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AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3519

OFFERED BY ____________________

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "World Bank AIDS Prevention Trust Fund Act".

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—The Congress finds the following:

(1) According to statistics of the International Bank for Reconstruction and Development (World Bank), more than 90 percent of all adults and children with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) live in the developing world—62 percent in Sub-Saharan Africa, 24 percent in Asia, and 6.9 percent in Latin America and the Caribbean.

(2) In Africa, the death toll from AIDS has reached 13,000,000, while 23,000,000 others live with the disease, and more than 10,000,000 children have been infected or orphaned by it.

(3) The World Bank, declaring AIDS not just a public health problem but the "foremost and fast-

est-growing threat to development" in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(4) The World Bank estimates that for Africa alone $1,000,000,000 to $2,300,000,000 annually is needed for prevention in the region in contrast to the modest $160,000,000 a year in official assistance currently available for HIV/AIDS in Africa.

(5) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(6) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES.—The purposes of this Act are to prevent human suffering and to promote economic and human development, social stability, and security in the developing world, by working with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the Inter-

national Partnership Against AIDS in Africa, the private sector, and donor agencies to intensify action against the HIV/AIDS epidemic and to assist in the development of an AIDS vaccine.

TITLE I—NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. NEGOTIATIONS FOR THE CREATION OF A WORLD BANK TRUST FUND TO ASSIST IN AIDS PREVENTION AND ERADICATION.

The Secretary of the Treasury shall ~~seek to~~ enter into negotiations with the International Bank for Reconstruction or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be able to accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) PROGRAM OBJECTIVES.—The trust fund would provide grants to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective HIV/AIDS prevention, education, treatment

and care services, and research and development services. In carrying out this objective, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY.—In providing such grants, the trust fund would give priority to national HIV/AIDS programs which—

(A) have a government commitment at the highest level and multiple partnerships at all levels with civil society and the private sector;

(B) invest early in effective prevention efforts;

(C) require cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) are decentralized and use participatory approaches to bring prevention care programs to national scale; and

(E) are characterized by community participation in government policymaking as well as design and implementation of programs, including implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE.—

(A) IN GENERAL.—The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors, the Trustee would be responsible for managing the day-to-day operations of the trust fund.

(B) CONSULTATIONS.—In consultation with the President and other donors, the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund.

(C) TECHNICAL ADVISORY BOARD.—

(i) APPOINTMENT.—The President of the United States and representatives of other participating donors would establish a Technical Advisory Board, and appoint to the board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (including HIV/AIDS), and Africa.

(ii) DUTIES.—The Technical Advisory Board would, in consultation with other international experts in related fields (including scientists and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund. The Secretary of the Treasury would ensure that the Trustee provides the Technical Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Technical Advisory Board.

TITLE II—UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS, there are authorized to be appropriated to the Secretary of the Treasury $100,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III—REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund, the goals of the trust fund, the programs, projects, and activities, including any vaccination approaches, supported by the trust fund, and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

(b) APPROPRIATE COMMITTEES DEFINED.—In subsection (a), the term "appropriate committees" means the

Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3519

OFFERED BY _____

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "World Bank AIDS ~~Prevention~~ Trust Fund Act".

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—The Congress finds the following:

(1) According to statistics of the International Bank for Reconstruction and Development (World Bank), more than 90 percent of all adults and children with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) live in the developing world—62 percent in Sub-Saharan Africa, 24 percent in Asia, and 6.9 percent in Latin America and the Caribbean.

(2) In Africa, the death toll from AIDS has reached 13,000,000, while 23,000,000 others live with the disease, and more than 10,000,000 children have been infected or orphaned by it.

(3) The World Bank, declaring AIDS not just a public health problem but the "foremost and fast-

est-growing threat to development" in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(4) The World Bank estimates that for Africa alone $1,000,000,000 to $2,300,000,000 annually is needed for prevention in the region in contrast to the modest $160,000,000 a year in official assistance currently available for HIV/AIDS in Africa.

(5) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(6) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES.—The purposes of this Act are to prevent human suffering and to promote economic and human development, social stability, and security in the developing world, by working with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the Inter-

national Partnership Against AIDS in Africa, the private sector, and donor agencies to intensify action against the HIV/AIDS epidemic ~~and to assist in the development of an AIDS vaccine.~~

TITLE I—NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. NEGOTIATIONS FOR THE CREATION OF A WORLD BANK TRUST FUND TO ASSIST IN ~~AIDS~~ HIV PREVENTION AND ~~ERADICATION~~ AIDS care + treatment.

The Secretary of the Treasury shall ~~seek to~~ enter into negotiations with the International Bank for Reconstruction or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be able to accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, or in countries with an HIV infection rate of 2% institutions, as follows:

(1) PROGRAM OBJECTIVES.—The trust fund would provide grants to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective HIV/AIDS prevention, education, treatment

and care services, and ~~research and~~ development ~~services~~. In carrying out this objective, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY.—In providing such grants, the trust fund would give priority to ~~national~~ HIV/AIDS ~~programs~~ which—

(A) have a government commitment at the highest level and multiple partnerships at all levels with civil society and the private sector;

(B) invest early in effective prevention efforts;

(C) require cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) are decentralized and use participatory approaches to bring prevention care programs to national scale; and

(E) are characterized by community participation in government policymaking as well as design and implementation of programs, including implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE.—

(A) IN GENERAL.—The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other contributing donors, the Trustee would be responsible for managing the day-to-day operations of the trust fund.

(B) CONSULTATIONS.—In consultation with the President and other contributing donors, the Trustee would establish criteria, that have been agreed ~~on~~ to by the contributing donors, for the selection of projects to receive support from the trust fund, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund.

(C) TECHNICAL ADVISORY BOARD.—

(i) APPOINTMENT.—The President of the United States and representatives of other ~~participating~~ donors would establish a Technical Advisory Board, and appoint to the board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care ~~(including~~ (especially HIV/AIDS), and Africa.

(ii) DUTIES.—The Technical Advisory Board would, in consultation with other international experts in related fields (including scientists and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund. The Secretary of the Treasury would ensure that the Trustee provides the Technical Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Technical Advisory Board.

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(b) APPROPRIATE COMMITTEES DEFINED.—In subsection (a), the term "appropriate committees" means the

links to contributions from others in the out years? or years shares tied to contribution, appointment as well

Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3519

OFFERED BY _____

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Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

FAX TRANSMITTAL

The World Bank
Office of the US Executive Director
1818 H Street, NW, Room 13-525
Washington, DC 20433
Phone 202/458-0114
Fax 202/477-2967

Someone had given me 2435 before they called.

Date: 3/15/00

Attention: Sandy Thurman

Fax Number: 456-2439

Phone Number:

From: Cynthia McCaffrey

Sandy Thurman:

For your conversation with Jan Piercy the other day here is the World Bank's HIV/AIDS paper. It will be discussed by the Board tomorrow (Thursday 3/16). Given the importance of this issue to the Administration, we welcome input from the WH for tomorrow's discussion. Our guidance is coordinated and given by Treasury + they are also working on this paper.

Thanks very much -
Cynthia

NB: I have also attached Treasury's initial reactions to the paper.

International Bank for Reconstruction and Development

FOR OFFICIAL USE ONLY

SecM2000-85

FROM: Vice President and Secretary

February 25, 2000

DEVELOPMENT COMMITTEE MEETING - APRIL 17, 2000

INTENSIFYING ACTION AGAINST HIV/AIDS

Attached is a paper entitled "Intensifying Action against HIV/AIDS" which will be discussed by Executive Directors at a meeting of the Committee of the Whole on March 16, 2000. The paper has been prepared for the Development Committee's discussion of item 1.A of the Provisional Agenda (DC/2000-01).

Questions on this paper should be referred to Ms. D. Zewdie (ext. 39414).

→ CP | BP - Safeguard issue -- has to have AIDS component -- [illegible]
- implementation →

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2000 FEB 25 PM 2:44

INTENSIFYING ACTION AGAINST HIV/AIDS

DEVELOPMENT COMMITTEE

APRIL 17, 2000

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FIGURES

INTENSIFYING ACTION AGAINST HIV/AIDS

HIV/AIDS has ravaged large parts of the developing world, where it is rapidly reversing the social and economic achievements of the past half century. The epidemic now poses the foremost threat to development in Sub-Saharan Africa, a growing threat in Asia and the Caribbean, and is on the rise in some Eastern European countries. This paper summarizes the impact of HIV/AIDS, explains the importance of acting fast, and seeks the engagement of Development Committee members in a strategy by which the international community could help stop the further spread of the epidemic while alleviating its effects.

The Explosive Epidemic of HIV/AIDS

1. The HIV/AIDS epidemic has spread with ferocious speed. Virtually unknown 20 years ago, HIV has now infected 50 million people worldwide. More than 16 million have died—2.6 million in 1999 alone. Today, 34 million people are living with HIV/AIDS, over 95 percent of them in developing countries. AIDS is already the fourth-leading cause of death in the world, and the leading cause in Sub-Saharan Africa. Yet despite heightened awareness and a mounting death toll, the growth of the epidemic continues unabated. Each day, over 15,000 people are newly infected.

