

Calendar No. 414110TH CONGRESS
1ST SESSION**S. 805****[Report No. 110-192]**

To amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 7, 2007

Mr. DURBIN (for himself, Mr. COLEMAN, Mr. FEINGOLD, Mr. DODD, Mr. KERRY, Mr. BINGAMAN, Mrs. BOXER, Mr. KENNEDY, Mr. LEAHY, Mrs. FEINSTEIN, Mr. OBAMA, Mr. BROWN, Mr. CASEY, Mr. SPECTER, Ms. MIKULSKI, Mr. LIEBERMAN, Mr. MENENDEZ, Ms. SNOWE, Mr. VOINOVICH, Mr. JOHNSON, Mr. BIDEN, Mrs. CLINTON, Mr. SANDERS, Mr. CARDIN, Mrs. MURRAY, Mr. HAGEL, and Mr. LAUTENBERG) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

OCTOBER 9, 2007

Reported, under authority of the order of the Senate of October 4, 2007, by
Mr. BIDEN, with amendments

[Omit the part struck through and insert the part printed in *italic*]

A BILL

To amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and pre-

vention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “African Health Capac-

5 ity Investment Act of 2007”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act, the term “HIV/AIDS” has the meaning

8 given such term in section 104A(g) of the Foreign Assist-

9 ance Act of 1961 (22 U.S.C. 2151b–2(g)).

10 **SEC. 3. FINDINGS.**

11 Congress makes the following findings:

12 (1) The World Health Report, 2003, *Shaping*

13 *the Future*, states, “The most critical issue facing

14 health care systems is the shortage of people who

15 make them work.”.

16 (2) The World Health Report, 2006, *Working*

17 *Together for Health*, states, “The unmistakable im-

18 perative is to strengthen the workforce so that

19 health systems can tackle crippling diseases and

20 achieve national and global health goals. A strong

21 human infrastructure is fundamental to closing to-

1 day's gap between health promise and health reality
2 and anticipating the health challenges of the 21st
3 century.”.

4 (3) The shortage of health personnel, including
5 doctors, nurses, pharmacists, counselors, laboratory
6 staff, paraprofessionals, and trained lay workers is
7 one of the leading obstacles to fighting HIV/AIDS in
8 sub-Saharan Africa.

9 (4) The HIV/AIDS pandemic aggravates the
10 shortage of health workers through loss of life and
11 illness among medical staff, unsafe working condi-
12 tions for medical personnel, and increased workloads
13 for diminished staff, while the shortage of health
14 personnel undermines efforts to prevent and provide
15 care and treatment for those with HIV/AIDS.

16 (5) Workforce constraints and inefficient man-
17 agement are limiting factors in the treatment of tu-
18 berculosis, which infects over $\frac{1}{3}$ of the global popu-
19 lation.

20 (6) Over 1,200,000 people die of malaria each
21 year. More than 75 percent of these deaths occur
22 among African children under the age of 5 years old
23 and the vast majority of these deaths are prevent-
24 able. The Malaria Initiative of President George W.
25 Bush seeks to reduce dramatically the disease bur-

1 den of malaria through both prevention and treat-
2 ment. Paraprofessionals and community
3 healthworkers can be instrumental in reducing mor-
4 tality and economic losses associated with malaria
5 and other health problems.

6 (7) For a woman in sub-Saharan Africa, the
7 lifetime risk of maternal death is 1 out of 16. In
8 highly developed countries, that risk is 1 out of
9 2,800. Increasing access to skilled birth attendants
10 and access to emergency obstetrical care is essential
11 to reducing maternal and newborn mortality in sub-
12 Saharan Africa.

13 (8) The Second Annual Report to Congress on
14 the progress of the President's Emergency Plan for
15 AIDS Relief identifies the strengthening of essential
16 health care systems through health care networks
17 and infrastructure development as critical to the
18 sustainability of funded assistance by the United
19 States Government and states that "outside re-
20 sources for HIV/AIDS and other development efforts
21 must be focused on transformational initiatives that
22 are owned by host nations". This report further
23 states, "Alongside efforts to support community ca-
24 pacity-building, enhancing the capacity of health
25 care and other systems is also crucial for sustain-

1 ability. Among the obstacles to these efforts in many
2 nations are inadequate human resources and capac-
3 ity, limited institutional capacity, and systemic
4 weaknesses in areas such as: quality assurance; fi-
5 nancial management and accounting; health net-
6 works and infrastructure; and commodity distribu-
7 tion and control.”.

