

Calendar No. 601

117TH CONGRESS
2D SESSION**S. 3386**

To prevent, treat, and cure tuberculosis globally.

IN THE SENATE OF THE UNITED STATES

DECEMBER 14, 2021

Mr. MENENDEZ (for himself, Mr. YOUNG, Mr. BRAUN, Mr. MARKEY, Mr. RUBIO, and Mr. VAN HOLLEN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

DECEMBER 7, 2022

Reported by Mr. MENENDEZ, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]**A BILL**

To prevent, treat, and cure tuberculosis globally.

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 “End Tuberculosis Now
5 Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) More than 25 years after the World Health
2 Organization declared Tuberculosis (referred to in
3 this Act as “TB”) a public health emergency and
4 called on countries to make scaling up tuberculosis
5 control a priority, TB remains a deadly health
6 threat despite the fact that TB is a preventable,
7 treatable, and curable disease.

8 (2) In 2019 alone, an estimated 10,000,000
9 people became ill with TB, 10 percent of whom were
10 children, and 1,400,000 of whom died. In order to
11 achieve by 2035 the goals of the Political Declara-
12 tion of the High-Level Meeting of the General As-
13 sembly on the Fight Against Tuberculosis, adopted
14 by the United Nations General Assembly October
15 10, 2018, and of the World Health Organization
16 End TB Strategy, adopted by the World Health As-
17 sembly in 2014, new tools must be developed and
18 made available.

19 (3) Over $\frac{1}{3}$ of people who become ill with TB
20 may be undiagnosed or misdiagnosed, resulting in
21 unnecessary illness, communicable infections, and in-
22 creased mortality.

23 (4) Since March 2020, the COVID-19 pan-
24 demic has severely disrupted TB responses in low-
25 and middle-income countries, stalling and reversing

1 years of progress made against TB, with detection
2 dropping by 50 percent and an estimated 1,000,000
3 fewer people will be diagnosed and enrolled on TB
4 treatment.

5 (5) In May 2020, a modeling study conducted
6 by the Stop Tuberculosis Partnership (referred to in
7 this Act as the “Stop TB Partnership”) in collabo-
8 ration with the United States Agency for Inter-
9 national Development (referred to in this Act as
10 “USAID”) and partners estimated that a 3-month
11 global lockdown followed by a protracted 10-month
12 restoration could lead to an additional 6,300,000
13 cases of TB between 2020 and 2025 and an addi-
14 tional 1,400,000 TB deaths during this period, caus-
15 ing a setback of at least 5 to 8 years in the fight
16 against TB.

17 (6) Findings released by the Stop TB Partner-
18 ship on March 18, 2021, found that TB diagnosis
19 and enrolment on treatment in 2020 declined by an
20 estimated total of 1,000,000 cases in 9 countries
21 that collectively represent 60 percent of the global
22 TB caseload, pushing the TB response back to 2008
23 levels in terms of people diagnosed and treated.

24 (7) Failure to properly diagnose and treat TB
25 can lead to death and can exacerbate antimicrobial

1 resistance, a key contributor to rising cases of multi-
2 drug-resistant tuberculosis, and extensively drug-re-
3 sistant tuberculosis, and increasing the probability of
4 the introduction of resistant TB into new geographic
5 areas.

6 (8) TB programs have played a central role in
7 responding to COVID-19, including through
8 leveraging the expertise of medical staff with exper-
9 tise in TB and lung diseases, the repurposing of TB
10 hospitals, and the use of the TB rapid molecular
11 testing platforms and X-Ray equipment for multiple
12 purposes, including COVID-19.

13 (9) With sufficient resourcing, TB program ex-
14 pertise, infection control, laboratory capacity, active
15 case finding and contact investigation, can serve as
16 a platform for respiratory pandemic response
17 against existing and new infectious respiratory dis-
18 ease without such a response necessitating the dis-
19 ruption of ongoing TB programs and activities.