2. The effect on social outcomes has already been extensive. In the most-affected countries, HIV/AIDS is swiftly dismantling the development achievements of the past 50 years. *Life expectancy* is now declining in a host of African countries after decades of progress. In several nations it is already 10 years shorter because of HIV/AIDS. In the hardest-hit countries such as Botswana and Zimbabwe, it will soon be 17 years shorter than it would otherwise have been. *Adult mortality rates* have risen by 50 percent in many countries and 100 percent in those most affected by AIDS. *Child mortality rates* in many countries have doubled, and could double again if HIV/AIDS continues unchecked. And the rapid rise in adult deaths is leaving an unprecedented number of *orphans*—11.2 million worldwide, 10.7 million of them in Africa. Before AIDS, one in 50 children in the developing world was an orphan. Today as a result of AIDS, in some countries the rate is one in 10.

3. ***AIDS is a global epidemic***. In 1982, Uganda was the only country with an HIV prevalence rate[1] as high as two percent in the general population, along with a much higher rate in certain "at-risk" population groups (*e.g.* commercial sex workers, truckers, etc.). Today there are 21 countries in Africa with prevalence rates of more than 7 percent, and many other developing and transition economies are now where Uganda was in the 1980s—at the early stage of the epidemic. The behavior of HIV is such that once the prevalence rate reaches around five percent in the general population, the virus spreads very fast. What happened in Africa in less than two decades could now happen anywhere in developing and transition economies if action is not taken while the epidemic is young.

4. ***Sub-Saharan Africa*** has experienced the most severe impact. The 13.7 million Africans who have died account for 85 percent of the global toll from AIDS, and another 23.3 million are living with HIV/AIDS. In at least five countries, more than 20 percent of adults have HIV. Africa's burden has resulted from conditions that allow the virus to spread—notably poverty, dilapidated health systems, and a high level of untreated sexually transmitted infections. But *inaction* has also played a crucial role.

[1] The HIV prevalence rate refers to the percentage of all adults age 15-49 who are HIV-positive, which is the standard definition for the scope of the epidemic in a country. In this paper, the terms "HIV prevalence," "HIV rate" and "adult HIV rate" are used interchangeably.

Although prevention strategies were known years ago and many measures were taken on a small scale, very few countries or their international partners have taken sufficient action to slow the spread of HIV.

5. In many other parts of the world, HIV rates are moving upward and other key leading indicators are troubling. Two regions in particular stand out. In ***South and Southeast Asia***, HIV/AIDS came later than in Sub-Saharan Africa but has already killed more than one million people. HIV rates are comparatively low, but have recently been growing among at-risk groups in India, Vietnam, Cambodia, and Bangladesh. ***Eastern Europe and Central Asia*** show an equally troubling trend. Half the people now living with HIV/AIDS in this region have been infected in the past two years alone. In 1999, the fastest growth of HIV anywhere took place in Russia.

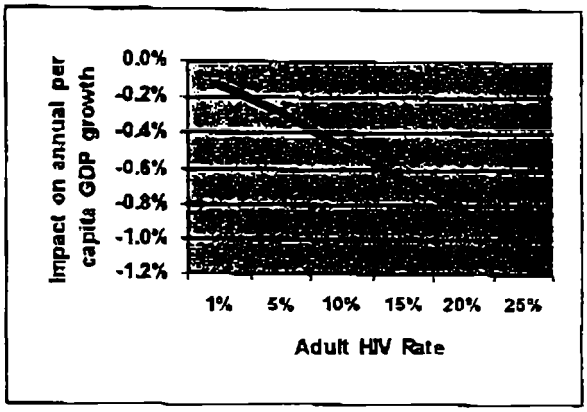
The Social and Economic Impact of HIV/AIDS

6. The epidemic poses a great threat not only to public health, but to development itself. HIV/AIDS is unique among diseases in combining seven attributes:

- It reduces life expectancy, which is positively related to savings, productivity, and education.
- It weakens and kills adults in the prime of their lives as workers and parents. In so doing, it erodes productivity, decimates the workforce, orphans millions and weakens the structure of households.
- People who contract HIV may remain infectious for many years without knowing they have the virus or showing any symptoms. The potential for spread is high.
- People with AIDS suffer repeated and prolonged illnesses, which impose great costs on households and health systems and which promote secondary infections in others.
- AIDS breaks down social cohesion, challenges value systems, and raises deeply rooted and sensitive gender inequalities.
- HIV spreads very fast.
- There is no vaccine and no cure.

7. ***AIDS and the economy.*** Recent World Bank simulations suggest that HIV/AIDS has a substantial negative impact on economic growth. This relationship was difficult to discern when rates were lower, but it now appears that the economic impact grows as the epidemic advances.[2] As long as prevalence remains below about five percent, annual per capita economic growth is minimally affected. As prevalence rises, per capita growth can be expected to decline, as simulated in Figure 1. When HIV prevalence reaches 8 percent—about where it is in 21 African countries today—the cost in per capita growth is estimated to be about 0.4 percentage points per year. Compared to historical performance in Africa, such losses are significant. Annual per capita growth in Africa as a whole for the past three years has been about 1.2 percent, for instance. In countries such as Zimbabwe where the HIV rate exceeds 25 percent, annual per capita growth is probably a full percentage point lower than it otherwise would be, because of HIV/AIDS.

Figure 1. ***Simulated impact of AIDS on per capita growth***



[2] This result is derived from cross-country regressions of GDP growth rates as a function of policy variables, including life expectancy (controlling for the different starting conditions of each country). Combining these results with demographic projections of the impact of AIDS on life expectancy and population growth yields the estimated impact on per capita growth.

8. The fiscal cost of HIV/AIDS is also significant. One year of basic treatment for a person with AIDS costs an estimated two to three times per capita GDP in *medical* costs alone. Most of these costs are typically borne by the public sector, which faces difficult choices. As the number of AIDS cases increases, so does the cost. In a country with HIV prevalence of 15 percent, the estimated budgetary cost could rise from 2.5 percent of GDP today to 6.0 percent by 2010.

9. ***AIDS and the production sectors.*** In general, it is the 15-49 age group that is disproportionately affected by the HIV/AIDS epidemic. Through its impact on the labor force, HIV/AIDS diminishes productivity just as developing countries need to become more competitive to cope with rapid globalization. All sectors are affected. For example:

- Agriculture. HIV/AIDS reduces investments in irrigation, soil enhancements, and other capital improvements, thereby inhibiting agricultural production. Households are shifting from more nutritious foods to less nourishing but less labor-intensive crops. The epidemic is forcing families to make irreversible decisions to sell livestock, equipment, and land to cover AIDS-related costs. HIV/AIDS illness and care also siphon time away from vital farm work.

- Private sector development. HIV/AIDS is undermining private sector development by removing skilled labor, increasing expenditures, and reducing revenues. Nearly 19 percent of all skilled laborers in South Africa will have HIV by 2015, according to a new report by ING Barings. On one sugar estate in Kenya where 25 percent of the workforce was HIV-positive, company spending on funerals increased 500 percent and direct health expenditures rose 1,000 percent in eight years. At the same time, productivity fell by half in four years. In Madras, India, a study of large industries projected that absenteeism would likely double over the next two years because of sexually transmitted infections and HIV/AIDS.

10. ***AIDS and the social sectors.*** AIDS overtaxes social systems and aborts the health and educational development that the poor (especially children) need to escape poverty:

- Education. Across Africa, HIV/AIDS has drained skilled manpower in every sector, which was scarce to begin with. Teachers and students are dying or leaving school because they can no longer afford it, have fallen ill, or because they are needed at home to work or care for the sick. Over 30 percent of teachers in Malawi and Zambia are living with HIV/AIDS, and more now die each year than graduate from teacher training programs. Moreover, faltering education diminishes human capital for the future in every other sector. Girls' education—a critical factor in development—is particularly vulnerable to HIV/AIDS. Girls in the 15-24 age group are disproportionately infected compared to the same age group of boys or to older women. Families often take girls out of school to help with AIDS care, which jeopardizes recent gains in health, nutrition, and reproductive health.

- Health. Health care systems in many countries are stretched beyond their limits as they deal with a growing number of AIDS patients and the loss of health personnel to illness and death. Once HIV prevalence reaches five percent, demand for medical care is estimated to rise by at least 25 percent and to increase faster than government is able to supply it. In Cote d'Ivoire, Kenya, Zambia, and Zimbabwe, HIV-infected patients occupy 50-80 percent of all beds in urban hospitals, crowding out other patients with treatable diseases and consuming scarce health care resources. AIDS also has large negative externalities affecting even people who are HIV-negative. The epidemic has already sparked a resurgence in tuberculosis in Africa after years of decline. In some African countries, TB cases have risen 500 percent from where they stood before HIV/AIDS.

11. ***AIDS and the public sector***. Public servants are often at higher risk for HIV infection. In both civil and military services, the epidemic is depleting scarce capacity and raising the costs of recruitment, training, benefits, and replacements. In South Africa, 15 percent of civil servants are living with HIV/AIDS. In Uganda, nearly 40 percent of military personnel are infected.

