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)[1] of this title and increased pursuant to paragraphs (1) through (3) of section 7673(d)[1] 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 leadership of sustainable campaigns to combat their local epidemics should place high priority on—

(A) the prevention of the transmission of HIV;

(B) moving toward universal access to HIV/AIDS prevention counseling and services;

(C) the inclusion of cost sharing assurances that meet the requirements under section 2151h of this title; and

(D) the inclusion of transition strategies to ensure sustainability of such programs and activities, including health care sys-

[1] See References in Text note below.

tems, under other international donor support, or budget support by respective foreign governments.

(c) Authorization

(1) In general

Consistent with section 2151b(c) of this title, the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America, and other countries and areas, particularly with respect to refugee populations or those in postconflict settings in such countries and areas with significant or increasing HIV incidence rates.

(2) Role of NGOs

It is the sense of Congress that the President should provide an appropriate level of assistance under paragraph (1) through nongovernmental organizations (including faith-based and community-based organizations) in countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America, and other countries and areas affected by the HIV/AIDS pandemic, particularly with respect to refugee populations or those in post-conflict settings in such countries and areas with significant or increasing HIV incidence rates..[2]

(3) Coordination of assistance efforts

The President shall coordinate the provision of assistance under paragraph (1) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and other appropriate international organizations (such as the International Bank for Reconstruction and Development), relevant regional multilateral development institutions, national, state, and local governments of partner countries, other international actors,,[2] appropriate governmental and nongovernmental organizations, and relevant executive branch agencies within the framework of the principles of the Three Ones.

(d) Activities supported

Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

(1) Prevention

Prevention of HIV/AIDS through activities including—

(A) programs and efforts that are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering and multiple concurrent sexual partnering,,[2] reducing sexual violence and coercion, including child marriage, widow inheritance, and polygamy, and where appropriate, use of male and female condoms;

(B) assistance to establish and implement culturally appropriate HIV/AIDS education and prevention programs that are designed with local input and focus on helping individuals avoid infection of HIV/AIDS, implemented through nongovernmental organizations, including faith-based and community-based organizations, particularly those locally based organizations that utilize both professionals and volunteers with appropriate skills, experience, and community presence;

(C) assistance for the purpose of encouraging men to be responsible in their sexual behavior, child rearing, and to respect women;

(D) assistance for the purpose of providing voluntary testing and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling) and promoting the use of provider-initiated or ''opt-out'' voluntary testing in accordance with World Health Organization guidelines;

(E) assistance for the purpose of preventing mother-to-child transmission of the HIV infection, including medications to prevent such transmission and access to infant formula and other alternatives for infant feeding;

(F) assistance to—

(i) achieve the goal of reaching 80 percent of pregnant women for prevention and treatment of mother-to-child transmission of HIV in countries in which the United States is implementing HIV/AIDS programs by 2013; and

(ii) promote infant feeding options and treatment protocols that meet the most recent criteria established by the World Health Organization;

(G) medical male circumcision programs as part of national strategies to combat the transmission of HIV/AIDS;

(H) assistance to ensure a safe blood supply and sterile medical equipment;

(I) assistance to help avoid substance abuse and intravenous drug use that can lead to HIV infection;

(J) assistance for the purpose of increasing women's access to employment opportunities, income, productive resources, and microfinance programs, where appropriate.[3]

(K) assistance for counseling, testing, treatment, care, and support programs, including—

(i) counseling and other services for the prevention of reinfection of individuals with HIV/AIDS;

(ii) counseling to prevent sexual transmission of HIV, including—

[2] So in original.

[3] So in original. The period probably should be ''; and''.

(I) life skills development for practicing abstinence and faithfulness;

(II) reducing the number of sexual partners;

(III) delaying sexual debut; and

(IV) ensuring correct and consistent use of condoms;

(iii) assistance to engage underlying vulnerabilities to HIV/AIDS, especially those of women and girls;

(iv) assistance for appropriate HIV/AIDS education programs and training targeted to prevent the transmission of HIV among men who have sex with men;

(v) assistance to provide male and female condoms;

(vi) diagnosis and treatment of other sexually transmitted infections;

(vii) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

(viii) assistance to facilitate widespread access to microbicides for HIV prevention, if safe and effective products become available, including financial and technical support for culturally appropriate introductory programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and postintroduction monitoring.