20 (10) Globally, only about $\frac{1}{2}$ of the
21 \$13,000,000,000 required annually outlined in the
22 Stop TB Partnership's Global Plan to End TB for
23 tuberculosis prevention, diagnosis, and treatment is
24 currently available.

1 (11) An estimated additional \$3,500,000,000
2 will be needed during 2021 for TB programs in
3 countries eligible for Global Fund for AIDS, Tuber-
4 culosis, and Malaria programming to recover from
5 the negative impacts of COVID-19, with a total an-
6 nual gap of at least \$8,000,000,000 for TB diag-
7 nosis, prevention, and treatment in such countries.

8 (12) On September 26, 2018, the United Na-
9 tions convened the first High-Level Meeting of the
10 General Assembly on the Fight Against Tuber-
11 culosis, at which 120 countries—

12 (A) signed a Political Declaration to accel-
13 erate progress against TB, including commit-
14 ments to increase funding for TB control and
15 research and development programs, and ambi-
16 tious goals to successfully treat 40,000,000 peo-
17 ple with tuberculosis and prevent at least
18 30,000,000 from becoming ill with TB between
19 2018 and 2022; and

20 (B) committed to “ending the epidemic in
21 all countries; and pledge[d] to provide leader-
22 ship and to work together to accelerate our na-
23 tional and global collective actions, investments
24 and innovations urgently to fight this prevent-
25 able and treatable disease,” as reflected in

1 United Nations General Assembly Resolution A/
2 RES/73/3.

3 (13) The United States Government continues
4 to be a lead funder of global TB research and devel-
5 opment, contributing 44 percent of the total
6 \$901,000,000 in global funding in 2019, and can
7 catalyze more investments from other countries.

8 (14) Working with governments and partners
9 around the world, the TB efforts by USAID have
10 saved 60,000,000 lives, demonstrating the effective-
11 ness of United States programs and activities.

12 (15) On September 26, 2018, the USAID Ad-
13 ministrator announced a new performance-based
14 Global Accelerator to End TB, aimed at catalyzing
15 investments to meet the target set by the United
16 Nations High-Level Meeting on tuberculosis of treat-
17 ing 40,000,000 people with the disease by 2022, fur-
18 ther demonstrating the critical role that United
19 States leadership and assistance plays in the fight to
20 eliminate TB.

21 (16) It is essential to ensure that efforts among
22 United States Government agencies, partner nations,
23 international organizations, nongovernmental organi-
24 zations, the private sector, and other actors are com-

1 plementary and not duplicative in order to achieve
2 the goal of ending the TB epidemic in all countries.

3 **SEC. 3. UNITED STATES GOVERNMENT ACTIONS TO END**
4 **TUBERCULOSIS.**

5 Section 104B of the Foreign Assistance Act of 1961
6 (~~22 U.S.C. 2151b-3~~) is amended to read as follows:

7 **“SECTION 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

8 **“(a) FINDINGS.—**Congress makes the following find-
9 ings:

10 **“(1)** Congress recognizes the continuing chal-
11 lenge of the international spread of tuberculosis, and
12 the deadly impact of the continued existence of TB.

13 **“(2)** Additional tools and resources are required
14 to effectively diagnose, prevent, and treat tuber-
15 culosis.

16 **“(3)** Effectively resourced tuberculosis pro-
17 grams can serve as a critical platform for respiratory
18 pandemic response against existing and new infec-
19 tious respiratory disease.