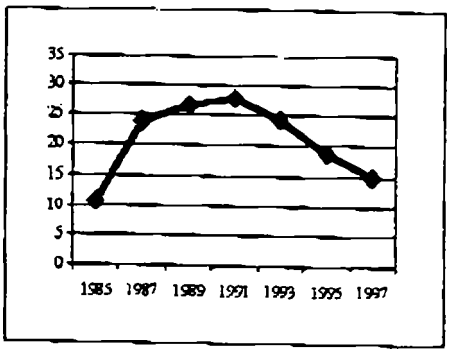
12. ***AIDS and poverty***. HIV/AIDS particularly targets the poor. The epidemic has overwhelmingly hit the world's poorest countries and those with the greatest disparities of income. Although people at all income levels are vulnerable to HIV, the poor have suffered the most economically, as the epidemic exacerbates both income inequality and absolute poverty.

The Importance of Acting Fast

13. The tragedy of this epidemic is compounded by the fact that it is preventable. There is broad consensus about what works to thwart HIV/AIDS. Early and aggressive action against the epidemic has paid dividends in several settings:

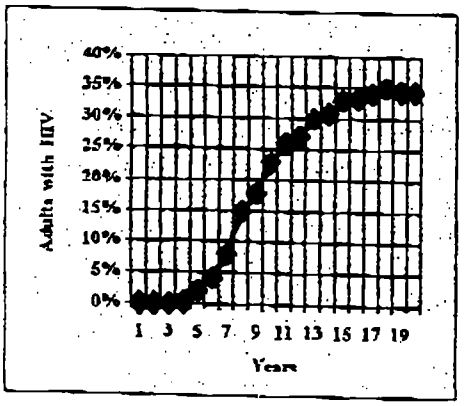
- In Uganda, where the government has led a strong campaign, HIV fell significantly among pregnant women and young people ages 15-24 in urban and peri-urban areas.
- In Senegal, enlisting all key actors in a timely prevention campaign has helped maintain one of the lowest HIV infection rates in Sub-Saharan Africa.
- Asian countries have mounted some of the most effective prevention programs. Rates among pregnant women and military conscripts in northern Thailand fell sharply in four years following concerted prevention efforts. The Indian state of Tamil Nadu launched a safe behavior campaign and saw steep reductions in risky behavior in two years.

Figure 2. ***HIV rates in urban Uganda fell sharply after preventive programs were put in place***



14. Prevention not only averts suffering and death, but pays vast dividends in future savings to the health system and the public sector at large. Cost-effective interventions such as greater use of condoms, public information programs, and treatment of sexually transmitted infections cost as little as $8 per infection averted, compared to the hundreds of dollars that each case of AIDS costs to treat.

Figure 3. ***Typical spread of HIV in a southern African country***



15. Early action is vital. Once it passes a certain threshold, HIV spreads extremely fast. As Figure 3 illustrates, it can increase tenfold in five years, as it has in several southern African countries. The more widely HIV/AIDS spreads, the more difficult and costly prevention and treatment become. In Sub-Saharan Africa, it is estimated that a national program would cost less than $3 per capita while prevalence remained below five percent. Once rates reach 15 percent, however, program costs could be $12 per capita or more. The longer the introduction of programs is delayed, the greater the likelihood that the epidemic will grow exponentially.

16. Countries therefore face two policy options: (1) delay while prevalence remains low and face far higher expenses once it is widespread; or (2) take comprehensive action early on. Since a strong HIV/AIDS program would be multisectoral, the costs could be spread among several ministries, agencies, civil society, and private actors.

Building an Effective National Response

17. Building an effective response requires an enabling environment and the necessary resources to bring proven interventions quickly up to nationwide scale. In many countries, it is government that creates such an environment so that all sectors of society can contribute. Many governments have initiated a limited response to HIV/AIDS. Few, however, have brought it to the scale necessary. Governments of all vulnerable countries (with their partners) need to expand and intensify their responses rapidly, and to address HIV/AIDS as a multisectoral development issue—not only a health concern. At the national level, six actions are fundamental:

18. ***Increase Government Commitment, Attention, and Funding***. Not all government leaders are convinced of the potential impact of AIDS. Others see the threat but are reluctant to address the issue. As a result, many governments have not made HIV/AIDS a policy priority. Yet strong government commitment has proved essential in every country that has made headway against the epidemic. Leaders need to speak openly about HIV/AIDS and place it at the center of the development agenda. Each country at risk needs a multisectoral national program with adequate funding. To ensure such funding, governments need to re-examine spending priorities in light of the rapidly growing costs of AIDS, and reallocate accordingly. But government can also leverage existing programs (e.g. education, agricultural extension) by integrating HIV/AIDS into them at modest cost. Management of national programs belongs in the highest office of government to ensure the power, resources, flexibility, and effective coordination to act multisectorally.

19. ***Scale Up Prevention Activities***. Governments and their partners need to expand proven interventions to a scale large enough to reach all vulnerable individuals. Because of scarce resources, this calls for setting priorities and focusing on a core set of activities that have proven effective and feasible, including: *communications* that move audiences from awareness to risk-reducing behavior; making *condoms, treatment of sexually transmitted infections, and voluntary counseling and testing* more accessible; ensuring a *safe blood supply*; and reducing HIV *transmission from mother to child*. To ensure effectiveness, governments need to work in partnership with persons living with HIV/AIDS, community groups, religious organizations, NGOs, health professionals, and the private sector.

20. ***Scale Up Care Activities***. Governments also need to develop strategies to care for and support the vast numbers of people who are infected and/or affected by HIV/AIDS. Given that the costs of life-prolonging triple-drug therapy remain out of reach for virtually all developing countries, governments will need to focus on effective treatment for the opportunistic infections that afflict persons living with AIDS. In addition, governments and their partners need to mount programs to care for the millions of orphans and other vulnerable children where extended families can no longer bear the full load.

21. ***Support Community-Level Activities***. In many countries, the scale of the epidemic exceeds government's capacity to address it. In all countries, communities play a decisive role against HIV/AIDS because of their capacity for social mobilization, their awareness of the local cultural and social context, and their daily influence on the lives of their members. Communities, NGOs and CBOs therefore need to receive direct financial support to act at the local level, where the public sector is often less effective. Communities also have a vital role to play in HIV/AIDS care, since long-term hospital care is not affordable or even possible in most developing countries. Strategies to provide high-quality community and home-based care need to be developed.

22. ***Link HIV/AIDS with Poverty Reduction Strategies***. Poverty is an important contributor to the HIV/AIDS epidemic. It can drive people to leave their families to find work or into commercial sex for economic survival, placing them at high risk for HIV infection. It is therefore important to address the socioeconomic factors that make people vulnerable to HIV. Poverty reduction policies and programs can prevent people from adopting risky survival strategies and mitigate the financial impact of HIV/AIDS on poor households. The Poverty Reduction Strategy Papers (PRSPs) will address the structural factors that have been seen to increase people's vulnerability to HIV/AIDS.

23. ***Support More Research***. Continued research is needed into the cost of HIV/AIDS treatment and care alternatives, the sectoral impact and costs of the epidemic, and the effectiveness of existing tools in different cultural and infrastructure settings. Leaders in each sector will continue to view HIV/AIDS as a health issue unless they see the potential impact on their sector and the relatively low cost of intervention.

Building an Effective International Response

24. Developing country governments cannot overcome the HIV/AIDS challenge alone. Given the scope of the epidemic, its costs, widespread denial, and sensitivities, sustained support from all development partners will be required. Two overarching goals should guide this support. For the present, the goal is to replicate what has been proven to work—that is, *to help every country at risk to establish an appropriate national HIV/AIDS program comprising basic prevention, basic treatment, and basic care*. This is the minimum needed to prevent the epidemic from spreading further and to begin reversing it where it is already widespread. For the future, the goal is an effective HIV vaccine. To achieve these goals, no single step will suffice. What is needed is a balanced combination of advocacy, incentives, disincentives, funding, and policy support. This will call on the international community for strong partnerships and coordinated action.

25. One promising example of such coordination is the International Partnership Against HIV/AIDS in Africa. Launched in 1999 by the cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS)[3], the Partnership joins the cosponsors with African governments, donor countries, the private sector, NGOs, and people living with HIV/AIDS. Its goal is to help all African countries put comprehensive national programs in place within a few years under the leadership of the government.

26. **The Role of the World Bank**. For the Bank's part, it is working at both regional and corporate levels to contribute to the international response. At the regional level, it is retrofitting its current portfolio in Africa to include prevention and mitigation components wherever possible. An AIDS Campaign Team for Africa (ACT*africa*) has been established under the office of the Regional Vice Presidents for Africa. ACT*africa* is designing a flagship regional IDA operation to expedite support to HIV/AIDS programs throughout Africa, including innovative forms of funding which will put resources directly in the hands of communities and ensure sustainable capacity. It is also developing AIDS impact assessment tools for new projects. Africa country teams are supporting countries in incorporating HIV/AIDS into their development planning, and into projects such as social funds and community action projects. And they are rapidly identifying opportunities to support more comprehensive AIDS programs wherever feasible.