(2) Treatment

The treatment and care of individuals with HIV/AIDS, including—

(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treatment of individuals with HIV/AIDS, including clinical training for indigenous organizations and health care providers;

(B) assistance to strengthen and expand hospice and palliative care programs to assist patients debilitated by HIV/AIDS, their families, and the primary caregivers of such patients, including programs that utilize faith-based and community-based organizations;

(C) assistance for the purpose of the care and treatment of individuals with HIV/AIDS through the provision of pharmaceuticals, including antiretrovirals and other pharmaceuticals and therapies for the treatment of opportunistic infections, pain management, nutritional support, and other treatment modalities;

(D) as part of care and treatment of HIV/AIDS, assistance (including prophylaxis and treatment) for common HIV/AIDS-related opportunistic infections for free or at a rate at which it is easily affordable to the individuals and populations being served;[4]

(E) as part of care and treatment of HIV/AIDS, assistance or referral to available and adequately resourced service providers for nutritional support, including counseling and where necessary the provision of commodities, for persons meeting malnourishment criteria and their families;[5]

(3) Preventative intervention education and technologies

(A) With particular emphasis on specific populations that represent a particularly high risk of contracting or spreading HIV/AIDS, including those exploited through the sex trade, victims of rape and sexual assault, individuals already infected with HIV/AIDS, and in cases of occupational exposure of health care workers, assistance with efforts to reduce the risk of HIV/AIDS infection including post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(B) Bulk purchases of available test kits, condoms, and, when proven effective, microbicides that are intended to reduce the risk of HIV/AIDS transmission and for appropriate program support for the introduction and distribution of these commodities, as well as education and training on the use of the technologies.

(4) Monitoring

The monitoring of programs, projects, and activities carried out pursuant to paragraphs (1) through (3), including—

(A) monitoring to ensure that adequate controls are established and implemented to provide HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS;

(B) appropriate evaluation and surveillance activities;

(C) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/AIDS pharmaceuticals (especially antiretrovirals) and ensure that drug resistance is not compromising the benefits of such pharmaceuticals;

(D) monitoring to ensure appropriate law enforcement officials are working to ensure that HIV/AIDS pharmaceuticals are not diminished through illegal counterfeiting or black market sales of such pharmaceuticals;

(E) carrying out and expanding program monitoring, impact evaluation research and analysis, and operations research and disseminating data and findings through mechanisms to be developed by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, in coordination with the Director of the Centers for Disease Control, in order to—

(i) improve accountability, increase transparency, and ensure the delivery of evidence-based services through the collection, evaluation, and analysis of data regarding gender-responsive interventions, disaggregated by age and sex;

(ii) identify and replicate effective models; and

(iii) develop gender indicators to measure outcomes and the impacts of interventions; and

[4] So in original. The word ''and'' probably should appear.

[5] So in original. The semicolon probably should be a period.

(F) establishing appropriate systems to—

(i) gather epidemiological and social science data on HIV; and

(ii) evaluate the effectiveness of prevention efforts among men who have sex with men, with due consideration to stigma and risks associated with disclosure.

(5) Pharmaceuticals

(A) Procurement

The procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections.

(B) Mechanisms for quality control and sustainable supply

Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.

(C) Mechanism to ensure cost-effective drug purchasing

Subject to subparagraph (B), mechanisms to ensure that safe and effective pharmaceuticals, including antiretrovirals and medicines to treat opportunistic infections, are purchased at the lowest possible price at which such pharmaceuticals may be obtained in sufficient quantity on the world market, provided that such pharmaceuticals are approved, tentatively approved, or otherwise authorized for use by—

(i) the Food and Drug Administration;

(ii) a stringent regulatory agency acceptable to the Secretary of Health and Human Services; or

(iii) a quality assurance mechanism acceptable to the Secretary of Health and Human Services.

