

tially the proportion of funds made available under the Foreign Assistance Act of 1961 [see Short Title note set out under section 2151 of this title] for the purpose of assisting, together with other donor countries and with developing countries, in the reduction of postharvest losses of food in developing countries.”

§ 2151a-1. Agricultural research

Agricultural research carried out under this chapter shall (1) take account of the special needs of small farmers in the determination of research priorities, (2) include research on the interrelationships among technology, institutions, and economic, social, environmental, and cultural factors affecting small-farm agriculture, and (3) make extensive use of field testing to adapt basic research to local conditions. Special emphasis shall be placed on disseminating research results to the farms on which they can be put to use, and especially on institutional and other arrangements needed to assure that small farmers have effective access to both new and existing improved technology.

(Pub. L. 87-195, pt. I, §103A, as added Pub. L. 94-161, title III, §303, Dec. 20, 1975, 89 Stat. 857; amended Pub. L. 95-424, title I, §103(d), Oct. 6, 1978, 92 Stat. 945.)

REFERENCES IN TEXT

This chapter, referred to in text, was in the original “this Act”, meaning Pub. L. 87-195, Sept. 4, 1961, 75 Stat. 424, as amended, 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

1978—Pub. L. 95-424 inserted “environmental” after “social” in cl. 2.

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.

§ 2151b. Population planning and health programs

(a) Congressional declaration of policy

The Congress recognizes that poor health conditions and uncontrolled population growth can vitiate otherwise successful development efforts.

Large families in developing countries are the result of complex social and economic factors which change relatively slowly among the poor majority least affected by economic progress, as well as the result of a lack of effective birth control. Therefore, effective family planning depends upon economic and social change as well as the delivery of services and is often a matter of political and religious sensitivity. While every country has the right to determine its own policies with respect to population growth, voluntary population planning programs can make a substantial contribution to economic development, higher living standards, and improved health and nutrition.

Good health conditions are a principal element in improved quality of life and contribute to the individual’s capacity to participate in the development process, while poor health and debilitating disease can limit productivity.

(b) Assistance for voluntary population planning

In order to increase the opportunities and motivation for family planning and to reduce the rate of population growth, the President is authorized to furnish assistance, on such terms and conditions as he may determine, for voluntary population planning. In addition to the provision of family planning information and services, including also information and services which relate to and support natural family planning methods, and the conduct of directly relevant demographic research, population planning programs shall emphasize motivation for small families.

(c) Assistance for health programs; special health needs of children and mothers; Child Survival Fund; promotion of immunization and oral rehydration; control of AIDS and tuberculosis

(1) In order to contribute to improvements in the health of the greatest number of poor people in developing countries, the President is authorized to furnish assistance, on such terms and conditions as he may determine, for health programs. Assistance under this subsection shall be used primarily for basic integrated health services, safe water and sanitation, disease prevention and control, and related health planning and research. This assistance shall emphasize self-sustaining community-based health programs by means such as training of health auxiliary and other appropriate personnel, support for the establishment and evaluation of projects that can be replicated on a broader scale, measures to improve management of health programs, and other services and supplies to support health and disease prevention programs.

(2)(A) In carrying out the purposes of this subsection, the President shall promote, encourage, and undertake activities designed to deal directly with the special health needs of children and mothers. Such activities should utilize simple, available technologies which can significantly reduce childhood mortality, such as improved and expanded immunization programs, oral rehydration to combat diarrhoeal diseases, and education programs aimed at improving nutrition and sanitation and at promoting child spacing. In carrying out this paragraph, guidance shall be sought from knowledgeable health professionals from outside the agency primarily responsible for administering subchapter I of this chapter. In addition to government-to-government programs, activities pursuant to this paragraph should include support for appropriate activities of the types described in this paragraph which are carried out by international organizations (which may include international organizations receiving funds under part III of this subchapter) and by private and voluntary organizations, and should include encouragement to other donors to support such types of activities.