8 (9) Vertical disease control programs represent
9 vital components of United States foreign assistance
10 policy, but human resources for health planning and
11 management often demands a more systematic ap-
12 proach.

13 (10) Implementation of capacity-building initia-
14 tives to promote more effective human resources
15 management and development may require an ex-
16 tended horizon to produce measurable results, but
17 such efforts are critical to fulfillment of many inter-
18 nationally recognized objectives in global health.

19 (11) The November 2005 report of the Working
20 Group on Global Health Partnerships for the High
21 Level Forum on the Health Millennium Development
22 Goals entitled “Best Practice Principles for Global
23 Health Partnership Activities at Country Level”,
24 raises the concern that the collective impact of var-
25 ious global health programs now risks “undermining

1 the sustainability of national development plans, dis-
2 torting national priorities, diverting scarce human
3 resources and/or establishing uncoordinated service
4 delivery structures” in developing countries. This
5 risk underscores the need to coordinate international
6 donor efforts for these vital programs with one an-
7 other and with recipient countries.

8 (12) The emigration of significant numbers of
9 trained health care professionals from sub-Saharan
10 African countries to the United States and other
11 wealthier countries exacerbates often severe short-
12 ages of health care workers, undermines economic
13 development efforts, and undercuts national and
14 international efforts to improve access to essential
15 health services in the region.

16 (13) Addressing this problem, commonly re-
17 ferred to as “brain drain”, will require increased in-
18 vestments in the health sector by sub-Saharan Afri-
19 can governments and by international partners seek-
20 ing to promote economic development and improve
21 health care and mortality outcomes in the region.

22 (14) Virtually every country in the world, in-
23 cluding the United States, is experiencing a shortage
24 of health workers. The Joint Learning Initiative on
25 Human Resources for Health and Development esti-

1 mates that the global shortage exceeds 4,000,000
2 workers. Shortages in sub-Saharan Africa, however,
3 are far more acute than in any other region of the
4 world. The World Health Report, 2006, states that
5 “[t]he exodus of skilled professionals in the midst of
6 so much unmet health need places Africa at the
7 epicentre of the global health workforce crisis.”.

8 ~~(15)~~ Ambassador Randall Tobias, now the Di-
9 rector of United States Foreign Assistance and Ad-
10 ministrator of the United States Agency for Inter-
11 national Development, has stated that there are
12 more Ethiopian trained doctors practicing in Chi-
13 cago than in Ethiopia.

14 ~~(16)~~ (15) According to the United Nations De-
15 velopment Programme, Human Development Report
16 2003, approximately 3 out of 4 countries in sub-Sa-
17 haran Africa have fewer than 20 physicians per
18 100,000 people, the minimum ratio recommended by
19 the World Health Organization, and 13 countries
20 have 5 or fewer physicians per 100,000 people.

21 ~~(17)~~ (16) Nurses play particularly important
22 roles in sub-Saharan African health care systems,
23 but approximately $\frac{1}{4}$ of sub-Saharan African coun-
24 tries have fewer than 50 nurses per 100,000 people

1 or less than $\frac{1}{2}$ the staffing levels recommended by
2 the World Health Organization.

3 ~~(18)~~ (17) Paraprofessionals and community
4 health workers can be trained more quickly than
5 nurses or doctors and are critically needed in sub-
6 Saharan Africa to meet immediate health care
7 needs.

8 ~~(19)~~ (18) Imbalances in the distribution of
9 countries' health workforces represents a global
10 problem, but the impact is particularly acute in sub-
11 Saharan Africa.

12 ~~(20)~~ (19) In Malawi, for example, more than 95
13 percent of clinical officers are in urban health facili-
14 ties, and about 25 percent of nurses and 50 percent
15 of physicians are in the 4 central hospitals of Ma-
16 lawi. Yet the population of Malawi is estimated to be
17 87 percent rural.