(D) Distribution

The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

(6) Related and coordinated activities

The conduct of related activities, including—

(A) the care and support of children who are orphaned by the HIV/AIDS pandemic, including services designed to care for orphaned children in a family environment which rely on extended family members;

(B) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including training and the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions;

(C) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world; and[6]

(D) coordinated or referred activities to—

(i) enhance the clinical impact of HIV/AIDS care and treatment; and

(ii) ameliorate the adverse social and economic costs often affecting AIDS-impacted families and communities through the direct provision, as necessary, or through the referral, if possible, of support services, including—

(I) nutritional and food support;

(II) safe drinking water and adequate sanitation;

(III) nutritional counseling;

(IV) income-generating activities and livelihood initiatives;

(V) maternal and child health care;

(VI) primary health care;

(VII) the diagnosis and treatment of other infectious or sexually transmitted diseases;

(VIII) substance abuse and treatment services; and

(IX) legal services;

(E) coordinated or referred activities to link programs addressing HIV/AIDS with programs addressing gender-based violence in areas of significant HIV prevalence to assist countries in the development and enforcement of women's health, children's health, and HIV/AIDS laws and policies that—

(i) prevent and respond to violence against women and girls;

(ii) promote the integration of screening and assessment for gender-based violence into HIV/AIDS programming;

(iii) promote appropriate HIV/AIDS counseling, testing, and treatment into gender-based violence programs; and

(iv) assist governments to develop partnerships with civil society organizations to create networks for psychosocial, legal, economic, or other support services;

(F) coordinated or referred activities to—

(i) address the frequent coinfection of HIV and tuberculosis, in accordance with World Health Organization guidelines;

(ii) promote provider-initiated or ''opt-out'' HIV/AIDS counseling and testing and appropriate referral for treatment and care to individuals with tuberculosis or its symptoms, particularly in areas with significant HIV prevalence; and

(iii) strengthen programs to ensure that individuals testing positive for HIV receive tuberculosis screening and to improve laboratory capacities, infection control, and adherence; and

(G) activities to—

(i) improve the effectiveness of national responses to HIV/AIDS;

(ii) strengthen overall health systems in high-prevalence countries, including support for workforce training, retention, and effective deployment, capacity building,

[6] So in original. The word ''and'' probably should not appear.

laboratory development, equipment maintenance and repair, and public health and related public financial management systems and operations; and

(iii) encourage fair and transparent procurement practices among partner countries; and

(iv) promote in-country or intra-regional pediatric training for physicians and other health professionals, preferably through public-private partnerships involving colleges and universities, with the goal of increasing pediatric HIV workforce capacity.

(7) Comprehensive HIV/AIDS public-private partnerships

The establishment and operation of public-private partnership entities within countries in sub-Saharan Africa, the Caribbean, and other countries affected by the HIV/AIDS pandemic that are dedicated to supporting the national strategy of such countries regarding the prevention, treatment, and monitoring of HIV/AIDS. Each such public-private partnership should—

(A) support the development, implementation, and management of comprehensive HIV/AIDS plans in support of the national HIV/AIDS strategy;

(B) operate at all times in a manner that emphasizes efficiency, accountability, and results-driven programs;

(C) engage both local and foreign development partners and donors, including businesses, government agencies, academic institutions, nongovernmental organizations, foundations, multilateral development agencies, and faith-based organizations, to assist the country in coordinating and implementing HIV/AIDS prevention, treatment, and monitoring programs in accordance with its national HIV/AIDS strategy;

(D) provide technical assistance, consultant services, financial planning, monitoring and evaluation, and research in support of the national HIV/AIDS strategy; and

(E) establish local human resource capacities for the national HIV/AIDS strategy through the transfer of medical, managerial, leadership, and technical skills.

