. Authority to consolidate and combine reports

With respect to the reports required by this chapter to be submitted by the President, to ensure an efficient use of resources, the President may, in his discretion and notwithstanding any other provision of this chapter, consolidate or combine any of these reports, except for the report required by section 7611 of this title, so long as the required elements of each report are addressed and reported within a 90-day period from the original deadline date for submission of the report specified in this chapter. The President may also enter into contracts with organizations with relevant expertise to develop, originate, or contribute to any of the reports required by this chapter to be submitted by the President, with the exception of the 5-year strategy.

(Pub. L. 108–25, § 5, May 27, 2003, 117 Stat. 718; Pub. L. 110–293, § 5, July 30, 2008, 122 Stat. 2922.)

REFERENCES IN TEXT

This chapter, referred to in text, 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 inserted “, with the exception of the 5-year strategy” before the period at end.

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.

SUBCHAPTER I—POLICY PLANNING AND COORDINATION

§ 7611. Development of a comprehensive, five-year, global strategy

(a) Strategy

The President shall establish a comprehensive, integrated, 5-year strategy to expand and improve efforts to combat global HIV/AIDS. This strategy shall—

(1) further strengthen the capability of the United States to be an effective leader of the international campaign against this disease and strengthen the capacities of nations experiencing HIV/AIDS epidemics to combat this disease;

(2) maintain sufficient flexibility and remain responsive to—

(A) changes in the epidemic;

(B) challenges facing partner countries in developing and implementing an effective national response; and

(C) evidence-based improvements and innovations in the prevention, care, and treatment of HIV/AIDS;

(3) situate United States efforts to combat HIV/AIDS, tuberculosis, and malaria within the broader United States global health and development agenda, establishing a roadmap to link investments in specific disease programs to the broader goals of strengthening health systems and infrastructure and to integrate and coordinate HIV/AIDS, tuberculosis, or malaria programs with other health or development programs, as appropriate;

(4) provide a plan to—

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

(B) support—

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

(ii) additional treatment through coordinated multilateral efforts;

(C) support care for 12,000,000 individuals infected with or affected by HIV/AIDS, in-

cluding 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;

(D) help partner countries in the effort to achieve goals of 80 percent access to counseling, testing, and treatment to prevent the transmission of HIV from mother to child, emphasizing a continuum of care model;

(E) help partner countries to provide care and treatment services to children with HIV in proportion to their percentage within the HIV-infected population in each country;

(F) promote preservice training for health professionals designed to strengthen the capacity of institutions to develop and implement policies for training health workers to combat HIV/AIDS, tuberculosis, and malaria;

(G) equip teachers with skills needed for HIV/AIDS prevention and support for persons with, or affected by, HIV/AIDS;

(H) provide and share best practices for combating HIV/AIDS with health professionals;

(I) promote pediatric HIV/AIDS training for physicians, nurses, and other health care workers, through public-private partnerships if possible, including through the designation, if appropriate, of centers of excellence for training in pediatric HIV/AIDS prevention, care, and treatment in partner countries; and

(J) help partner countries to train and support retention of health care professionals and paraprofessionals, with the target of training and retaining 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 and to strengthen capacities in developing countries, especially in sub-Saharan Africa, to deliver primary health care with the objective of helping countries achieve staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population, as called for by the World Health Organization;

(5) include multisectoral approaches and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further transmission of HIV infections, with a particular focus on the needs of families with children (including the prevention of mother-to-child transmission), women, young people, orphans, and vulnerable children;

(6) establish a timetable with annual global treatment targets with country-level benchmarks for antiretroviral treatment;

(7) expand the integration of timely and relevant research within the prevention, care, and treatment of HIV/AIDS;

(8) include a plan for program monitoring, operations research, and impact evaluation and for the dissemination of a best practices report to highlight findings;

(9) support the in-country or intra-regional training, preferably through public-private partnerships, of scientific investigators, managers, and other staff who are capable of promoting the systematic uptake of clinical re-