18 ~~(21)~~ (20) In parts of sub-Saharan Africa, such
19 as Kenya, thousands of qualified health professionals
20 are employed outside the health care field or are un-
21 employed despite job openings in the health sector in
22 rural areas because poor working and living condi-
23 tions, including poor educational opportunities for
24 children, transportation, and salaries, make such
25 openings unattractive to candidates.

1 ~~(22)~~ (21) The 2002 National Security Strategy
2 of the United States stated, “The scale of the public
3 health crisis in poor countries is enormous. In coun-
4 tries afflicted by epidemics and pandemics like HIV/
5 AIDS, malaria, and tuberculosis, growth and devel-
6 opment will be threatened until these scourges can
7 be contained. Resources from the developed world
8 are necessary but will be effective only with honest
9 governance, which supports prevention programs and
10 provides effective local infrastructure.”.

11 ~~(23)~~ (22) Public health deficiencies in sub-Sa-
12 haran Africa and other parts of the developing world
13 reduce global capacities to detect and respond to po-
14 tential crises, such as an avian flu pandemic.

15 ~~(24)~~ (23) On September 28, 2005, Secretary of
16 State Condoleezza Rice declared that “HIV/AIDS is
17 not only a human tragedy of enormous magnitude;
18 it is also a threat to the stability of entire countries
19 and to the entire regions of the world.”.

20 ~~(25)~~ (24) Foreign assistance by the United
21 States that expands local capacities, provides com-
22 modities or training, or builds on and enhances com-
23 munity-based and national programs and leadership
24 can increase the impact, efficiency, and sustain-
25 ability of funded efforts by the United States.

1 ~~(26)~~ (25) African health care professionals im-
2 migrate to the United States for the same set of rea-
3 sons that have led millions of people to come to this
4 country, including the desire for freedom, for eco-
5 nomic opportunity, and for a better life for them-
6 selves and their children, and the rights and motiva-
7 tions of these individuals must be respected.

8 ~~(27)~~ (26) Helping countries in sub-Saharan Af-
9 rica increase salaries and benefits of health care pro-
10 fessionals, improve working conditions, including the
11 adoption of universal precautions against workplace
12 infection, improve management of health care sys-
13 tems and institutions, increase the capacity of health
14 training institutions, and expand education opportu-
15 nities will alleviate some of the pressures driving the
16 migration of health care personnel from sub-Saharan
17 Africa.

18 ~~(28)~~ (27) While the scope of the problem of dire
19 shortfalls of personnel and inadequacies of infra-
20 structure in the sub-Saharan African health systems
21 is immense, effective and targeted interventions to
22 improve working conditions, management, and pro-
23 ductivity would yield significant dividends in im-
24 proved health care.

1 ~~(29)~~ (28) Failure to address the shortage of
2 health care professionals and paraprofessionals, and
3 the factors pushing individuals to leave sub-Saharan
4 Africa will undermine the objectives of United States
5 development policy and will subvert opportunities to
6 achieve internationally recognized goals for the
7 treatment and prevention of HIV/AIDS and other
8 diseases, in the reduction of child and maternal mor-
9 tality, and for economic growth and development in
10 sub-Saharan Africa.

11 **SEC. 4. SENSE OF CONGRESS.**

12 It is the sense of Congress that—

13 (1) the United States should help sub-Saharan
14 African countries that have not already done so to
15 develop national human resource plans within the
16 context of comprehensive country health plans in-
17 volving a wide range of stakeholders;

18 (2) comprehensive, rather than piecemeal ap-
19 proaches to advance multiple sustainable interven-
20 tions will better enable countries to plan for the
21 number of health care workers they need, determine
22 whether they need to reorganize their health work-
23 force, integrate workforce planning into an overall
24 strategy to improve health system performance and
25 impact, better budget for health care spending, and

1 improve the delivery of health services in rural and
2 other underserved areas;

3 (3) in order to promote systemic, sustainable
4 change, the United States should seek, where pos-
5 sible, to strengthen existing national systems in sub-
6 Saharan African countries to improve national ca-
7 pacities in areas including fiscal management, train-
8 ing, recruiting and retention of health workers, dis-
9 tribution of resources, attention to rural areas, and
10 education;