20 **“(b) POLICY.—**It is a major objective of the foreign
21 assistance program of the United States to help end the
22 global tuberculosis pandemic through actions to support
23 the diagnosis and treatment of all adults and children with
24 all forms of tuberculosis, and to prevent new tuberculosis
25 infections in adults and children. In all countries in which

1 the United States Government has established develop-
2 ment programs, particularly in countries with the highest
3 burden of tuberculosis and other countries with high rates
4 of tuberculosis; it is the policy of the United States—

5 “(1) to support the objectives of the World
6 Health Organization End TB Strategy, including
7 goals—

8 “(A) to reduce by 95 percent tuberculosis
9 deaths by 2035;

10 “(B) to reduce by 90 percent the tuber-
11 culosis incidence rate by 2035; and

12 “(C) to reduce by 100 percent the number
13 of families facing catastrophic health costs due
14 to tuberculosis by 2035;

15 “(2) to support the Stop TB Partnership’s
16 Global Plan to End TB 2018–2022, and any follow
17 up plan; including support for—

18 “(A) developing and using innovative new
19 technologies and therapies to increase active
20 case finding to rapidly diagnose and treat chil-
21 dren and adults with all forms of tuberculosis;
22 alleviate suffering; and ensure tuberculosis
23 treatment completion;

24 “(B) providing diagnosis and treatment
25 with the goal of successfully treating

1 40,000,000 people with tuberculosis by 2022,
2 including 3,500,000 children, and 1,500,000
3 people with drug-resistant tuberculosis in sup-
4 port of the target set by the Political Declara-
5 tion of the High-Level Meeting of the General
6 Assembly on the Fight Against Tuberculosis;

7 “(C) diagnosing and treating latent tuber-
8 culosis infection, in support of the global goal
9 of providing preventive therapy to at least
10 30,000,000 people, including 4,000,000 children
11 under 5 years of age, 20,000,000 household
12 contacts of people affected by tuberculosis, and
13 6,000,000 people living with HIV, by 2022;

14 “(D) ensuring high quality tuberculosis
15 care by closing gaps in care cascades, imple-
16 menting continuous quality improvement at all
17 levels of care, and providing patient support;
18 and

19 “(E) sustainably procuring tuberculosis
20 commodities to avoid interruptions in supply,
21 the procurement of commodities of unknown
22 quality, or payment of excessive commodity
23 costs in countries impacted by tuberculosis; and

24 “(3) to ensure that United States funding sup-
25 ports activities that simultaneously emphasize—

1 “(A) the development of comprehensive
2 person-centered programs, including diagnosis,
3 treatment, and prevention strategies to ensure
4 that—

5 “(i) all people sick with tuberculosis
6 receive quality diagnosis and treatment
7 through active case finding; and

8 “(ii) people at high risk for tuber-
9 culosis infection are found and treated
10 with preventive therapies in a timely man-
11 ner;

12 “(B) robust tuberculosis infection control
13 practices are implemented in all congregate set-
14 tings, including hospitals and prisons;

15 “(C) the deployment of diagnostic and
16 treatment capacity—

17 “(i) in areas with the highest tuber-
18 culosis burdens; and

19 “(ii) for highly at-risk and impover-
20 ished populations, including patient sup-
21 port;

22 “(D) program monitoring and evaluation
23 based on critical tuberculosis indicators, includ-
24 ing indicators relating to infection control; the
25 numbers of patients accessing tuberculosis

1 treatment, along with patient support services,
 2 and preventative therapy for those at risk, in-
 3 cluding all close contacts, and treatment out-
 4 comes for all forms of tuberculosis;

5 “(E) training and engagement of health
 6 care workers on the use of new diagnostic tools
 7 and therapies as they become available; and in-
 8 creased support for training frontline health
 9 care workers to support expanded tuberculosis
 10 active case finding, contact tracing and patient
 11 support;

12 “(F) coordination with domestic agencies
 13 and organizations on an aggressive research
 14 agenda to develop vaccines as well as new tools
 15 to diagnose, treat, and prevent tuberculosis
 16 globally;

17 “(G) linkages with the private sector on—

18 “(i) research and development of a
 19 vaccine; and on new tools for diagnosis and
 20 treatment of tuberculosis;

21 “(ii) improving current tools for diag-
 22 nosis and treatment of tuberculosis; and

23 “(iii) training healthcare professionals
 24 on use of the newest and most effective di-
 25 agnostic and therapeutic tools;

“(H) the reduction of barriers to care, including stigma and treatment and diagnosis costs, through—

“(i) training for health workers;

“(ii) sensitizing of policy makers;

“(iii) requirements for access and affordability provisions in all grants and funding agreements;

“(iv) education and empowerment campaigns for tuberculosis patients regarding local tuberculosis services;

“(v) monitoring barriers to accessing tuberculosis services; and

“(vi) increased support for patient-led and community-led tuberculosis outreach efforts; and

“(I) support for country-level, sustainable accountability mechanisms and capacity to measure progress and ensure that commitments made by governments and relevant stakeholders are met.

