

**§ 7655. Pilot program on family survival partnerships**

**(a) Purpose**

The purpose of this section is to authorize the President to establish a program, through a public-private partnership, for the provision of medical care and support services to HIV positive parents and their children identified through existing programs to prevent mother-to-child transmission of HIV in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries.

**(b) Grants**

**(1) In general**

The President is authorized to establish a program for the award of grants to eligible administrative organizations to enable such organizations to award subgrants to eligible entities to expand activities to prevent the mother-to-child transmission of HIV by providing medical care and support services to HIV infected parents and their children.

**(2) Use of funds**

Amounts provided under a grant awarded under paragraph (1) shall be used—

- (A) to award subgrants to eligible entities to enable such entities to carry out activities described in subsection (c);
- (B) for administrative support and subgrant management;
- (C) for administrative data collection and reporting concerning grant activities;
- (D) for the monitoring and evaluation of grant activities;
- (E) for training and technical assistance for subgrantees; and
- (F) to promote sustainability.

**(c) Subgrants**

**(1) In general**

An organization awarded a grant under subsection (b) shall use amounts received under the grant to award subgrants to eligible entities.

**(2) Eligibility**

To be eligible to receive a subgrant under paragraph (1), an entity shall—

- (A) be a local health organization, an international organization, or a partnership of such organizations; and
- (B) demonstrate to the awarding organization that such entity—
  - (i) is currently administering a proven intervention to prevent mother-to-child transmission of HIV in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, as determined by the President;
  - (ii) has demonstrated support for the proposed program from relevant government entities; and
  - (iii) is able to provide HIV care, including antiretroviral treatment when medically indicated, to HIV positive women, men, and children with the support of the project funding.

**(3) Local health and international organizations**

For purposes of paragraph (2)(A)—

(A) the term “local health organization” means a public sector health system, non-governmental organization, institution of higher education, community-based organization, or nonprofit health system that provides directly, or has a clear link with a provider for the indirect provision of, primary health care services; and

(B) the term “international organization” means—

- (i) a nonprofit international entity;
- (ii) an international charitable institution;
- (iii) a private voluntary international entity; or
- (iv) a multilateral institution.

**(4) Priority requirement**

In awarding subgrants under this subsection, the organization shall give priority to eligible applicants that are currently administering a program of proven intervention to HIV positive individuals to prevent mother-to-child transmission in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, and who are currently administering a program to HIV positive women, men, and children to provide life-long care in family-centered care programs using non-Federal funds.

**(5) Selection of subgrant recipients**

In awarding subgrants under this subsection, the organization should—

- (A) consider applicants from a range of health care settings, program approaches, and geographic locations; and
- (B) if appropriate, award not less than 1 grant to an applicant to fund a national system of health care delivery to HIV positive families.

**(6) Use of subgrant funds**

An eligible entity awarded a subgrant under this subsection shall use subgrant funds to expand activities to prevent mother-to-child transmission of HIV by providing medical treatment and care and support services to parents and their children, which may include—

- (A) providing treatment and therapy, when medically indicated, to HIV-infected women, their children, and families;
- (B) the hiring and training of local personnel, including physicians, nurses, other health care providers, counselors, social workers, outreach personnel, laboratory technicians, data managers, and administrative support personnel;
- (C) paying laboratory costs, including costs related to necessary equipment and diagnostic testing and monitoring (including rapid testing), complete blood counts, standard chemistries, and liver function testing for infants, children, and parents, and costs related to the purchase of necessary laboratory equipment;
- (D) purchasing pharmaceuticals for HIV-related conditions, including antiretroviral therapies;
- (E) funding support services, including adherence and psychosocial support services;

(F) operational support activities; and  
 (G) conducting community outreach and capacity building activities, including activities to raise the awareness of individuals of the program carried out by the subgrantee, other communications activities in support of the program, local advisory board functions, and transportation necessary to ensure program participation.

**(d) Reports**

The President shall require that each organization awarded a grant under subsection (b)(1) to submit an annual report that includes—

- (1) the progress of programs funded under this section;
- (2) the benchmarks of success of programs funded under this section; and
- (3) recommendations of how best to proceed with the programs funded under this section upon the expiration of funding under subsection (e).

**(e) Funding**

There are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 7671 of this title, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

**(f) Limitation on administrative expenses**

An organization shall ensure that not more than 7 percent of the amount of a grant received under this section by the organization is used for administrative expenses.

(Pub. L. 108-25, title III, §315, May 27, 2003, 117 Stat. 743.)

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 IV—AUTHORIZATION OF APPROPRIATIONS

**§ 7671. Authorization of appropriations**

**(a) In general**

There are authorized to be appropriated to the President to carry out this chapter and the amendments made by this chapter \$48,000,000,000 for the 5-year period beginning on October 1, 2008.

**(b) Availability**

Amounts appropriated pursuant to the authorization of appropriations in subsection (a) are authorized to remain available until expended.

**(c) Availability of authorizations**

Authorizations of appropriations under subsection (a) shall remain available until the appropriations are made.

(Pub. L. 108-25, title IV, §401, May 27, 2003, 117 Stat. 745; Pub. L. 110-293, title IV, §401(a), July 30, 2008, 122 Stat. 2966.)

REFERENCES IN TEXT

This chapter, referred to in subsec. (a), 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. (a). Pub. L. 110-293 substituted “\$48,000,000,000 for the 5-year period beginning on October 1, 2008” for “\$3,000,000,000 for each of the fiscal years 2004 through 2008”.

**§ 7672. Sense of Congress**

**(a) Increase in HIV/AIDS antiretroviral treatment**

It is a sense of the Congress that an urgent priority of United States assistance programs to fight HIV/AIDS should be the rapid increase in distribution of antiretroviral treatment so that—

- (1) by the end of fiscal year 2004, at least 500,000 individuals with HIV/AIDS are receiving antiretroviral treatment through United States assistance programs;
- (2) by the end of fiscal year 2005, at least 1,000,000 such individuals are receiving such treatment; and
- (3) by the end of fiscal year 2006, at least 2,000,000 such individuals are receiving such treatment.

**(b) Effective distribution of HIV/AIDS funds**

It is the sense of Congress that, of the amounts appropriated pursuant to the authorization of appropriations under section 7671 of this title for HIV/AIDS assistance, 10 percent should be used for orphans and vulnerable children.

(Pub. L. 108-25, title IV, §402, May 27, 2003, 117 Stat. 745; Pub. L. 110-293, title IV, §402, July 30, 2008, 122 Stat. 2966.)

AMENDMENTS

2008—Subsec. (b). Pub. L. 110-293 substituted “10 percent should be used” for “an effective distribution of such amounts would be—

- “(1) 55 percent of such amounts for treatment of individuals with HIV/AIDS;
- “(2) 15 percent of such amounts for palliative care of individuals with HIV/AIDS;
- “(3) 20 percent of such amounts for HIV/AIDS prevention consistent with section 2151b-2(d) of this title, of which such amount at least 33 percent should be expended for abstinence-until-marriage programs; and
- “(4) 10 percent of such amounts”.

**§ 7673. Allocation of funds**

**(a) Balanced funding requirement**

**(1) In general**

The Global AIDS Coordinator shall—

- (A) provide balanced funding for prevention activities for sexual transmission of HIV/AIDS; and
- (B) ensure that activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction are implemented and funded in a meaningful and equitable way in the strategy for each host country based on objective epidemiological evidence as to the source of infections and in consultation with the government of each