(8) Compacts and framework agreements

The development of compacts or framework agreements, tailored to local circumstances, with national governments or regional partnerships in countries with significant HIV/AIDS burdens to promote host government commitment to deeper integration of HIV/AIDS services into health systems, contribute to health systems overall, and enhance sustainability, including—

(A) cost sharing assurances that meet the requirements under section 2151h of this title; and

(B) transition strategies to ensure sustainability of such programs and activities, including health care systems, under other international donor support, or budget support by respective foreign governments.

(e) Compacts and framework agreements

(1) Findings

Congress makes the following findings:

(A) The congressionally mandated Institute of Medicine report entitled ''PEPFAR Implementation: Progress and Promise'' states: ''The next strategy [of the U.S. Global AIDS Initiative] should squarely address the needs and challenges involved in supporting sustainable country HIV/AIDS programs, thereby transitioning from a focus on emergency relief.''.

(B) One mechanism to promote the transition from an emergency to a public health and development approach to HIV/AIDS is through compacts or framework agreements between the United States Government and each participating nation.

(2) Elements

Compacts on HIV/AIDS authorized under subsection (d)(8) shall include the following elements:

(A) Compacts whose primary purpose is to provide direct services to combat HIV/AIDS are to be made between—

(i) the United States Government; and

(ii)(I) national or regional entities representing low-income countries served by an existing United States Agency for International Development or Department of Health and Human Services presence or regional platform; or

(II) countries or regions—

(aa) experiencing significantly high HIV prevalence or risk of significantly increasing incidence within the general population;

(bb) served by an existing United States Agency for International Development or Department of Health and Human Services presence or regional platform; and

(cc) that have inadequate financial means within such country or region.

(B) Compacts whose primary purpose is to provide limited technical assistance to a country or region connected to services provided within the country or region—

(i) may be made with other countries or regional entities served by an existing United States Agency for International Development or Department of Health and Human Services presence or regional platform;

(ii) shall require significant investments in HIV prevention, care, and treatment services by the host country;

(iii) shall be time-limited in terms of United States contributions; and

(iv) shall be made only upon prior notification to Congress—

(I) justifying the need for such compacts;

(II) describing the expected investment by the country or regional entity; and

(III) describing the scope, nature, expected total United States investment, and time frame of the limited technical assistance under the compact and its intended impact.

(C) Compacts shall include provisions to—

(i) promote local and national efforts to reduce stigma associated with HIV/AIDS; and

(ii) work with and promote the role of civil society in combating HIV/AIDS.

(D) Compacts shall take into account the overall national health and development and national HIV/AIDS and public health strategies of each country.

(E) Compacts shall contain—

(i) consideration of the specific objectives that the country and the United States expect to achieve during the term of a compact;

(ii) consideration of the respective responsibilities of the country and the United States in the achievement of such objectives;

(iii) consideration of regular benchmarks to measure progress toward achieving such objectives;

(iv) an identification of the intended beneficiaries, disaggregated by gender and age, and including information on orphans and vulnerable children, to the maximum extent practicable;

(v) consideration of the methods by which the compact is intended to—

(I) address the factors that put women and girls at greater risk of HIV/AIDS; and

(II) strengthen elements such as the economic, educational, and social status of women, girls, orphans, and vulnerable children and the inheritance rights and safety of such individuals;

(vi) consideration of the methods by which the compact will—

(I) strengthen the health care capacity, including factors such as the training, retention, deployment, recruitment, and utilization of health care workers;

(II) improve supply chain management; and

(III) improve the health systems and infrastructure of the partner country, including the ability of compact participants to maintain and operate equipment transferred or purchased as part of the compact;

(vii) consideration of proposed mechanisms to provide oversight;

(viii) consideration of the role of civil society in the development of a compact and the achievement of its objectives;

(ix) a description of the current and potential participation of other donors in the achievement of such objectives, as appropriate; and

(x) consideration of a plan to ensure appropriate fiscal accountability for the use of assistance.

(F) For regional compacts, priority shall be given to countries that are included in regional funds and programs in existence as of July 30, 2008.