11 (4) because foreign-funded efforts to fight HIV/
12 AIDS and other diseases may also draw health per-
13 sonnel away from the public sector in sub-Saharan
14 African countries, the policies and programs of the
15 United States should, where practicable, seek to
16 work with national and community-based health
17 structures and seek to promote the general welfare
18 and enhance infrastructures beyond the scope of a
19 single disease or condition;

20 (5) paraprofessionals and community-level
21 health workers can play a key role in prevention,
22 care, and treatment services, and in the more equi-
23 table and effective distribution of health resources,
24 and should be integrated into national health sys-
25 tems;

1 (6) given the current personnel shortages in
2 sub-Saharan Africa, paraprofessionals and commu-
3 nity health workers represent a critical potential
4 workforce in efforts to reduce the burdens of ma-
5 laria, tuberculosis, HIV/AIDS, and other deadly and
6 debilitating diseases;

7 (7) it is critically important that the govern-
8 ments of sub-Saharan African countries increase
9 their own investments in education and health care;

10 (8) international financial institutions have an
11 important role to play in the achievement of inter-
12 nationally agreed upon health goals, and in helping
13 countries strike the appropriate balance in encour-
14 aging effective public investments in the health and
15 education sectors, particularly as foreign assistance
16 in these areas scales up, and promoting macro-
17 economic stability;

18 (9) public-private partnerships are needed to
19 promote creative contracts, investments in sub-Saha-
20 ran African educational systems, codes of conduct
21 related to recruiting, and other mechanisms to al-
22 leviate the adverse impacts on sub-Saharan African
23 countries caused by the migration of health profes-
24 sionals;

1 (10) colleges and universities of the United
2 States, as well as other members of the private sec-
3 tor, can play a significant role in promoting training
4 in medicine and public health in sub-Saharan Africa
5 by establishing or supporting in-country programs in
6 sub-Saharan Africa through twinning programs with
7 educational institutions in sub-Saharan Africa or
8 through other in-country mechanisms;

9 (11) given the substantial numbers of African
10 immigrants to the United States working in the
11 health sector, the United States should enact and
12 implement measures to permit qualified aliens and
13 their family members that are legally present in the
14 United States to work temporarily as health care
15 professionals in developing countries or in other
16 emergency situations, as in S. 2611, of the 109th
17 Congress, as passed by the Senate on May 25, 2006;

18 (12) the President, acting through the United
19 States Permanent Representative to the United Na-
20 tions, should exercise the voice and vote of the
21 United States—

22 (A) to ameliorate the adverse impact on
23 less developed countries of the migration of
24 health personnel;

1 (B) to promote voluntary codes of conduct
2 for recruiters of health personnel; and

3 (C) to promote respect for voluntary agree-
4 ments in which individuals, in exchange for in-
5 dividual educational assistance, have agreed ei-
6 ther to work in the health field in their home
7 countries for a given period of time or to repay
8 such assistance;

9 (13) the United States, like countries in other
10 parts of the world, is experiencing a shortage of
11 medical personnel in many occupational specialties,
12 and the shortage is particularly acute in rural and
13 other underserved areas of the country; and

14 (14) the United States should expand training
15 opportunities for health personnel, expand incentive
16 programs such as student loan forgiveness for people
17 of the United States willing to work in underserved
18 areas, and take other steps to increase the number
19 of health personnel in the United States.

20 **SEC. 5. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**
21 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**
22 **CA.**

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

1 (1) by redesignating the section 135 that was
 2 added by section 5 of the Senator Paul Simon Water
 3 for the Poor Act of 2005 (Public Law 109–121; 22
 4 U.S.C. 2152h note) as section 136; and

5 (2) by adding at the end the following new sec-
 6 tion:

7 **“SEC. 137. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**
 8 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**
 9 **CA.**

10 “(a) ASSISTANCE.—

11 “(1) AUTHORITY.—The President is authorized
 12 to provide assistance, including providing assistance
 13 through international or nongovernmental organiza-
 14 tions, for programs in sub-Saharan Africa to im-
 15 prove human health care capacity.