27. While the Bank will continue to regard Africa as a funding priority, it is also boosting its support to other regions. Last fiscal year, the Bank approved major HIV/AIDS projects in India and Brazil as a follow-up to earlier projects, and is now developing projects in Russia and Ukraine.

[3] UNAIDS has seven cosponsors: the UN International Drug Control Programme (UNDCP), the UN Development Programme (UNDP), the UN Economic, Scientific, and Cultural Organization (UNESCO), the UN Population Fund (UNFPA), the UN Children's Fund (UNICEF), the World Health Organization (WHO), and the World Bank.

28. At the corporate level, the Bank is using its knowledge and influence to help provide more tools against the epidemic. The development of an HIV/AIDS vaccine, for instance, would produce immense benefits, particularly for the poor and the developing world. As an international public good, however, such a vaccine is unlikely to come to market without concerted action by international donors. Accordingly, the Bank has been an active member of the Global Alliance for Vaccines and Immunizations (GAVI)—a network comprising interested governments, UNICEF, WHO, bilateral agencies, the Gates Foundation, the Rockefeller Foundation and other partners to complement the work of the International AIDS Vaccine Initiative (IAVI). Over the past year, GAVI has met with 180 individuals and institutions to ascertain the pharmaceutical industry's views on HIV vaccine research and development, potential demand, and institutional responses that could be used to ensure future markets for a vaccine in developing countries.

29. This is part of the Bank's comprehensive new approach to HIV/AIDS. In full collaboration with the UNAIDS Secretariat, the Bank is treating HIV/AIDS as a multisectoral development issue and according it top priority in development policy, dialogue with governments, planning, analysis, and lending. The Bank's president has corresponded with heads of state on HIV/AIDS. The Bank's senior managers have begun highlighting the issue in some high-level appearances and meetings. Administrative resources have been reallocated, and HIV/AIDS projects have been put on a fast track. From a corporate perspective, the Bank will review the situation every six months to maintain momentum and focus corporate interest continually on the issue. Furthermore, the experience that the Bank has acquired and the actual actions in the six areas mentioned below constitute the next major step forward in the struggle against HIV/AIDS.

30. ***The international community*** has also intensified attention to the epidemic. Several bilateral donors have recently stepped up their efforts, and the UN Security Council has held a historic session on HIV/AIDS. This reflects the growing consensus and alarm over HIV/AIDS. There are six specific goals the international community should seek to achieve:

(1) **Mainstream HIV/AIDS into the development agenda and aid programs.** Donors and international agencies need to make HIV/AIDS a standard element of the core development and aid agenda. The far-reaching ramifications of the epidemic have to be integrated into both macro and sector planning and analyses. Countries with high HIV rates will need help preparing to cope with the social challenge that care will pose. Capacity will need to be sustained and frequently replenished, and means found to maintain human capital. The regressive impact of HIV/AIDS will present new challenges for anti-poverty policies. Countries with lower HIV rates will need help in mounting programs beyond the health sector and in keeping tight surveillance.

(2) **Enhance and sustain advocacy for action on HIV/AIDS.** The international community must use its collective voice to encourage greater attention and action on the epidemic. Advocacy at the global level can help position HIV/AIDS as a development issue, raise more resources for the effort, improve the international policy framework on issues such as procurement and pharmaceuticals, and encourage greater private sector participation. In developing countries where the response is sound but small, advocacy can accelerate scaling up. In countries where government remains reluctant to address HIV/AIDS, partners can use their development dialogue to encourage greater commitment. In countries where the HIV rate remains low, advocacy can help stimulate early action to keep it that way.

(3) **Build capacity of developing countries and transition economies to prevent HIV and to care for persons living with AIDS.** The impact of the epidemic will be felt for at least a generation to come. Building the capacity of health and social support systems to cope over

the long term and replacing the skilled manpower that is being eroded will be essential to limiting the consequences of HIV/AIDS. Capacity building will need to focus on the public sector, private sector, and civil society alike.

(4) **Dedicate more resources for the HIV/AIDS effort at national *and* community levels.** While funding alone will not stop the epidemic, the resources currently dedicated to HIV/AIDS are too limited to support expansion to the scale required. In 1997, external support for HIV/AIDS in the developing world amounted to $300 million, or 0.7 percent of all development assistance; the total estimated annual cost for prevention in Sub-Saharan Africa is approximately $1.0-2.3 billion. At the same time, even the resources currently available have not been used to the extent possible. There is no shortage of IDA funds, for instance, but demand for HIV/AIDS support from IDA has been modest at best. Developing countries need to reallocate more of their own resources, increase the effectiveness of current HIV/AIDS assistance, and make greater use of current resources. Even then, however, more external aid will also be necessary. Both financial and technical resources need to increase substantially. Concessional and grant funds will be especially important to avoid adding to the debt burden of affected countries. Technical resources will also be needed to help countries build expertise in research, planning, implementation, and evaluation. A larger share of HIV/AIDS funding needs to be allocated directly to communities and local NGOs, which are doing some of the best work in HIV/AIDS and will play an indispensable role as care and treatment needs expand. Global agencies can also help by harmonizing administrative arrangements and simplifying procurement, disbursement, and accounting.

Trust Fund?

(5) **Stimulate the development of vaccines and microbicides.** Current market incentives may not be enough to induce industry to develop vaccines that will be affordable and effective in developing countries. To address this, the International AIDS Vaccine Initiative, GAVI and others have been exploring ways of accelerating development of an AIDS vaccine for developing countries. To succeed, this effort may ultimately require innovative financial instruments as well as legal and institutional policy changes. Moreover, the 1999 data from UNAIDS show that in Sub-Saharan Africa more women than men are infected, indicating the need for a protection tool for women. The international community needs to give priority to enhance the development, clinical testing and accessibility of microbicides (substances to kill sexually transmitted infections on contact) and female condoms that women could use to protect themselves from HIV.

(6) **Strengthen partnerships.** Because HIV/AIDS affects so many aspects of development, external actors must work in unprecedented partnerships with civil society and the private sector under the leadership of governments to exploit the comparative advantage of each. Support must be well-planned and coordinated to enhance synergy and avoid duplication of effort. Bureaucracy should be minimized and processing of aid dramatically accelerated. Most of all, a concerted effort to break the silence surrounding HIV/AIDS needs to be made and consolidated action taken very early in the epidemic.

Issues for Committee Consideration

- *The paper describes the HIV/AIDS epidemic as not just a major health issue but a high priority development problem. Do ministers agree, and if so, do they also agree that the issue should have a "central place on the development agenda"? Ministers may wish to comment on what this means in the context of ministers' own experience and country circumstances.*

- *What advice do ministers have on how best to increase the attention and support of other governmental leaders, given the magnitude of this problem? Do ministers also have advice on how best to help bring about the coordinated action within governments needed to overcome this epidemic? Are there important issues and differing viewpoints not addressed in this short paper which ministers must confront?*

- *Do ministers generally agree with the six priority actions for international action as set forth above? Do they have suggestions for other steps which should be taken to intensify action against HIV/AIDS?*

- *Do ministers agree with the very high priority given this issue by the World Bank (as set forth on pages 6-7)? Do they have additional suggestions for the Bank action program?*

DRAFT Treasury reaction to HIV/AIDS pp

Barbara.Herz@do.treas.gov on 03/14/2000 10:53:33 AM

Subject: **REACTION REQUIRED FOR: HIV/AIDS board discussion of Development**

Date: 03/14/2000 10:47 am (Tuesday)
From: Barbara Herz
To: Dom13.DOP08(WALSHH), ex.mail("cmccaffrey@worldbank.org", "Barbara.Herz", "dgillespie@usaid.gov", "EpsteinDJ2@state.gov", "Helen.Walsh", "jriggs-perla@usaid.gov")
CC: ex.mail("bpenh@smtp.cdie.org", "Jpiercy@worldbank.org"),
Subject: REACTION REQUIRED FOR: HIV/AIDS board discussion of Development Committee Paper on Thursday -Reply

** High Priority **

Your three points are basically fine -- here are a couple of thoughts in addtion.

1.) Please, please, please make a big push for more attention to AIDS now in regions outside of Africa. Asia -- South and East -- has countries on the cusp now and not nearly enough energetic attention to this. Latin America and the Near East have serious problems and also need to take much mroe direct action. Ditto EMENA (look at Russia!!).

2.) Urge the Bank not just to talk but to lend -- it's been really slow in actually developing lending that addresses HIV/AIDS. I don't mean HIV/AIDS projects so much as more attention to HIV/AIDS in basic health care projects or in things like education (see below).

3.) The six point country strategy idea is OK but awfully vague. Needs teeth. Urge/reinforce the idea that countries need anti-HIV/AIDS strategies that involve outspoken leadership from all kinds of national figures and that range far beyond the health sector, to include schools, sports events, churches and mosques, women's organizations, and so on. If it stays in the health sector alone, not enough happens.