(B) In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President \$25,000,000 for fiscal year 1986 and \$75,000,000 for fiscal year 1987 for use in carrying out this paragraph. Amounts appropriated under this subparagraph are authorized to remain available until expended.

(C) Appropriations pursuant to subparagraph (B) may be referred to as the “Child Survival Fund”.

(3) The Congress recognizes that the promotion of primary health care is a major objective of the foreign assistance program. The Congress further recognizes that simple, relatively low cost means already exist to reduce incidence of communicable diseases among children, mothers, and infants. The promotion of vaccines for immunization, and salts for oral rehydration, therefore, is an essential feature of the health assistance program. To this end, the Congress expects the agency primarily responsible for administering subchapter I of this chapter to set as a goal the protection of not less than 80 percent of all children, in those countries in which such agency has established development programs, from immunizable diseases by January 1, 1991. Of the aggregate amounts made available for fiscal year 1987 to carry out paragraph (2) of this subsection (relating to the Child Survival Fund) and to carry out subsection (c) (relating to development assistance for health), \$50,000,000 shall be used to carry out this paragraph.

(4) RELATIONSHIP TO OTHER LAWS.—Assistance made available under this subsection and sections 2151b-2, 2151b-3, and 2151b-4 of this title, and assistance made available under part IV of subchapter II of this chapter to carry out the purposes of this subsection and the provisions cited in this paragraph, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries, except for the provisions of this subsection, the provisions of law cited in this paragraph, subsection (f), section 2394-1 of this title, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108-7).

(d) Administration of assistance

(1) Assistance under this part shall be administered so as to give particular attention to the interrelationship between (A) population growth, and (B) development and overall improvement in living standards in developing countries, and to the impact of all programs, projects, and activities on population growth. All appropriate activities proposed for financing under this part shall be designed to build motivation for smaller families through modification of economic and social conditions supportive of the desire for large families, in programs such as education in and out of school, nutrition, disease control, maternal and child health services, improvements in the status and employment of women, agricultural production, rural development, and assistance to the urban poor, and through community-based development programs which give recognition to people motivated to limit the size of their families. Population planning programs shall be coordinated with other programs aimed at reducing the infant mortality rate, providing better nutrition for pregnant women and infants, and raising the standard of living of the poor.

(2) Since the problems of malnutrition, disease, and rapid population growth are closely related, planning for assistance to be provided under subsections (b) and (c) of this section and under section 2151a of this title shall be coordinated to the maximum extent practicable.

(3) Assistance provided under this section shall emphasize low-cost integrated delivery systems for health, nutrition, and family planning for the poorest people, with particular attention to the needs of mothers and young children, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems, and other modes of community outreach.

(e) Research and analysis

(1) Health and population research and analysis carried out under this chapter shall—

(A) be undertaken to the maximum extent practicable in developing countries by developing country personnel, linked as appropriate with private and governmental biomedical research facilities within the United States;

(B) take account of the special needs of the poor people of developing countries in the determination of research priorities; and

(C) make extensive use of field testing to adapt basic research to local conditions.

(2) The President is authorized to study the complex factors affecting population growth in developing countries and to identify factors which might motivate people to plan family size or to space their children.

(f) Prohibition on use of funds for performance or research respecting abortions or involuntary sterilization

(1) None of the funds made available to carry out subchapter I of this chapter may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.

(2) None of the funds made available to carry out subchapter I of this chapter may be used to pay for the performance of involuntary sterilizations as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations.

(3) None of the funds made available to carry out subchapter I of this chapter may be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning.

(g) Authorization of appropriations

(1) There are authorized to be appropriated to the President, in addition to funds otherwise available for such purposes—

(A) \$290,000,000 for fiscal year 1986 and \$290,000,000 for fiscal year 1987 to carry out subsection (b) of this section; and

(B) \$205,000,000 for fiscal year 1986 and \$180,000,000 for fiscal year 1987 to carry out subsection (c) of this section.