“(c) DEFINITIONS.—In this section:

“(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ‘appropriate congressional committees’ means the Committee on Foreign Relations

1 of the Senate and the Committee on Foreign Affairs
2 of the House of Representatives.

3 ~~“(2) END TB STRATEGY.—The term ‘End TB~~
4 ~~Strategy’ means the strategy to eliminate tuber-~~
5 ~~culosis that was approved by the World Health As-~~
6 ~~sembly in May 2014, and is described in The End~~
7 ~~TB Strategy: Global strategy and targets for tuber-~~
8 ~~culosis prevention, care and control after 2015.~~

9 ~~“(3) GLOBAL ALLIANCE FOR TUBERCULOSIS~~
10 ~~DRUG DEVELOPMENT.—The term ‘Global Alliance~~
11 ~~for Tuberculosis Drug Development’ means the pub-~~
12 ~~lic-private partnership that bring together leaders in~~
13 ~~health, science, philanthropy, and private industry to~~
14 ~~devise new approaches to tuberculosis.~~

15 ~~“(4) GLOBAL TUBERCULOSIS DRUG FACIL-~~
16 ~~ITY.—The term ‘Global Tuberculosis Drug Facility’~~
17 ~~means the initiative of the Stop Tuberculosis Part-~~
18 ~~nership to increase access to the most advanced, af-~~
19 ~~fordable, quality-assured tuberculosis drugs and~~
20 ~~diagnostics.~~

21 ~~“(5) MDR-TB.—The term ‘MDR-TB’ means~~
22 ~~multi-drug-resistant tuberculosis.~~

23 ~~“(6) STOP TUBERCULOSIS PARTNERSHIP.—The~~
24 ~~term ‘Stop Tuberculosis Partnership’ means the~~
25 ~~partnership of the United Nations Office for Project~~

1 Services, donors including the United States, high
 2 tuberculosis burden countries, multilateral agencies,
 3 and nongovernmental and technical agencies com-
 4 mitted to short- and long-term measures required to
 5 control and eventually eliminate tuberculosis as a
 6 public health problem in the world.

7 “(7) ~~XDR-TB.~~—The term ‘~~XDR-TB~~’ means
 8 extensively drug-resistant tuberculosis.

9 “(d) ~~AUTHORIZATION.~~—To carry out this section, the
 10 President is authorized, consistent with section 104(c), to
 11 furnish assistance, on such terms and conditions as the
 12 President may determine, for the prevention, treatment,
 13 control, and elimination of tuberculosis.

14 “(e) ~~GOALS.~~—In consultation with the appropriate
 15 congressional committees, the President shall establish
 16 goals, based on the policy and indicators described in sub-
 17 section (b), for United States tuberculosis programs to de-
 18 tect, cure and prevent all forms of tuberculosis globally
 19 for the period between 2023 and 2030 that is aligned with
 20 the End TB Strategy’s 2030 targets, by updating the
 21 United States Government Tuberculosis Strategy (2015–
 22 2019) and the National Action Plan for Combating
 23 Multidrug-Resistant Tuberculosis.

24 “(f) ~~COORDINATION.~~—

1 “(1) ~~IN GENERAL.~~—In carrying out this sec-
2 tion, the President shall coordinate with the World
3 Health Organization, the Stop TB Partnership, the
4 Global Fund to Fight AIDS, Tuberculosis, and Ma-
5 laria, and other organizations with respect to the de-
6 velopment and implementation of a comprehensive
7 global tuberculosis response program.

