

opment, 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.)

Editorial Notes

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.

Statutory Notes and Related Subsidiaries

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”.

Executive Documents

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.

§ 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 es-

tablished 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 authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

(d) Coordination

In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other organizations with respect to the development and implementation of a comprehensive tuberculosis control program.

(e) Priority to Stop TB Strategy

In furnishing assistance under subsection (c), the President shall give priority to—

(1) direct services described in the Stop TB Strategy, including expansion and enhancement of Directly Observed Treatment Short-course (DOTS) coverage, rapid testing, treatment for individuals infected with both tuberculosis and HIV, and treatment for individuals with multi-drug resistant tuberculosis (MDR-TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering indi-

viduals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

(2) funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development.

(f) Assistance for the World Health Organization and the Stop Tuberculosis Partnership

In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing multiple drug resistant tuberculosis (MDR-TB) and extensively drug resistant tuberculosis (XDR-TB).

(g) Annual report

The President shall submit an annual report to Congress that describes the impact of United States foreign assistance on efforts to control tuberculosis, including—

(1) the number of tuberculosis cases diagnosed and the number of cases cured in countries receiving United States bilateral foreign assistance for tuberculosis control purposes;

(2) a description of activities supported with United States tuberculosis resources in each country, including a description of how those activities specifically contribute to increasing the number of people diagnosed and treated for tuberculosis;

(3) in each country receiving bilateral United States foreign assistance for tuberculosis control purposes, the percentage provided for direct tuberculosis services in countries receiving United States bilateral foreign assistance for tuberculosis control purposes;

(4) a description of research efforts and clinical trials to develop new tools to combat tuberculosis, including diagnostics, drugs, and vaccines supported by United States bilateral assistance;

(5) the number of persons who have been diagnosed and started treatment for multidrug-resistant tuberculosis in countries receiving United States bilateral foreign assistance for tuberculosis control programs;

(6) a description of the collaboration and coordination of United States anti-tuberculosis efforts with the World Health Organization, the Global Fund, and other major public and private entities within the Stop TB Strategy;

(7) the constraints on implementation of programs posed by health workforce shortages and capacities;

(8) the number of people trained in tuberculosis control; and

(9) a breakdown of expenditures for direct patient tuberculosis services, drugs and other commodities, drug management, training in diagnosis and treatment, health systems strengthening, research, and support costs.

(h) Definitions

In this section:

(1) DOTS

The term “DOTS” or “Directly Observed Treatment Short-course” means the World Health Organization-recommended strategy for treating tuberculosis including—

- (A) low-cost and effective diagnosis, treatment, and monitoring of tuberculosis;
- (B) a reliable drug supply;
- (C) a management strategy for public health systems;
- (D) health system strengthening;
- (E) promotion of the use of the International Standards for Tuberculosis Care by all care providers;
- (F) bacteriology under an external quality assessment framework;
- (G) short-course chemotherapy; and
- (H) sound reporting and recording systems.

(2) DOTS-Plus

The term “DOTS-Plus” means a comprehensive tuberculosis management strategy that is built upon and works as a supplement to the standard DOTS strategy, and which takes into account specific issues (such as use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

(3) Global Alliance for Tuberculosis Drug Development

The term “Global Alliance for Tuberculosis Drug Development” means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis and to ensure that new medications are available and affordable in high tuberculosis burden countries and other affected countries.

(4) Global Tuberculosis Drug Facility

The term “Global Tuberculosis Drug Facility (GDF)” means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

(5) Stop TB Strategy

The term “Stop TB Strategy” means the 6-point strategy to reduce tuberculosis developed by the World Health Organization, which is described in the Global Plan to Stop TB 2006-2015: Actions for Life, a comprehensive plan developed by the Stop TB Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2015.

(6) Stop Tuberculosis Partnership

The term “Stop Tuberculosis Partnership” means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and nongovernmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.

(Pub. L. 87-195, pt. I, §104B, as added Pub. L. 108-25, title III, §302(a), May 27, 2003, 117 Stat. 734; amended Pub. L. 110-293, title III, §302(a)-(e), July 30, 2008, 122 Stat. 2957-2959.)

Editorial Notes

AMENDMENTS

2008—Subsec. (b). Pub. L. 110-293, §302(a), 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 control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.”

Subsec. (e). Pub. L. 110-293, §302(b), amended subsec. (e) generally. Prior to amendment, text read as follows: “In furnishing assistance under subsection (c) of this section, the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement of the preceding sentence, the President should ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.”

Subsecs. (f) to (h). Pub. L. 110-293, §302(c), (d), added subsecs. (f) and (g) and redesignated former subsec. (f) as (h).

Subsec. (h)(1). Pub. L. 110-293, §302(e)(1), substituted “tuberculosis including—” for “tuberculosis.” and added subpars. (A) to (H).

Subsec. (h)(5), (6). Pub. L. 110-293, §302(e)(2), (3), added par. (5) and redesignated former par. (5) as (6).

Executive Documents

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.

§ 2151b-4. Assistance to combat malaria**(a) Finding**

Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa, and that children and women are particularly at risk. Congress recognizes that there are cost-effective tools to decrease the spread of malaria and that malaria is a curable disease if promptly diagnosed and adequately treated.

(b) Policy

It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, control, treatment, and cure of malaria.

(c) Authorization

To carry out this section and 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,