(2) Funds appropriated under this subsection are authorized to remain available until expended.

(Pub. L. 87-195, pt. I, §104, as added Pub. L. 93-189, §2(3), Dec. 17, 1973, 87 Stat. 715; amended

Pub. L. 93-559, §4(1), Dec. 30, 1974, 88 Stat. 1795; Pub. L. 94-161, title III, §304, Dec. 20, 1975, 89 Stat. 857; Pub. L. 95-88, title I, §103(a)-(c), Aug. 3, 1977, 91 Stat. 534; Pub. L. 95-424, title I, §104(a), Oct. 6, 1978, 92 Stat. 945; Pub. L. 96-53, title I, §102, Aug. 14, 1979, 93 Stat. 360; Pub. L. 96-533, title III, §302, Dec. 16, 1980, 94 Stat. 3145; Pub. L. 97-113, title III, §302, Dec. 29, 1981, 95 Stat. 1532; Pub. L. 98-473, title I, §101(1) [title V, §541(a)], Oct. 12, 1984, 98 Stat. 1884, 1903; Pub. L. 99-83, title III, §§303-305(a), Aug. 8, 1985, 99 Stat. 214; Pub. L. 99-529, title I, §103, title IV, §404(1), Oct. 24, 1986, 100 Stat. 3011, 3019; Pub. L. 106-264, title I, §111(a), title II, §203, Aug. 19, 2000, 114 Stat. 751, 759; Pub. L. 108-25, title III, §§301(a)(1), 303(c), May 27, 2003, 117 Stat. 728, 737.)

REFERENCES IN TEXT

The Consolidated Appropriations Resolution, 2003, referred to in subsec. (c)(4), is Pub. L. 108-7, Feb. 20, 2003, 117 Stat. 11. Provisions under the heading "Child Survival and Health Programs Fund" in Pub. L. 108-7 appear at 117 Stat. 161 and are not classified to the Code.

This chapter, referred to in subsec. (e)(1), was in the original "this Act", meaning Pub. L. 87-195, Sept. 4, 1961, 75 Stat. 424, as amended, 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.

REFERENCES TO SUBCHAPTER I DEEMED TO INCLUDE CERTAIN PARTS OF SUBCHAPTER II

References to subchapter I of this chapter are deemed to include parts IV (§2346 et seq.), VI (§2348 et seq.), and VIII (§2349aa et seq.) of subchapter II of this chapter, and references to subchapter II are deemed to exclude such parts. See section 202(b) of Pub. L. 92-226, set out as a note under section 2346 of this title, and sections 2348c and 2349aa-5 of this title.

CODIFICATION

Amendment by Pub. L. 98-473 is based on section 303 of H.R. 5119, Ninety-eighth Congress, as passed by the House of Representatives May 10, 1984, which was enacted into permanent law by Pub. L. 98-473.

AMENDMENTS

2003—Subsec. (c)(4) to (7). Pub. L. 108-25 added par. (4) and struck out former pars. (4) to (7), which related to coordination between governments and organizations to prevent vertical transmission of HIV, prioritization of HIV/AIDS in foreign assistance program efforts, appropriation of funds for fiscal years 2001 and 2002, and coordination in developing a comprehensive tuberculosis program.

2000—Subsec. (c)(4) to (7). Pub. L. 106-264 added pars. (4) to (7).

1986—Subsec. (c)(2)(B). Pub. L. 99-529, §103(b), substituted "\$75,000,000 for fiscal year 1987" for "\$25,000,000 for fiscal year 1987".

Subsec. (c)(3). Pub. L. 99-529, §103(a), inserted provision allocating \$50,000,000 of the amounts available for fiscal year 1987 for carrying out par. (3).

Subsec. (g)(1)(B). Pub. L. 99-529, §404(1), substituted "\$180,000,000 for fiscal year 1987" for "\$205,000,000 for fiscal year 1987".