8 “(2) ~~BILATERAL ASSISTANCE.~~—In providing bi-
9 lateral assistance under this section, the President,
10 acting through the Administrator of the United
11 States Agency for International Development,
12 shall—

13 “(A) catalyze support for research and de-
14 velopment of new tools to prevent, diagnose,
15 treat, and control tuberculosis worldwide, par-
16 ticularly to reduce the incidence of, and mor-
17 tality from, all forms of drug-resistant tuber-
18 culosis;

19 “(B) ensure United States programs and
20 activities aimed at reaching those infected with
21 tuberculosis provide quality diagnosis and treat-
22 ment, and reach those at high risk with preven-
23 tive therapy; and

24 “(C) ensure coordination among relevant
25 United States Government agencies, including

1 the Centers for Disease Control and Prevention;
 2 the National Institutes of Health, the Bio-
 3 medical Advanced Research and Development
 4 Authority, the Food and Drug Administration,
 5 the National Science Foundation, the Depart-
 6 ment of Defense (through its Congressionally
 7 Directed Medical Research Program), and other
 8 Federal agencies that engage in international
 9 tuberculosis activities to ensure accountability
 10 and transparency, reduce duplication of efforts
 11 and ensure appropriate integration and coordi-
 12 nation of tuberculosis services into other United
 13 States-supported health programs.

14 ~~“(g) PRIORITY TO END TB STRATEGY.~~—In fur-
 15 nishing assistance under subsection (d), the President
 16 shall give priority to—

17 ~~“(1) building and strengthening tuberculosis~~
 18 ~~programs to diagnose and treat all people sick with~~
 19 ~~TB, and ensuring everyone who is sick with tuber-~~
 20 ~~culosis have access to quality diagnosis and treat-~~
 21 ~~ment;~~

22 ~~“(2) direct, high-quality integrated services for~~
 23 ~~all forms of tuberculosis, as described by the World~~
 24 ~~Health Organization, which call for the coordination~~
 25 ~~of active case finding, treatment of all forms of tu-~~

1 berculosis disease and infection, patient support, and
2 tuberculosis prevention;

3 “(3) individuals co-infected with HIV and other
4 co-morbidities, and other individuals with tuber-
5 culosis who may be at risk of stigma;

6 “(4) strengthening the capacity of health sys-
7 tems to detect, prevent, and treat tuberculosis, in-
8 cluding MDR-TB and XDR-TB, as described in the
9 International Standards for Tuberculosis Care, and
10 the latest international guidance related to tuber-
11 culosis;

12 “(5) research and development of innovative
13 diagnostics, drug therapies, and vaccines, and pro-
14 gram-based operational research;

15 “(6) the Stop Tuberculosis Partnership’s Global
16 Drug Facility, and the Global Alliance for Tuber-
17 culosis Drug Development, and other organizations
18 promoting the development of new products and
19 drugs for tuberculosis; and

20 “(7) ensuring tuberculosis programs can serve
21 as key platforms for supporting national respiratory
22 pandemic response against existing and new infec-
23 tious respiratory disease.

24 “(h) ASSISTANCE FOR THE WORLD HEALTH ORGA-
25 NIZATION AND THE STOP TUBERCULOSIS PARTNER-

1 SHIP.—In carrying out this section, the President, acting
 2 through the Administrator of the United States Agency
 3 for International Development, is authorized to provide in-
 4 creased resources to the World Health Organization and
 5 the Stop Tuberculosis Partnership to improve the capacity
 6 of countries with high burdens or rates of tuberculosis and
 7 other affected countries to implement the End TB Strat-
 8 egy, the Stop TB Global Plan to End TB, their own na-
 9 tional strategies and plans, other global efforts to control
 10 MDR-TB and XDR-TB.