(G) Amounts made available for compacts described in subparagraphs (A) and (B) shall be subject to the inclusion of—

(i) cost sharing assurances that meet the requirements under section 2151h of this title; and

(ii) transition strategies to ensure sustainability of such programs and activities, including health care systems, under other international donor support, and budget support by respective foreign governments.

(3) Local input

In entering into a compact on HIV/AIDS authorized under subsection (d)(8), the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall seek to ensure that the government of a country—

(A) takes into account the local perspectives of the rural and urban poor, including women, in each country; and

(B) consults with private and voluntary organizations, including faith-based organizations, the business community, and other donors in the country.

(4) Congressional and public notification after entering into a compact

Not later than 10 days after entering into a compact authorized under subsection (d)(8), the Global AIDS Coordinator shall—

(A) submit a report containing a detailed summary of the compact and a copy of the text of the compact to—

(i) the Committee on Foreign Relations of the Senate;

(ii) the Committee on Appropriations of the Senate;

(iii) the Committee on Foreign Affairs of the House of Representatives; and

(iv) the Committee on Appropriations of the House of Representatives; and

(B) publish such information in the Federal Register and on the Internet website of the Office of the Global AIDS Coordinator.

(f) Annual report

(1) In general

Not later than February 15, 2014, and annually thereafter, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives a report in an open, machine readable format, on the implementation of this section for the prior fiscal year.

(2) Report due in 2014

The report due not later than February 15, 2014, shall include the elements required by law prior to the enactment of the PEPFAR Stewardship and Oversight Act of 2013.

(3) Report elements

Each report submitted after February 15, 2014, shall include the following:

(A) A description based on internationally available data, and where practicable high-quality country-based data, of the total global burden and need for HIV/AIDS prevention, treatment, and care, including—

(i) estimates by partner country of the global burden and need; and

(ii) HIV incidence, prevalence, and AIDS deaths for the reporting period.

(B) Reporting on annual targets across prevention, treatment, and care interventions in partner countries, including—

(i) a description of how those targets are designed to—

(I) ensure that the annual increase in new patients on antiretroviral treatment exceeds the number of annual new HIV infections;

(II) reduce the number of new HIV infections below the number of deaths among persons infected with HIV; and

(III) achieve an AIDS-free generation;

(ii) national targets across prevention, treatment, and care that are—

(I) established by partner countries; or

(II) where such national partner country-developed targets are unavailable, a description of progress towards developing national partner country targets; and

(iii) bilateral programmatic targets across prevention, treatment, and care, including—

(I) the number of adults and children to be directly supported on HIV treatment under United States-funded programs;

(II) the number of adults and children to be otherwise supported on HIV treatment under United States-funded programs; and

(III) other programmatic targets for activities directly and otherwise supported by United States-funded programs.

(C) A description, by partner country, of HIV/AIDS funding from all sources, including funding levels from partner countries, other donors, and the private sector, as practicable.

(D) A description of how United States-funded programs, in conjunction with the Global Fund, other donors, and partner countries, together set targets, measure progress, and achieve positive outcomes in partner countries.

(E) An annual assessment of outcome indicator development, dissemination, and performance for programs supported under this section, including ongoing corrective actions to improve reporting.

(F) A description and explanation of changes in related guidance or policies related to implementation of programs supported under this section.

(G) An assessment and quantification of progress over the reporting period toward achieving the targets set forth in subparagraph (B), including—

(i) the number, by partner country, of persons on HIV treatment, including specifically—

(I) the number of adults and children on HIV treatment directly supported by United States-funded programs; and

(II) the number of adults and children on HIV treatment otherwise supported by United States-funded programs;

(ii) HIV treatment coverage rates by partner country;

(iii) the net increase in persons on HIV treatment by partner country;

(iv) new infections of HIV by partner country;

(v) the number of HIV infections averted;

(vi) antiretroviral treatment program retention rates by partner country, including—

(I) performance against annual targets for program retention; and

(II) the retention rate of persons on HIV treatment directly supported by United States-funded programs; and

(vii) a description of supportive care.