1985—Subsec. (c)(2)(B). Pub. L. 99-83, §304, inserted provisions authorizing specific appropriations for fiscal years 1986 and 1987.

Subsec. (c)(3). Pub. L. 99-83, §305(a), added par. (3).

Subsec. (g). Pub. L. 99-83, §303, in amending subsec. (g) generally, substituted in par. (1) provision authorizing appropriations of \$290,000,000 and \$205,000,000 to carry out subsecs. (b) and (c), respectively, for fiscal years 1986 and 1987 for provisions authorizing \$211,000,000 and \$133,405,000 to carry out such subsecs. for fiscal years 1982 and 1983, and in par. (2) struck out

provision that not less than 16 percent of available subsec. (b) appropriations or \$38,000,000, whichever amount is less, be available in fiscal years 1982 and 1983 only for the United Nations Fund for Population Activities.

1984—Subsec. (c). Pub. L. 98-473 designated existing provisions as par. (1) and added par. (2).

1981—Subsec. (f)(3). Pub. L. 97-113, §302(b), added par. (3).

Subsec. (g). Pub. L. 97-113, §302(a), substituted provision authorizing appropriations of \$211,000,000 and \$133,405,000 to carry out subsecs. (b) and (c) for fiscal years 1982 and 1983 for provision authorizing \$238,000,000 and \$145,300,000 to carry out such subsections for fiscal year 1981 and provision that not less than 16 percent of available subsec. (b) appropriations or \$38,000,000, whichever amount is less, be available in fiscal years 1982 and 1983 only for the United Nations Fund for Population Activities for provision making minimum of \$3,000,000 available in fiscal year 1981 only to support the World Health Organization's Special Program of Research, Development and Research Training in Human Reproduction.

1980—Subsec. (b). Pub. L. 96-533, §302(a), made provision for information and services relating to and supporting natural family planning methods.

Subsec. (g). Pub. L. 96-533, §302(b), substituted in par. (1) appropriations authorization of \$238,000,000 for fiscal year 1981 for authorization of \$201,000,000 for fiscal year 1980 and made \$3,000,000 available for World Health Organization's Special Human Reproduction Program, and in par. (2) appropriations authorization of \$145,300,000 for fiscal year 1981 for authorization of \$141,000,000 for fiscal year 1980, which made \$4,000,000 available for development of John Sparkman Center for International Public Health Education at University of Alabama at Birmingham.

1979—Subsec. (d)(1). Pub. L. 96-53, §102(b), inserted provisions respecting use of community-based development programs.

Subsec. (g)(1). Pub. L. 96-53, §102(a), substituted provisions authorizing appropriations of \$201,000,000 for fiscal year 1980, for provisions authorizing appropriations of \$224,745,000 for fiscal year 1979.

Subsec. (g)(2). Pub. L. 96-53, §102(a), substituted provisions authorizing appropriations of \$141,000,000 for fiscal year 1980, for provisions authorizing appropriations of \$148,494,000 for fiscal year 1979, and inserted provisions relating to the Sparkman Center for International Public Health Education.

1978—Pub. L. 95-424 amended section generally placing greater emphasis on programs and efforts to change social and economic conditions which produce high birth rates.

1977—Subsec. (a). Pub. L. 95-88, §103(a), transferred to subsec. (b) provisions covering the President's authority to furnish assistance for health purpose and, in the provisions covering population planning remaining in subsec. (a), struck out provisions authorizing the appropriations of \$145,000,000 for fiscal year 1974, \$165,000,000 for fiscal year 1975, \$243,100,000 for fiscal year 1976, and \$275,600,000 for fiscal year 1977, struck out provisions requiring that not less than 67 percent of the funds made available under this section be used for population planning, and inserted provisions authorizing an appropriation of \$167,000,000 for fiscal year 1978.

Subsec. (b). Pub. L. 95-88, §103(a), added subsec. (b), consisting of provisions transferred from subsec. (a) 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 persons, 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) \$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