11 “(i) ANNUAL REPORT ON TUBERCULOSIS ACTIVI-
 12 TIES.—Not later than December 15 of each year until the
 13 goals specified in subsection (b)(1) are met, the President
 14 shall submit an annual report to the appropriate congres-
 15 sional committees that describes United States foreign as-
 16 sistance to control tuberculosis and the impact of such ef-
 17 forts, including—

18 “(1) the number of individuals with active tu-
 19 berculosis disease that were diagnosed and treated,
 20 including the rate of treatment completion and the
 21 number receiving patient support;

22 “(2) the number of persons with MDR-TB and
 23 XDR-TB that were diagnosed and treated, includ-
 24 ing the rate of completion, in countries receiving

1 United States bilateral foreign assistance for tuber-
2 culosis control programs;

3 “(3) the numbers of people trained by the
4 United States Government in tuberculosis surveil-
5 lance and control;

6 “(4) the number of individuals with active TB
7 disease identified as a result of engagement with the
8 private sector and other nongovernmental partners
9 in countries receiving United States bilateral foreign
10 assistance for tuberculosis control programs;

11 “(5) a description of the collaboration and co-
12 ordination of United States anti-tuberculosis efforts
13 with the World Health Organization, the Stop TB
14 Partnership, the Global Fund to Fight AIDS, Tu-
15 bereculosis and Malaria, and other major public and
16 private entities;

17 “(6) a description of the collaboration and co-
18 ordination among the United States Agency for
19 International Development and other United States
20 agencies, including the Centers for Disease Control
21 and Prevention and the Office of the Global AIDS
22 Coordinator, for the purposes of combating tuber-
23 culosis;

24 “(7) the constraints on implementation of pro-
25 grams posed by health workforce shortages, health

1 system limitations, other components of successful
2 implementation, and strategies to address such con-
3 straints;

4 “(8) a breakdown of expenditures for patient
5 services supporting TB diagnosis, treatment, and
6 prevention, including procurement of drugs and
7 other commodities, drug management, training in di-
8 agnosis and treatment, health systems strengthening
9 that directly impacts provision of TB services, and
10 research; and

11 “(9) for each country receiving bilateral United
12 States assistance for the purpose of tuberculosis pre-
13 vention, treatment, and control—

14 “(A) a description of progress to adopt and
15 implement the most recent World Health Orga-
16 nization guidelines to improve diagnosis, treat-
17 ment, and prevention of tuberculosis for adults
18 and children, disaggregated by sex, including
19 the proportion of health facilities that have
20 adopted the latest World Health Organization
21 guidelines on strengthening surveillance systems
22 and preventative, diagnostic, and therapeutic
23 methods, including the use of rapid diagnostic
24 tests and orally administered tuberculosis treat-
25 ment regimens;

1 “(B) the number of adults and children re-
 2 ceiving tuberculosis preventive therapy, includ-
 3 ing people with HIV and all close contacts;
 4 disaggregated by sex and, as possible, income or
 5 wealth quintile; and the establishment of effec-
 6 tive tuberculosis infection control in all relevant
 7 congregant settings, including hospitals, clinics,
 8 and prisons;

9 “(C) a description of progress in imple-
 10 menting measures to reduce tuberculosis inci-
 11 dence, including actions—

12 “(i) to expand active case finding and
 13 contact tracing to identify and reach vul-
 14 nerable groups; and

15 “(ii) to expand tuberculosis preventive
 16 therapy, engagement of the private sector,
 17 and diagnostic capacity;

18 “(D) a description of progress to expand
 19 diagnosis, prevention, and treatment for all
 20 forms of tuberculosis, including in pregnant
 21 women, children, and other high-risk individuals
 22 and groups at greater risk of TB, including mi-
 23 grants, prisoners, miners, people exposed to sili-
 24 ca, and people living with HIV/AIDS,
 25 disaggregated by sex;

1 “(E) the rate of successful completion of
2 tuberculosis treatment for adults and children;
3 disaggregated by sex; and the number of indi-
4 viduals receiving support for treatment comple-
5 tion;