(H) A description of partner country and United States-funded HIV/AIDS prevention programs and policies, including—

(i) an assessment by country of progress towards targets set forth in subparagraph (B), with a detailed description of the metrics used to assess—

(I) programs to prevent mother to child transmission of HIV/AIDS, including coverage rates;

(II) programs to provide or promote voluntary medical male circumcision, including coverage rates;

(III) programs for behavior-change; and

(IV) other programmatic activities to prevent the transmission of HIV;

(ii) antiretroviral treatment as prevention; and

(iii) a description of any new preventative interventions or methodologies.

(I) A description of the goals, scope, and measurement of program efforts aimed at women and girls.

(J) A description of the goals, scope, and measurement of program efforts aimed at orphans, vulnerable children, and youth.

(K) A description of the indicators and milestones used to assess effective, strategic, and appropriately timed country ownership, including—

(i) an explanation of the metrics used to determine whether the pace of any transition to such ownership is appropriate for that country, given that country's level of readiness for such transition;

(ii) an analysis of governmental and local nongovernmental capacity to sustain positive outcomes;

(iii) a description of measures taken to improve partner country capacity to sustain positive outcomes where needed; and

(iv) for countries undergoing a transition to greater country ownership, a description of strategies to assess and mitigate programmatic and financial risk and to ensure continued quality of care for essential services.

(L) A description, globally and by partner country, of specific efforts to achieve and incentivize greater programmatic and cost effectiveness, including—

(i) progress toward establishing common economic metrics across prevention, care and treatment with partner countries and the Global Fund;

(ii) average costs, by country and by core intervention;

(iii) expenditure reporting in all program areas, supplemented with targeted analyses of the cost-effectiveness of specific interventions; and

(iv) import duties and internal taxes imposed on program commodities and services, by country.

(M) A description of partnership framework agreements with countries, and regions where applicable, including—

(i) the objectives and structure of partnership framework agreements with countries, including—

(I) how these agreements are aligned with national HIV/AIDS plans and public health strategies and commitments of such countries; and

(II) how these agreements incorporate a role for civil society; and

(ii) a description of what has been learned in advancing partnership framework agreements with countries, and regions as applicable, in terms of improved coordination and collaboration, definition of clear roles and responsibilities of participants and signers, and implications for how to further strengthen these agreements with mutually accountable measures of progress.

(N) A description of efforts and activities to engage new partners, including faith-based, locally-based, and United States minority-serving institutions.

(O) A definition and description of the differentiation between directly and otherwise supported activities, including specific efforts to clarify programmatic attribution and contribution, as well as timelines for dissemination and implementation.

(P) A description, globally and by country, of specific efforts to address co-infections and co-morbidities of HIV/AIDS, including—

(i) the number and percent of people in HIV care or treatment who started tuberculosis treatment; and

(ii) the number and percentage of eligible HIV positive patients starting isoniazid preventative therapy.

(Q) A description of efforts by partner countries to train, employ, and retain health care workers, including efforts to address workforce shortages.

(R) A description of program evaluations completed during the reporting period, including whether all completed evaluations have been published on a publically available Internet website and whether any completed evaluations did not adhere to the common evaluation standards of practice published under paragraph (4).

(4) Common evaluation standards

Not later than February 1, 2014, the Global AIDS Coordinator shall publish on a publically available Internet website the common evaluation standards of practice referred to in paragraph (3)(R).

(5) Partner country defined

In this subsection, the term ''partner country'' means a country with a minimum United States Government investment of HIV/AIDS assistance of at least $5,000,000 in the prior fiscal year.

(g) Funding limitation

Of the funds made available to carry out this section in any fiscal year, not more than 7 percent may be used for the administrative expenses of the United States Agency for International Development in support of activities described in section 2151b(c) of this title, this section, section 2151b–3 of this title, and section 2151b–4 of this title. Such amount shall be in addition to other amounts otherwise available for such purposes.