4.) Bank needs to get much more energetic on the gender aspect. HIV/AIDS is increasing fastest among teenage girls in Africa -- because it's so hard for them to stand up to older men (sadly, too often including some teachers or their own family members who marry them off without much regard for the husband's circumstances). As a general proposition, if you want to eradicate AIDS, you gotta empower women -- let them get an education and above all better access to info, credit, and other tools so they can earn a decent income and gain more voice and choice in their own lives. We gotta say this.

5.) Stick to your guns on basic health care -- HIV/AIDS needs not to swamp basic maternal and child health and family planning. We need to do much more on basic health care including HIV/AIDS. When discussing, point out it's not just TB and malaria -- old fashioned respiratory infections and diarhheal disease remain major killers (the leading causes of death outside Africa and probably still in many African countries where AIDS has not yet maxed). Also point out rates of imunization often don't much exceed half the kids and are falling in some places. Note that women need to understand that non-condom contraception does not protect against AIDS -- they may want another family planning method, but they also need to protect against AIDS. Also point out that treating STDs helps limit the spread of HIV/AIDS. In short, right on, on basic health care including maternal and child health, HIV/AIDS prevention, and family planning.

Let me know if you need more.

FAX MESSAGE

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From: Paul DeLay, M.D., D.T.M.& H.
Chief, HIV/AIDS Division

Phone: 202 712 0683
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Pages: 2
Date: 3/22/00

Subject: NGO Information

DEFINING NGO AND PVO:

P.L. 480 contains a statutory definition of both the terms "indigenous" NGO and PVO. Setting aside the "indigenous" part of the definition, Congress considers an NGO to be an organization that is not "primarily an agent or instrumentality of the foreign government." That is quite broad and probably should be because there are so many possible kinds of NGOs. It would be difficult, and probably inappropriate, to define the term with further precision. PVO's are a subset of NGO's, but must adhere to specific restrictions, including that they be"not-for-profit." NGOs can be "for-profit" organizations.

Generally, one can identify an NGO relatively easily by applying a set of standards. Problems develop when the government is involved significantly in the organization. In close cases, it may be a judgement call, and the following sample analysis should be applied:

- Was it created by statute or government decree?

- Does it receive its funding from the government as part of the government's budget ?(We would not consider government grant support to be a significant feature)

- Is its management appointed by the government?

- Does the government control what is done with the organization's revenues?

- Does the government somehow control the operations of the organization?

USAID FUNDING LEVELS FOR NGO'S

Through 2000, approximately 70% per year of USAID's HIV/AIDS funding is expended through NGO/PVOs. Approximately 30% of the annual budget supports host country government activities, especially Ministries of Health and Education. However, the actual funding for government activities primarily occurs through contractors and NGOs who implement the activity for government. We rarely directly fund host country governments in HIV/AIDS. We would expect these percentages to remain constant in FY 2001.

TO: Cheryl
for Sandy

FR: Alex

Subject: re: Comments on latest Biden/Helms Legislation
Date: Mon, 20 Mar 2000 16:54:27 -0500
From: "Duff Gillespie" <dgillespie@usaid.gov>
To: <AROSS@AFR-SD.ORG>, "Alan Getson" <agetson@usaid.gov>, "Barbara Bennett" <babennett@usaid.gov>, "Barbara Turner" <bturner@usaid.gov>, "Joy Riggs-Perla" <jriggs-perla@usaid.gov>, "Joyce Holfeld" <jholfeld@usaid.gov>, "Paul Delay" <pdelay@usaid.gov>, "Paul Ehmer" <pehmer@usaid.gov>, "Ray Kirkland" <rkirkland@usaid.gov>
CC: "David Stanton" <dstanton@usaid.gov>, "Douglas Heisler" <dheisler@usaid.gov>, "John Novak" <jnovak@usaid.gov>

Barbara B., I have read the revised version and agree with Paul D. comments. I've been told that the "agency" referred to is indeed USAID.

Duff G. Gillespie, Ph.D.
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---------- Original Text ----------

From: Paul Delay@G.PHN.HN@AIDW, on 03/20/2000 12:32 PM:

This newer version of the Biden/Helms SFRC "consolidated legislation" has corrected some of the problems that were identified with the version that we saw on Friday. This legislation is a mix of Moynihan's MTCT bill, Leach's World Bank Trust Fund bill,and specific funding for GAVI, and IAVI. This legislation does not include any mention of the Lee, Millender-McDonald or the Boxer bills.

Specific Comments:

Page 1, Lines 16-24. Not clear why this definition of an NGO is necessary

Page 3, Lines 1-3. CMR has already doubled in hard hit countries. We don't need to wait to 2010

Page 4, Lines 1-8. This doesn't acknowledge other costs and complexities in implementing the MTCT intervention. The real cost to implement approaches $50-100 not $4.00. There are other profound technical and ethical issues that need to be addressed in order to bring this to scale.

Page 4, lines13-20. We strongly endorse the necessity of making MTCT funding additive to our primary prevention funding

Page 4, Lines 21-. This is an excellent summary of the positive benefits of implementing MTCT interventions as far as a broader prevention/ mitigation agenda. Kudos to the drafter!!

Page 6, lines 5-20. It is not clear what Agency is being referred to here: USAID or a new NGO created to implement this legislation. This is probably the biggest potential difficulty with this legislation!

Page 7-8, indicates unspecified funding levels for NGOs, orphans, OE costs,

TITLE ___—ASSISTANCE TO COUNTRIES WITH LARGE POPULATIONS HAVING HIV/AIDS

SEC. ___01. DEFINITIONS.

In this title:

(1) AIDS.—The term "AIDS" means the acquired immune deficiency syndrome.

(2) HIV.—The term "HIV" means the human immunodeficiency virus.

(3) HIV/AIDS.—The term "HIV/AIDS" means, with respect to an individual—

(A) an individual having HIV but not AIDS; or

(B) an individual having HIV and AIDS.

(4) INDEPENDENT NONGOVERNMENTAL ORGANIZATIONS.—The term "independent nongovernmental organizations" means a nongovernmental organization that has been designated by the President, in consultation with the appropriate congressional committees and in accordance with the procedures applicable to reprogramming notifications under section 634A of the Foreign Assistance Act of 1961 (22 U.S.C. 2394–1), as an independent non-

governmental organization for the purposes of this Act.

SEC. ___02. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) According to statistics of the International Bank for Reconstruction and Development (in this section referred to as the "World Bank"), more than 90 percent of all adults and children with HIV/AIDS live in the developing world—62 percent in sub-Saharan Africa, 24 percent in Asia, and 6.9 percent in Latin America and the Caribbean.

(2) According to UNAIDS, nearly 4,500,000 children under 15 years of age have been infected with HIV since the AIDS epidemic began. More than 3,000,000 have already died of AIDS. Children are becoming infected at about the rate of 1 child every minute, and the overwhelming majority of these children acquire the infection from their mothers.

(3) The gap between rich and poor countries in terms of transmission of HIV from mother to child has been increasing. Moreover, AIDS threatens to reverse years of steady progress of child survival in developing countries. UNAIDS believes that by the

year 2010, AIDS may have increased mortality of children under 5 years of age by more than 100 percent in regions most affected by the virus.

(4) In Africa, the death toll from AIDS has reached 13,000,000, while 23,000,000 others live with the disease, and more than 10,000,000 children have been infected or orphaned by it.

(5) The World Bank, declaring AIDS not just a public health problem but the "foremost and fastest-growing threat to development" in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the World Bank on that continent.

(6) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(7) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(8) The discovery of a relatively simple and cheap means of interrupting the transmission of

HIV from an infected mother to the unborn child—namely with nevirapine (NVP), which costs US$4 a tablet—has created a great opportunity for an unprecedented partnership between the United States Government and the governments of Asian, African and Latin American countries to combat mother-to-child transmission (also known as "vertical transmission") of HIV.

(9) According to UNAIDS, this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.

(10) Primary prevention strategies should remain the top priority in the fight against AIDS and no funds should be diverted away from it. Therefore, new funding for vertical transmission should only be additive in nature. Once appropriated, this funding will facilitate widespread delivery of antiretroviral strategies to address the vertical transmission problem.

(11) New antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to tackle often long-standing problems of inadequate services and the profound stigma associated with HIV-infection and the AIDS

disease. Strengthening the health infrastructure to improve mother-and-child health, antenatal, delivery and postnatal services, and couples counseling generates enormous spillover effects toward combating the AIDS epidemic in developing regions.

(b) PURPOSES.—The purposes of this title are to—

(1) prevent human suffering; and

(2) ensure the viability of economic development, stability, and national security in the developing world by advancing research to—

(A) understand the causes associated with HIV/AIDS in developing countries; and

(B) assist in the development of an AIDS vaccine.

SEC. ___03. ADDITIONAL ASSISTANCE AUTHORITIES TO COMBAT HIV AND AIDS.

(a) ASSISTANCE FOR PREVENTION OF VERTICAL TRANSMISSION.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following new paragraph:

"(4)(A) Congress recognizes the growing international dilemma of children with the human immunodeficiency virus (HIV) and the merits of intervention programs aimed at this problem. Congress further recognizes that mother-to-child transmission prevention strategies

can serve as a major force for change in developing regions, and it is, therefore, a major objective of the foreign assistance program to control the acquired immune deficiency syndrome (AIDS) epidemic.