16 “(2) TYPES OF ASSISTANCE.—Such programs
 17 ~~should~~ *may* include assistance—

18 “(A) to provide financial and technical as-
 19 sistance to sub-Saharan African countries in de-
 20 veloping and implementing new or strengthened
 21 comprehensive national health workforce plans;

22 “(B) to build and improve national and
 23 local capacities and sustainable health systems
 24 management in sub-Saharan African countries,

1 including financial, strategic, and technical as-
2 sistance for—

3 “(i) fiscal and health personnel man-
4 agement;

5 “(ii) health worker recruitment sys-
6 tems;

7 “(iii) the creation or improvement of
8 computerized health workforce databases
9 and other human resource information sys-
10 tems;

11 “(iv) implementation of measures to
12 reduce corruption in the health sector; and

13 “(v) monitoring, evaluation, and qual-
14 ity assurance in the health field, including
15 the utilization of national and district-level
16 mapping of health care systems to deter-
17 mine capacity to deliver health services;

18 “(C) to train and retain sufficient numbers
19 of health workers, including paraprofessionals
20 and community health workers, to provide es-
21 sential health services in sub-Saharan African
22 countries, including financing, strategic tech-
23 nical assistance for—

24 “(i) health worker safety and health
25 care, including HIV/AIDS prevention and

1 off-site testing and treatment programs for
2 health workers;

3 “(ii) increased capacity for training
4 health professionals and paraprofessionals
5 in such subjects as human resources plan-
6 ning and management, health program
7 management, and quality improvement;

8 “(iii) expanded access to secondary
9 level math and science education;

10 “(iv) expanded capacity for nursing
11 and medical schools in sub-Saharan Africa,
12 with particular attention to incentives or
13 mechanisms to encourage graduates to
14 work in the health sector in their country
15 of residence;

16 “(v) incentives and policies to increase
17 retention, including salary incentives;

18 “(vi) modern quality improvement
19 processes and practices;

20 “(vii) continuing education, distance
21 education, and career development oppor-
22 tunities for health workers;

23 “(viii) mechanisms to promote produc-
24 tivity within existing and expanding health
25 workforces; and

1 “(ix) achievement of minimum infra-
2 structure requirements for health facilities,
3 such as access to clean water;

4 “(D) to support sub-Saharan African
5 countries with financing, technical support, and
6 personnel, including paraprofessionals and com-
7 munity-based caregivers, to better meet the
8 health needs of rural and other underserved
9 populations by providing incentives to serve in
10 these areas, and to more equitably distribute
11 health professionals and paraprofessionals;

12 “(E) to support efforts to improve public
13 health capacities in sub-Saharan Africa through
14 education, leadership development, and other
15 mechanisms;

16 “(F) to provide technical assistance, equip-
17 ment, training, and supplies to assist in the im-
18 provement of health infrastructure in sub-Saha-
19 ran Africa;

20 “(G) to promote efforts to improve system-
21 atically human resource management and devel-
22 opment as a critical health and development
23 issue in coordination with specific disease con-
24 trol programs for sub-Saharan Africa; and

1 “(H) to establish a global clearinghouse or
2 similar mechanism for knowledge sharing re-
3 garding human resources for health, in con-
4 sultation, if helpful, with the Global Health
5 Workforce Alliance.

6 “(3) MONITORING AND EVALUATION.—

7 “(A) IN GENERAL.—The President shall
8 establish a monitoring and evaluation system to
9 measure the effectiveness of assistance by the
10 United States to improve human health care ca-
11 pacity in sub-Saharan Africa in order to maxi-
12 mize the sustainable development impact of as-
13 sistance authorized under this section and pur-
14 suant to the strategy required under subsection
15 (b).

16 “(B) REQUIREMENTS.—The monitoring
17 and evaluation system shall—

18 “(i) establish performance goals for
19 assistance provided under this section;

20 “(ii) establish performance indicators
21 to be used in measuring or assessing the
22 achievement of performance goals;

23 “(iii) provide a basis for recommenda-
24 tions for adjustments to the assistance to
25 enhance the impact of the assistance; and

1 “(iv) to the extent feasible, utilize and
2 support national monitoring and evaluation
3 systems, with the objective of improved
4 data collection without the imposition of
5 unnecessary new burdens.