(h) Definitions

In this section:

(1) AIDS

The term ''AIDS'' means acquired immune deficiency syndrome.

(2) HIV

The term ''HIV'' means the human immunodeficiency virus, the pathogen that causes AIDS.

(3) HIV/AIDS

The term ''HIV/AIDS'' means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(4) Relevant executive branch agencies

The term ''relevant executive branch agencies'' means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including its agencies and offices), 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 this chapter.

(Pub. L. 87–195, pt. I, §104A, as added Pub. L. 108–25, title III, §301(a)(2), May 27, 2003, 117 Stat. 728; amended Pub. L. 110–293, title III, §301(a)–(e), July 30, 2008, 122 Stat. 2945–2953; Pub. L. 113–56, §5, Dec. 2, 2013, 127 Stat. 650.)

REFERENCES IN TEXT

Section 7672(a)(3) of this title and section 7673(d) of this title, referred to in subsec. (b)(1)(A)(ii)(I), were in the original references to sections 402(a)(3) and 403(d), respectively, and were translated as meaning sections 402(a)(3) and 403(d), respectively, of Pub. L. 108–25, to reflect the probable intent of Congress.

The PEPFAR Stewardship and Oversight Act of 2013, referred to in subsec. (f)(2), is Pub. L. 113–56, Dec. 2, 2013, 127 Stat. 648. For complete classification of this Act to the Code, see Short Title of 2013 Amendment note set out under section 7601 of this title and Tables.

This chapter, referred to in subsec. (h)(4), was in the original ''this Act'', meaning Pub. L. 87–195, Sept. 4, 1961, 75 Stat. 424, known as the Foreign Assistance Act of 1961. For complete classification of this Act to the Code, see Short Title note set out under section 2151 of this title and Tables.

AMENDMENTS

2013—Subsec. (f). Pub. L. 113–56 amended subsec. (f) generally. Prior to amendment, subsec. (f) related to annual reports on the implementation of this section.

2008—Subsec. (a). Pub. L. 110–293, §301(a)(1), inserted ''Central Asia, Eastern Europe, Latin America'' after ''Caribbean,''.

Subsec. (b). Pub. L. 110–293, §301(a)(2), amended subsec. (b) generally. Prior to amendment, text read as follows: ''It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, treatment, and control of HIV/AIDS. The United States and other developed countries should provide assistance to countries in sub-Saharan Africa, the Caribbean, and other countries and areas to control this crisis through HIV/AIDS prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including strategies to protect women and prevent mother-to-child transmission of the HIV infection.''

Subsec. (c)(1). Pub. L. 110–293, §301(b)(1), substituted ''Central Asia, Eastern Europe, Latin America, and other countries and areas, particularly with respect to refugee populations or those in postconflict settings in such countries and areas with significant or increasing HIV incidence rates'' for ''and other countries and areas''.

Subsec. (c)(2). Pub. L. 110–293, §301(b)(2), substituted ''Central Asia, Eastern Europe, Latin America, and other countries and areas affected by the HIV/AIDS pandemic, particularly with respect to refugee populations or those in post-conflict settings in such countries and areas with significant or increasing HIV incidence rates.'' for ''and other countries and areas affected by the HIV/AIDS pandemic''.

Subsec. (c)(3). Pub. L. 110–293, §301(b)(3), substituted ''partner countries, other international actors,'' for ''foreign countries'' and inserted ''within the framework of the principles of the Three Ones'' before the period at end.

Subsec. (d)(1)(A). Pub. L. 110–293, §301(c)(1)(A), inserted ''and multiple concurrent sexual partnering,'' after ''casual sexual partnering'' and substituted ''male and female condoms'' for ''condoms''.

Subsec. (d)(1)(B). Pub. L. 110–293, §301(c)(1)(B), substituted ''programs that are designed with local input and'' for ''programs that'' and ''those locally based organizations'' for ''those organizations''.