"(B) The agency primarily responsible for administering this part shall—

"(i) coordinate with UNAIDS, UNICEF, WHO, local governments, and other organizations to develop and implement effective strategies to prevent vertical transmission of HIV; and

"(ii) coordinate with those organizations to increase in scale intervention programs and introduce voluntary counseling and testing, antiretroviral drugs, replacement feeding, and other strategies.

"(5)(A) Congress expects the agency primarily responsible for administering this part to make the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) a priority in the foreign assistance program and to undertake a comprehensive, coordinated effort to combat HIV and AIDS.

"(B) Assistance described in subparagraph (A) shall include providing—

"(i) primary prevention and education;

"(ii) voluntary testing and counseling;

"(iii) medications to prevent the transmission of HIV and AIDS from mother to child; and

"(iv) care for those living with HIV or AIDS.

"(6)(A) In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President to carry out paragraphs (4) and (5) $_____ for fiscal year 2001.

"(B) Of the funds authorized to be appropriated by subparagraph (A), not less than $_____ shall be made available through independent nongovernmental organizations.

"(C) Of the funds authorized to be appropriated by subparagraph (A), not less than $_____ shall be available for assistance for children orphaned as a consequence of HIV/AIDS, and shall include assistance for community-based programs designed to provide orphaned children with care and support.

"(D) Not more than $_____ of the funds authorized to be appropriated by subparagraph (A) may be used for the administrative expenses of the agency primarily responsible for carrying out this part of this Act in support of activites described in paragraphs (4) and (5).

"(E) Funds appropriated under this subparagraph are authorized to remain available until expended.".

(b) TRAINING AND TRAINING FACILITIES IN SUB-SAHARAN AFRICA.—Section 496(i)(2) of the Foreign Assistance Act of 1961 (22 U.S.C. 2293(i)(2)) is amended by adding at the end the following new sentence: "In addition, providing training and training facilities, in sub-Saharan Africa, for doctors and other health care providers, notwithstanding any provision of law that restricts assistance to foreign countries.".

SEC. 4. VOLUNTARY CONTRIBUTION TO GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATIONS AND INTERNATIONAL AIDS VACCINE INITIATIVE.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by adding at the end the following new subsections:

"(j) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President for fiscal year 2001 an amount not in excess of $_____ to be available only for United States contributions to the Global Alliance for Vaccines and Immunizations.

"(k) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President for fiscal year 2001 $_____ to be avail-

able only for United States contributions to the International AIDS Vaccine Initiative.".

(b) REPORT.—The President shall include in the report required to be submitted to Congress under section 305(b)(1) of the Foreign Assistance Act of 1961 (22 U.S.C. 2226(b)(1)) with respect to fiscal year 2001 a report on the effectiveness of the Global Alliance for Vaccines and Immunizations in meeting the goals of—

(1) improving access to sustainable immunization services;

(2) expanding the use of all existing, safe, and cost-effective vaccines where they address a public health problem;

(3) accelerating the development and introduction of new vaccines and technologies;

(4) accelerating research and development efforts for vaccines needed primarily in developing countries; and

(5) making immunization coverage a centerpiece in international development efforts.

SEC. ___05. WORLD BANK TRUST FUND.

(a) NEGOTIATIONS FOR THE CREATION OF A WORLD BANK TRUST FUND TO ASSIST IN AIDS PREVENTION AND ERADICATION.—The Secretary of the Treasury should enter into negotiations with the International Bank

for Reconstruction and Development (in this section referred to as the "Bank") or the International Development Association (in this section referred to as the "Association"), with the member nations of such institutions, and with other interested parties for the creation of a trust fund, to be administered by the Bank or the Association, as appropriate, which would—

(1) accept contributions from governments, the private sector, and nongovernmental entities of all kinds; and

(2) use such contributions to address the AIDS epidemic in countries eligible to borrow from the Association.

(b) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS, there is authorized to be appropriated to the Secretary of the Treasury $_____ for fiscal year 2001 for payment to the trust fund established as a result of the negotiations entered into pursuant to subsection (a).

(c) REPORT TO CONGRESS.—Not later than 3 years after the date of enactment of this Act, the Secretary of the Treasury shall submit to the Committees on Banking and Financial Services and on International Relations of the House of Representatives and the Committees on

Banking, Housing, and Urban Affairs and on Foreign Relations of the Senate a written report on the trust fund established pursuant to subsection (a), the goals of the trust fund, the programs, projects, and activities, including any vaccination approaches, supported by the trust fund, and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

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Bill 3 of 50

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World Bank AIDS Marshall Plan Trust Fund Act (Reported in the House)

HR 3519 RH

Union Calendar No. 298

106th CONGRESS

2d Session

H. R. 3519

[Report No. 106-548]

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

IN THE HOUSE OF REPRESENTATIVES

January 24, 2000

Mr. LEACH introduced the following bill; which was referred to the Committee on Banking and Financial Services

March 28, 2000

Additional sponsors: Ms. LEE, Ms. MILLENDER-MCDONALD, Mr. GUTIERREZ, Ms. ROYBAL-ALLARD, Mr. EVANS, Mr. HALL of Ohio, Mr. GONZALEZ, Ms. DELAURO, Mr. RUSH, Mr. HOUGHTON, Mr. FILNER, Ms. WATERS, Mr. FROST, Mr. LAFALCE, Mr. CUMMINGS, Mr. NADLER, Ms. SLAUGHTER, Ms. SCHAKOWSKY, Mrs. MORELLA, Mr. WEXLER, Ms. MCKINNEY, Mrs. JONES of Ohio, Ms. CARSON, Mr. CASTLE, Mr. BENTSEN, Ms. WOOLSEY, Mr. WATT of North Carolina, Ms. NORTON, and Mr. Rangel

March 28, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on January 24, 2000]

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `World Bank AIDS Marshall Plan Trust Fund Act'.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS- The Congress finds the following:

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918-1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), 33,600,000 people in the world today are living with HIV/AIDS , of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, 3,600,000 have died from AIDS , 1,200,000 are living with the disease; and in one year alone--1999--an estimated 570,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to 23,300,000--roughly 70 percent--of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 16,300,000 deaths because of HIV/AIDS , of which 13,700,000--over 80 percent--occurred in Sub-Saharan Africa.

(6) According to testimony by the Office of National AIDS Policy, an entire generation of children in Africa is in jeopardy, with one-fifth to one-third of all children in some countries

already orphaned and the figure estimated to rise to 40,000,000 by 2010.

(7) The 1999 annual report by the United Nations Children's Fund (UNICEF) states `[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response' and that `finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community.'

(8) A 1999 Bureau of the Census report states that the average life expectancy in the Republic of Botswana, the Republic of Zimbabwe, the Kingdom of Swaziland, the Republic of Malawi, and the Republic of Zambia has decreased from approximately age 65 to approximately age 40--the lowest life expectancy in the world--due to high mortality rates from HIV/AIDS.

(9) A January 2000 unclassified United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases--especially HIV/AIDS --are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(10) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(11) The HIV/AIDS epidemic is of increasing concern in other regions of the world with UNAIDS reporting, for example, that there are 6 million cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just two years in the former Soviet Union.

(12) Despite the grim statistics on the spread of HIV/AIDS, some developing nations--such as Uganda, Senegal, and Thailand--have implemented prevention programs that have substantially curbed the rate of HIV infection.

(13) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(14) According to a 1999 study prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, HIV/AIDS is spreading three times faster than funding available to control the disease.

(15) The United Nations Secretary General has stated `[n]o company and no government can take on the challenge of AIDS alone,' and that what is needed is a new approach to public health--combining all available resources, public and private, local and global.'

(16) The World Bank, declaring AIDS not just a public health problem but `the foremost and fastest-growing threat to development' in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the Bank on that continent.

(17) The World Bank estimates that for Africa alone $1,000,000,000 to $2,300,000,000 annually is

needed for prevention in contrast to the approximately $300,000,000 a year in official assistance currently

available for HIV/AIDS in Africa.

(18) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES- The purposes of this Act are to prevent the spread of HIV/AIDS and promote its eradication, prevent human suffering, and to mitigate the devastating impact of the disease on economic and human development, social stability, and security in the developing world, through the creation of a trust fund which is designed to--

(1) work with governments, civil society, non-governmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, donor agencies, and the private sector to intensify action against the HIV/AIDS epidemic and to support essential field work in the most affected countries to assist in the development of AIDS vaccines; and

(2) seek to leverage financial commitments by the United States in order to mobilize additional resources from other donors, the private sector, nongovernmental organizations, and recipient countries to combat the spread of HIV/AIDS .

TITLE I--NEGOTIATIONS FOR THE CREATION OF A WORLD BANK AIDS TRUST FUND

SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVENTION, CARE AND TREATMENT, AND ERADICATION.