6 “(b) STRATEGY OF THE UNITED STATES.—

7 “(1) REQUIREMENT FOR STRATEGY.—Not later
8 than 180 days after the date of the enactment of
9 this Act, the President shall develop and transmit to
10 the appropriate congressional committees a strategy
11 for coordinating, implementing, and monitoring as-
12 sistance programs for human health care capacity in
13 sub-Saharan Africa.

14 “(2) CONTENT.—The strategy required by
15 paragraph (1) shall include—

16 “(A) a description of a coordinated strat-
17 egy, including coordination among agencies and
18 departments of the Federal Government with
19 other bilateral and multilateral donors, to pro-
20 vide the assistance authorized in subsection (a);

21 “(B) a description of a coordinated strat-
22 egy to consult with sub-Saharan African coun-
23 tries and the African Union on how best to ad-
24 vance the goals of this Act; and

1 “(C) an analysis of how international fi-
2 nancial institutions can most effectively assist
3 countries in their efforts to expand and better
4 direct public spending in the health and edu-
5 cation sectors in tandem with the anticipated
6 scale up of international assistance to combat
7 HIV/AIDS and other health challenges, while
8 simultaneously helping these countries maintain
9 prudent fiscal balance.

10 “(3) FOCUS OF ANALYSIS.—The analysis de-
11 scribed in paragraph (2)(C) should focus on 2 or 3
12 selected countries in sub-Saharan Africa, including,
13 if practical, 1 focus country as designated under the
14 President’s Emergency Plan for AIDS Relief (au-
15 thorized by the United States Leadership Against
16 Global HIV/AIDS, Tuberculosis, and Malaria Act of
17 2003 (Public Law 108–25)) and 1 country without
18 such a designation.

19 “(4) CONSULTATION.—The President is encour-
20 aged to develop the strategy required under para-
21 graph (1) in consultation with the Secretary of
22 State, the Administrator for the United States
23 Agency for International Development, including em-
24 ployees of its field missions, the Global HIV/AIDS
25 Coordinator, the Chief Executive Officer of the Mil-

1 Millennium Challenge Corporation, the Secretary of the
 2 Treasury, the Director of the Bureau of Citizenship
 3 and Immigration Services, the Director of the Cen-
 4 ters for Disease Control and Prevention, and other
 5 relevant agencies to ensure coordination within the
 6 Federal Government.

7 ~~“(5) COORDINATION.—~~

8 ~~“(A) DEVELOPMENT OF STRATEGY.—To~~
 9 ~~ensure coordination with national strategies and~~
 10 ~~objectives and other international efforts, the~~
 11 ~~President should develop the strategy described~~
 12 ~~in paragraph (1) by consulting appropriate offi-~~
 13 ~~cials of the United States Government and by~~
 14 ~~coordinating with the following:~~

15 ~~“(i) Other donors.~~

16 ~~“(ii) Implementers.~~

17 ~~“(iii) International agencies.~~

18 ~~“(iv) Nongovernmental organizations~~
 19 ~~working to increase human health capacity~~
 20 ~~in sub-Saharan Africa.~~

21 ~~“(v) The World Bank.~~

22 ~~“(vi) The International Monetary~~
 23 ~~Fund.~~

24 ~~“(vii) The Global Fund to Fight~~
 25 ~~AIDS, Tuberculosis, and Malaria.~~

1 “~~(viii)~~ The World Health Organiza-
2 tion.

3 “~~(ix)~~ The International Labour Orga-
4 nization.

5 “~~(x)~~ The United Nations Development
6 Programme.

7 “~~(xi)~~ The United Nations Programme
8 on HIV/AIDS.

9 “~~(xii)~~ The European Union.

10 “~~(xiii)~~ The African Union.

11 “~~(B)~~ ASSESSMENT AND COMPILATION.—

12 The President should make the assessments
13 and compilations required by subsection
14 (a)(3)(B)(v), in coordination with the entities
15 listed in subparagraph (A).