Subsec. (d)(1)(D). Pub. L. 110–293, §301(c)(1)(C), inserted ''and promoting the use of provider-initiated or 'opt-out' voluntary testing in accordance with World Health Organization guidelines'' before the semicolon at end.

Subsec. (d)(1)(F) to (K). Pub. L. 110–293, §301(c)(1)(D)–(G), added subpars. (F), (G), and (K) and redesignated former subpars. (F) to (H) as (H) to (J), respectively.

Subsec. (d)(2)(C) to (E). Pub. L. 110–293, §301(c)(2), inserted ''pain management,'' after ''opportunistic infections,'' in subpar. (C) and added subpars. (D) and (E).

Subsec. (d)(4)(E), (F). Pub. L. 110–293, §301(c)(3), added subpars. (E) and (F).

Subsec. (d)(5)(C), (D). Pub. L. 110–293, §301(c)(4), added subpar. (C) and redesignated former subpar. (C) as (D).

Subsec. (d)(6). Pub. L. 110–293, §301(c)(5)(A), substituted ''Related and coordinated activities'' for ''Related activities'' in heading.

Subsec. (d)(6)(D) to (G). Pub. L. 110–293, §301(c)(5)(B)–(D), added subpars. (D) to (G).

Subsec. (d)(8). Pub. L. 110–293, §301(c)(6), added par. (8).

Subsecs. (e), (f). Pub. L. 110–293, §301(d), added subsec. (e) and redesignated former subsec. (e) as (f). Former subsec. (f) redesignated (g).

Subsec. (f)(1). Pub. L. 110–293, §301(e)(1), substituted ''Committee on Foreign Affairs'' for ''Committee on International Relations''.

Subsec. (f)(2)(C), (D). Pub. L. 110–293, §301(e)(2), added subpars. (C) and (D) and struck out former subpar. (C) which required a detailed assessment of the impact of programs established under this section and sections 2151b–3 and 2151b–4 of this title.

Subsecs. (g), (h). Pub. L. 110–293, §301(d)(1), redesignated subsecs. (f) and (g) as (g) and (h), respectively.

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.

SUBMISSION OF ANNUAL REPORT

Pub. L. 113–76, div. K, title III, Jan. 17, 2014, 128 Stat. 477, provided in part: ''That the annual report required by section 104(A)(f) [probably should be ''104A(f)''] of the Foreign Assistance Act of 1961 [22 U.S.C. 2151b–2(f)] shall also be submitted hereafter to the Committees on Appropriations''.

§ 2151b–3. Assistance to combat tuberculosis

(a) Findings

Congress makes the following findings:

(1) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those countries that had previously largely controlled the disease.

(2) Congress further recognizes that the means exist to control and treat tuberculosis through expanded use of the DOTS (Directly Observed Treatment Short-course) treatment strategy, including DOTS-Plus to address multi-drug resistant tuberculosis, and adequate investment in newly created mechanisms to increase access to treatment, including the Global Tuberculosis Drug Facility established in 2001 pursuant to the Amsterdam Declaration to Stop TB and the Global Alliance for TB Drug Development.

(b) Policy

It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States should support the objectives of the Global Plan to Stop TB, including through achievement of the following goals:

(1) Reduce by half the tuberculosis death and disease burden from the 1990 baseline.

(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the successful treatment of at least 85 percent of the cases detected in countries with established United States Agency for International Development tuberculosis programs.

(3) In support of the Global Plan to Stop TB, the President shall establish a comprehensive, 5-year United States strategy to expand and improve United States efforts to combat tuberculosis globally, including a plan to support—

(A) the successful treatment of 4,500,000 new sputum smear tuberculosis patients under DOTS programs by 2013, primarily through direct support for needed services, commodities, health workers, and training, and additional treatment through coordinated multilateral efforts; and

(B) the diagnosis and treatment of 90,000 new multiple drug resistant tuberculosis cases by 2013, and additional treatment through coordinated multilateral efforts.

(c) Authorization

To carry out this section and consistent with section 2151b(c) of this title, the President is au-