The Secretary of the Treasury shall seek to enter into negotiations with the International Bank for Reconstruction and Development or the International Development Association, and with the member nations of such institutions and with other interested parties for the creation of a trust fund which would be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds and use the contributions to address the HIV/AIDS epidemic in countries eligible to borrow from such institutions, as follows:

(1) PROGRAM OBJECTIVES- The trust fund would provide only grants, including grants for technical assistance, to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including affordable drugs. In carrying out this objective, the trust fund would coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY- In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate, and that have or agree to carry out a national HIV/AIDS program which--

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, nongovernmental organizations, researchers and health professionals, and the private sector;

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policymaking as well as design and implementation of the program, including implementation of such programs by people living with HIV/AIDS , nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE-

(A) IN GENERAL- The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund , the Trustee would be responsible for managing the day-to-day operations of the trust fund .

(B) SELECTION OF PROJECTS AND RECIPIENTS- In consultation with the President and

other donors to the trust fund , the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund , standards and criteria regarding qualifications of recipients of such support, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund . The trust fund would not make grants for the purpose of project development associated with bilateral or multilateral development bank loans.

(C) TRANSPARENCY OF OPERATIONS- The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund .

(D) ADVISORY BOARD-

(i) APPOINTMENT- The President of the United States and representatives of other participating donors to the trust fund would establish an Advisory Board, and appoint to the Advisory Board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

(ii) DUTIES- The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund . Once the Advisory Board is established, the Secretary of the Treasury shall ensure that the Trustee provides

the Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Advisory Board.

TITLE II--UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated to the Secretary of the Treasury $200,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III--REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS- Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund , the goals of the trust fund , the programs, projects, and activities, including any vaccination approaches, supported by the trust fund , and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS .

(b) APPROPRIATE COMMITTEES DEFINED- In subsection (a), the term `appropriate committees' means the Committees on Appropriations, on International Relations, and on Banking and Financial Services of the House of Representatives and the Committees on Appropriations, on Foreign Relations, and on Banking, Housing, and Urban Affairs of the Senate.

TITLE IV--HIV/AIDS PREVENTION AND CARE

SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p--262p-7) is amended by adding at the end the following:

`SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SAHARAN AFRICA TO IMPLEMENT HIV/AIDS PREVENTION AND CARE PROGRAMS.

`The Secretary of the Treasury shall instruct the United States Executive Director at the International Bank for Reconstruction and Development to use the voice and vote of the United States to encourage the Bank to work with Sub-saharan African countries to modify projects financed by the Bank and develop new projects to build local capacity to manage and implement programs for the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) and the care of persons with HIV/AIDS , including through health care delivery mechanisms which facilitate the distribution of affordable drugs for persons infected with HIV.'.

Union Calendar No. 298

106th CONGRESS

2d Session

H. R. 3519

[Report No. 106-548]

A BILL

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

March 28, 2000

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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Mr. HELMS (for himself and Mr. BIDEN)

PROPOSED AMENDMENTS TO TECHNICAL ASSISTANCE, TRADE PROMOTION, AND ANTI-CORRUPTION ACT OF 2000

Viz:

On page A–16, line 16, insert "or any successor statute" after "1979".

On page A–31, beginning on line 16, strike "up to" and all that follows through line 23 and insert the following: "at least $60,200,000 to carry out activities of the type carried out by the Global Environment Center of the United States Agency for International Development during fiscal year 2000.".

On page A–32, strike "up to" and insert "at least".

On page A–33, between lines 5 and 6, insert the following:

SEC. 209. ALLOCATION OF ASSISTANCE FOR SUB-SAHARAN AFRICA.

(a) IN GENERAL.—The total amount of development assistance made available for fiscal year 2001 for sub-Saharan Africa shall bear the same proportion to the total

amount of development assistance made available for that fiscal year as the total amount of development assistance for sub-Saharan Africa made available for fiscal year 2000 bears to the total amount of development assistance made available for fiscal year 2000.

(b) DEFINITION.—In this section, the term "development assistance" means assistance provided under chapter 1, 10, or 11 of part I of the Foreign Assistance Act of 1961.

On page A–50, after line 21, insert the following:

Subtitle D ____—Assistance To Countries With Large Populations Having HIV/AIDS

SEC. 241. DEFINITIONS.

In this subtitle:

(1) AIDS.—The term "AIDS" means the acquired immune deficiency syndrome.

(2) ASSOCIATION.—The term "Association" means the International Development Association.

(3) BANK.—The term "Bank" or "World Bank" means the International Bank for Reconstruction and Development.

(4) HIV.—The term "HIV" means the human immunodeficiency virus.

(5) HIV/AIDS.—The term "HIV/AIDS" means, with respect to an individual—

(A) an individual having HIV but not AIDS; or

(B) an individual having HIV and AIDS.paragraphs (4) and (5)

SEC. 242. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) According to statistics of the World Bank, more than 90 percent of all adults and children with HIV/AIDS live in the developing world—62 percent in sub-Saharan Africa, 24 percent in Asia, and 6.9 percent in Latin America and the Caribbean.

(2) According to UNAIDS, nearly 4,500,000 children under 15 years of age have been infected with HIV since the AIDS epidemic began. More than 3,000,000 have already died of AIDS. Children are becoming infected at about the rate of 1 child every minute, and the overwhelming majority of these children acquire the infection from their mothers.

(3) The gap between rich and poor countries in terms of transmission of HIV from mother to child has been increasing. Moreover, AIDS threatens to

reverse years of steady progress of child survival in developing countries. UNAIDS believes that by the year 2010, AIDS may have increased mortality of children under 5 years of age by more than 100 percent in regions most affected by the virus.

(4) In Africa, the death toll from AIDS has reached 13,000,000, while 23,000,000 others live with the disease, and more than 10,000,000 children have been infected or orphaned by it.

(5) The World Bank, declaring AIDS not just a public health problem but the "foremost and fastest-growing threat to development" in Africa, has launched a new strategy for HIV/AIDS in Africa, declaring it a top priority for the World Bank on that continent.

(6) AIDS, like all diseases, knows no boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(7) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(8) The discovery of a relatively simple and cheap means of interrupting the transmission of HIV from an infected mother to the unborn child—namely with nevirapine (NVP), which costs US$4 a tablet—has created a great opportunity for an unprecedented partnership between the United States Government and the governments of Asian, African and Latin American countries to combat mother-to-child transmission (also known as "vertical transmission") of HIV.

(9) According to UNAIDS, this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.

(10) At current infection and growth rates for HIV/AIDS, the National Intelligence Council estimates that the number of AIDS orphans worldwide will increase dramatically, potentially increasing threefold or more in the next 10 years, contributing to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse, or child soldiery.

(11) Donors must focus on adequate preparations for the explosion in the number of orphans and the burden they will place on families, communities, economies, and governments. Support structures and incentives for families, communities, and institutions which will provide care for children orphaned by HIV/AIDS, or for the children who are themselves infected by HIV/AIDS, will be essential.

(12) A mother-to-child antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to tackle often long-standing problems of inadequate services and the profound stigma associated with HIV-infection and the AIDS disease. Strengthening the health infrastructure to improve mother-and-child health, antenatal, delivery and postnatal services, and couples counseling generates enormous spillover effects toward combating the AIDS epidemic in developing regions.

(b) PURPOSES.—The purposes of this subtitle are to—

(1) prevent human suffering; and

(2) ensure the viability of economic development, stability, and national security in the developing world by advancing research to—

(A) understand the causes associated with HIV/AIDS in developing countries; and

(B) assist in the development of an AIDS vaccine.

SEC. 243. ADDITIONAL ASSISTANCE AUTHORITIES TO COMBAT HIV AND AIDS.

(a) ASSISTANCE FOR PREVENTION OF VERTICAL TRANSMISSION.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following new paragraphs:

"(4)(A) Congress recognizes the growing international dilemma of children with the human immunodeficiency virus (HIV) and the merits of intervention programs aimed at this problem. Congress further recognizes that mother-to-child transmission prevention strategies can serve as a major force for change in developing regions, and it is, therefore, a major objective of the foreign assistance program to control the acquired immune deficiency syndrome (AIDS) epidemic.

"(B) The agency primarily responsible for administering this part shall—

"(i) coordinate with UNAIDS, UNICEF, WHO, local governments, and other organizations to develop and implement effective strategies to prevent vertical transmission of HIV; and

"(ii) coordinate with those organizations to increase in scale intervention programs and introduce voluntary counseling and testing, antiretroviral drugs, replacement feeding, and other strategies.

"(5)(A) Congress expects the agency primarily responsible for administering this part to make the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) a priority in the foreign assistance program and to undertake a comprehensive, coordinated effort to combat HIV and AIDS.

"(B) Assistance described in subparagraph (A) shall include providing—

"(i) primary prevention and education;

"(ii) voluntary testing and counseling;

"(iii) medications to prevent the transmission of HIV and AIDS from mother to child; and

"(iv) care for those living with HIV or AIDS.

"(6)(A) In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President $300,000,000 for fiscal year 2001 to carry out paragraphs (4) and (5).

"(B) Of the funds authorized to be appropriated under subparagraph (A), not less than 65 percent is authorized to be available through United States and foreign nongovernmental organizations, including private and vol-

untary organizations, for-profit organizations, religious affiliated organizations, educational institutions, and research facilities.