16 “(5) *COORDINATION.*—*To ensure coordination*
17 *with national strategies and objectives and other*
18 *international efforts, the President should develop the*
19 *strategy described in paragraph (1) by coordinating*
20 *with the following:*

21 “(A) *Other donors.*

22 “(B) *Implementers.*

23 “(C) *International agencies.*

1 “(D) *Nongovernmental organizations work-*
2 *ing to increase human health capacity in sub-*
3 *Saharan Africa.*

4 “(E) *The World Bank.*

5 “(F) *The International Monetary Fund.*

6 “(G) *The Global Fund to Fight AIDS, Tu-*
7 *berculosis, and Malaria.*

8 “(H) *The World Health Organization.*

9 “(I) *The International Labour Organiza-*
10 *tion.*

11 “(J) *The United Nations Development Pro-*
12 *gramme.*

13 “(K) *The United Nations Programme on*
14 *HIV/AIDS.*

15 “(L) *The European Union.*

16 “(M) *The African Union.*

17 “(c) REPORT.—

18 “(1) IN GENERAL.—Not later than 1 year after
19 the date on which the President submits the strategy
20 required in subsection (b), the President shall sub-
21 mit to the appropriate congressional committees a
22 report on the implementation of this section.

23 “(2) ASSESSMENT OF MECHANISMS FOR
24 KNOWLEDGE SHARING.—The report described in
25 paragraph (1) shall be accompanied by a document

1 assessing best practices and other mechanisms for
2 knowledge sharing about human resources for health
3 and capacity building efforts to be shared with gov-
4 ernments of developing countries and others seeking
5 to promote improvements in human resources for
6 health and capacity building.

7 “(3) FOLLOW-UP REPORT.—Not later than 3
8 years after the date on which the President submits
9 the strategy required in subsection (b), the ~~president~~
10 *President* shall submit to the appropriate congres-
11 sional committees a further report on the implemen-
12 tation of this section.

13 “(d) DEFINITIONS.—In this section:

14 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
15 TEES.—The term ‘appropriate congressional com-
16 mittees’ means the Committee on Foreign Relations
17 and the Committee on Appropriations of the Senate
18 and the Committee on ~~International Relations~~ *For-*
19 *eign Affairs* and the Committee on Appropriations of
20 the House of Representatives.

21 “(2) BRAIN DRAIN.—The term ‘brain drain’
22 means the emigration of a significant proportion of
23 a country’s professionals working in the health field
24 to wealthier countries, with a resulting loss of per-
25 sonnel and often a loss in investment in education

1 and training for the countries experiencing the emi-
2 gration.

3 “(3) HEALTH PROFESSIONAL.—The term
4 ‘health professional’ means a person whose occupa-
5 tion or training helps to identify, prevent, or treat
6 illness or disability.

7 “(4) HIV/AIDS.—The term ‘HIV/AIDS’ has
8 the meaning given such term in section 104A(g) of
9 the Foreign Assistance Act of 1961 (22 U.S.C.
10 2151b-2(g)).

11 “(5) PARAPROFESSIONAL.—The term ‘para-
12 professional’ means an individual who is trained and
13 employed as a health agent for the provision of basic
14 assistance in the identification, prevention, or treat-
15 ment of illness or disability.

16 “(6) COMMUNITY HEALTH WORKERS.—The
17 term ‘community health worker’ means a community
18 based caregiver who has received instruction and is
19 employed to provide basic health services in specific
20 catchment areas, most often the areas where they
21 themselves live.

22 “(e) AUTHORIZATION OF APPROPRIATIONS.—

23 “(1) IN GENERAL.—There are authorized to be
24 appropriated to the President to carry out the provi-
25 sions of this section—

1 “(A) \$150,000,000 for fiscal year 2008;

2 “(B) \$200,000,000 for fiscal year 2009;

3 and

4 “(C) \$250,000,000 for fiscal year 2010.

5 “(2) AVAILABILITY OF FUNDS.—Amounts made
6 available under paragraph (1) are authorized to re-
7 main available until expended and are in addition to
8 amounts otherwise made available for the purpose of
9 carrying out this section.”.

Calendar No. 414

110TH CONGRESS
1ST Session

S. 805

[Report No. 110-192]

A BILL

To amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

OCTOBER 9, 2007

Reported with amendments