"(C) Of the funds authorized to be appropriated by subparagraph (A), not less than 20 percent is authorized to be available for programs as part of a multidonor strategy to address the support and education of orphans in sub-Saharan Africa, including AIDS orphans.

"(D) Of the funds authorized to be appropriated under subparagraph (A), not less than 8.3 percent is authorized to be available to carry out the prevention strategies for vertical transmission referred to in paragraph (4)(A).

"(E) Of the funds authorized to be appropriated by subparagraph (A), not more than $21,000,000 may be used for the administrative expenses of the agency primarily responsible for carrying out this part of this Act in support of activities described in paragraphs (4) and (5).

"(F) Funds appropriated under this paragraph are authorized to remain available until expended.".

(b) TRAINING AND TRAINING FACILITIES IN SUB-SAHARAN AFRICA.—Section 496(i)(2) of the Foreign Assistance Act of 1961 (22 U.S.C. 2293(i)(2)) is amended by adding at the end the following new sentence: "In addi-

tion, providing training and training facilities, in sub-Saharan Africa, for doctors and other health care providers, notwithstanding any provision of law that restricts assistance to foreign countries.".

SEC. 244. VOLUNTARY CONTRIBUTION TO GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATIONS AND INTERNATIONAL AIDS VACCINE INITIATIVE.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by adding at the end the following new subsections:

"(j) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President $50,000,000 for fiscal year 2001 to be available only for United States contributions to the Global Alliance for Vaccines and Immunizations.

"(k) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President $10,000,000 for fiscal year 2001 to be available only for United States contributions to the International AIDS Vaccine Initiative.".

(b) REPORT.—The President shall include in the report required to be submitted to Congress under section 305(b)(1) of the Foreign Assistance Act of 1961 (22

U.S.C. 2226(b)(1)) with respect to fiscal year 2001 a report on the effectiveness of the Global Alliance for Vaccines and Immunizations and the International AIDS Vaccine Initiative in meeting the goals of—

(1) improving access to sustainable immunization services;

(2) expanding the use of all existing, safe, and cost-effective vaccines where they address a public health problem;

(3) accelerating the development and introduction of new vaccines and technologies;

(4) accelerating research and development efforts for vaccines needed primarily in developing countries; and

(5) making immunization coverage a centerpiece in international development efforts.

SEC. 245. MULTILATERAL LIFESAVING VACCINE PURCHASE FUND.

(a) NEGOTIATIONS.—The President should enter into negotiations with officials of foreign governments and other interested parties for the establishment of an international vaccine purchase fund that would—

(1) accept contributions from governments of developed countries;

(2) use such contributions to purchase and distribute in developing countries vaccines for—

(A) malaria,

(B) tuberculosis,

(C) HIV, and

(D) any infectious disease (of a single etiology) which causes the deaths of over 1,000,000 people worldwide each year; and

(3) be a significant market incentive for private sector vaccine research.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, and annually thereafter, the President shall submit a report to Congress on—

(1) the status of negotiations under subsection (a); and

(2) if such fund is established, any recommendations for further action.

SEC. 246. WORLD BANK TRUST FUND FOR AIDS PREVENTION AND ERADICATION.

(a) NEGOTIATIONS FOR THE CREATION OF A WORLD BANK TRUST FUND TO ASSIST IN AIDS PREVENTION AND ERADICATION.—The Secretary of the Treasury shall enter into negotiations with the World Bank or the Association, with the member nations of such institutions, and with other interested parties for the creation of a trust

fund, to be administered by the Bank or the Association, as appropriate, which would—

(1) accept contributions from governments, the private sector, and nongovernmental entities of all kinds; and

(2) use such contributions to address the AIDS epidemic in countries eligible to borrow from the Association.

(b) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS, there is authorized to be appropriated to the President $100,000,000 for fiscal year 2001 for payment to the trust fund established as a result of the negotiations entered into pursuant to subsection (a).

(c) REPORT TO CONGRESS.—Beginning 1 year after the date of enactment of this Act, and annually thereafter, the Secretary of the Treasury shall submit to the Committees on Banking and Financial Services and on International Relations of the House of Representatives and the Committees on Banking, Housing, and Urban Affairs and on Foreign Relations of the Senate a written report on the trust fund established pursuant to subsection (a), the goals of the trust fund, the programs, projects, and activities, including any vaccination approaches, supported

by the trust fund, and the effectiveness of such programs, projects, and activities in reducing the worldwide spread of AIDS.

SEC. 247. NEGOTIATIONS FOR THE CREATION OF A WORLD BANK TRUST FUND FOR EDUCATION OF ORPHANS IN SUB-SAHARAN AFRICA.

(a) NEGOTIATIONS.—The Secretary of the Treasury shall enter into negotiations with the World Bank or the Association, with member nations of such institutions, and with other interested parties, for the creation of a trust fund which could accept contributions from governments, the private sector, and nongovernmental entities of all kinds, and use such contributions to provide support for or the establishment of programs which provide primary and secondary education for orphans in sub-Saharan Africa.

(b) AUTHORIZATION OF APPROPRIATIONS.—In addition to funds otherwise available for the purposes of subsection (a), there is authorized to be appropriated to the President $50,000,000 for the fiscal year 2001 for payment to the trust fund established as a result of the negotiations entered into pursuant to subsection (a).

SEC. 248. COORDINATED DONOR STRATEGY FOR SUPPORT AND EDUCATION OF ORPHANS IN SUB-SAHARAN AFRICA.

Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

(1) by redesignating the second section 129 (as added by section 4 of the Torture Victims Relief Act of 1998 (Public Law 105–320)) as section 130; and

(2) by adding at the end the following new section:

"SEC. 131. COORDINATED DONOR STRATEGY FOR SUPPORT AND EDUCATION OF ORPHANS IN SUB-SAHARAN AFRICA.

"(a) STATEMENT OF POLICY.—It is in the national interest of the United States to assist in mitigating the burden that will be placed on sub-Saharan African social, economic, and political institutions as these institutions struggle with the consequences of a dramatically increasing AIDS orphan population, many of whom are themselves infected by HIV/AIDS. Effectively addressing that burden and its consequences in sub-Saharan Africa will require a coordinated multidonor strategy.

"(b) DEVELOPMENT OF STRATEGY.—The President shall coordinate the development of a multidonor strategy to provide for the support and education of AIDS orphans

and the families, communities, and institutions most affected by the HIV/AIDS epidemic in sub-Saharan Africa.

"(c) AUTHORITY.—Assistance made available under this section may be made available notwithstanding any other provision of law.

"(d) DEFINITION.—In this section, the term 'HIV/AIDS' means, with respect to an individual, an individual who is infected with—

"(1) the human immunodeficiency virus (HIV); or

"(2) HIV and the acquired immune deficiency virus (AIDS).".

SEC. 249. AFRICAN CRISIS RESPONSE INITIATIVE AND HIV/AIDS TRAINING.

(a) FINDINGS.—Congress finds that—

(1) the spread of AIDS constitutes a threat to security in Africa;

(2) civil unrest and war may contribute to the spread of the disease to different parts of the continent;

(3) the percentage of soldiers in African militaries who are infected with HIV/AIDS is unknown, but estimates range in some countries as high as 40 percent; and

(4) it is in the interests of the United States to assist the countries of Africa in combating the spread of HIV/AIDS.

(b) EDUCATION ON THE PREVENTION OF THE SPREAD OF AIDS.—In undertaking education and training programs for military establishments of in African countries, the United States shall ensure that classroom training under the African Crisis Response Initiative includes military-based education on the prevention of the spread of AIDS.

Subtitle E—International Tuberculosis Control

SEC. 251. SHORT TITLE.

This subtitle may be cited as the "International Tuberculosis Control Act of 2000".

SEC. 252. FINDINGS.

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.

SEC. 253. ASSISTANCE FOR TUBERCULOSIS PREVENTION, TREATMENT, CONTROL, AND ELIMINATION.

Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 243(a) of this Act, is further amended by adding at the end the following:

"(7)(A) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those nations that had previously largely controlled the disease. Congress further recognizes that the means exist to control and treat tuberculosis, and that it is therefore a major objective of the foreign assistance program to control the disease. To this end, Congress expects the agency primarily responsible for administering this part—

"(i) to coordinate with the World Health Organization, the Centers for Disease Control, the National Institutes of Health, and other organizations toward the development and implementation of a comprehensive tuberculosis control program; and

"(ii) to set as a goal 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, in those countries in which the agency has established development programs, by December 31, 2010.

"(B) There is authorized to be appropriated to the President, $60,000,000 for fiscal year 2001 to be used to carry out this paragraph. Funds appropriated under this subparagraph are authorized to remain available until expended.".

On pages A–51 through A–60, strike "United States Peace Corps" each place it appears and insert "Peace Corps of the United States".

On page A–66, strike lines 5 through 15 and insert the following:

(3) SUBSEQUENT REPORTING ON DENIAL OF ACCESS.—

(A) REPORT REQUIRED.—In the event that the Comptroller General is denied the access described in paragraph (1)(A) to information and documents of the Bank or the Fund on or after the date specified in subparagraph (B), the Comptroller General shall submit a report to the appropriate congressional committees and the Secretary notifying the committees and the Secretary of such fact.