6 “(F) the number of people, disaggregated
7 by sex, receiving treatment for MDR-TB, the
8 proportion of those treated with the latest regi-
9 mens endorsed by the World Health Organiza-
10 tion, any factors impeding scale up of such
11 treatment, and a description of progress to ex-
12 pand community-based MDR-TB care;

13 “(G) a description of tuberculosis com-
14 modity procurement challenges, including short-
15 ages, stockouts, or failed tenders for tuber-
16 culosis drugs or other commodities;

17 “(H) the proportion of health facilities
18 with specimen referral linkages to GeneXpert
19 testing sites, and to reference labs for second
20 line drug resistance testing, and a description
21 of the turnaround time for test results;

22 “(I) the number of people trained by the
23 United States Government to deliver high-qual-
24 ity tuberculosis surveillance, laboratory services,
25 prevention, treatment, and care;

1 “(J) a description of how supported activi-
2 ties are coordinated with—

3 “(i) country national TB plans and
4 strategies; and

5 “(ii) tuberculosis control efforts sup-
6 ported by the Global Fund to Fight AIDS,
7 Tuberculosis, and Malaria; and other inter-
8 national assistance funds, including in the
9 areas of program development and imple-
10 mentation; and

11 “(K) for the first 3 years of the report re-
12 quired under this subsection, a section that de-
13 scribes the progress in recovering from the neg-
14 ative impact of COVID-19 on tuberculosis; in-
15 cluding whether there has been the development
16 and implementation of a comprehensive plan to
17 ensure tuberculosis activities recover from di-
18 version of resources; the continued use of
19 bidirectional TB-COVID testing; and progress
20 on increased diagnosis and treatment of active
21 tuberculosis.

22 “(j) ANNUAL REPORT ON TUBERCULOSIS RESEARCH
23 AND DEVELOPMENT.—The President, acting through the
24 Administrator of the United States Agency for Inter-
25 national Development, and in coordination with the Na-

1 tional Institutes of Health, the Centers for Disease Con-
 2 trol and Prevention, the Biomedical Advanced Research
 3 and Development Authority, the Food and Drug Adminis-
 4 tration, the National Science Foundation, and the Office
 5 of the Global AIDS Coordinator, shall submit an annual
 6 report to Congress that—

7 “(1) describes current progress and challenges
 8 to the development of new tools for the purpose of
 9 tuberculosis prevention, treatment, and control;

10 “(2) identifies critical gaps and emerging prior-
 11 ities for research and development, including for
 12 rapid and point-of-care diagnostics, shortened treat-
 13 ments and prevention methods, and vaccines; and

14 “(3) describes research investments by type,
 15 funded entities, and level of investment.

16 “(k) EVALUATION REPORT.—Not later than 2 years
 17 after the date of the enactment of the End Tuberculosis
 18 Now Act of 2021, and every 5 years thereafter until 2036,
 19 the Comptroller General of the United States shall submit
 20 a report to the appropriate congressional committees that
 21 evaluates the performance and impact on tuberculosis pre-
 22 vention, diagnosis, treatment, and care efforts that are
 23 supported by United States bilateral assistance funding,
 24 including recommendations for improving such pro-
 25 grams.”.

1 **SECTION 1. SHORT TITLE.**

2 *This Act may be cited as the “End Tuberculosis Now*
3 *Act of 2022”.*

4 **SEC. 2. FINDINGS.**

5 *Congress makes the following findings:*

6 (1) *Tuberculosis (referred to in the Act as “TB”)*
7 *is a preventable, treatable, and curable disease, yet*
8 *more than 25 years after the World Health Organiza-*
9 *tion declared it to be a public health emergency and*
10 *called on countries to make scaling up TB control a*
11 *priority, TB remains a deadly health threat.*

12 (2) *In 2021 alone, an estimated 10,600,000 peo-*
13 *ple became ill with TB, 11 percent of whom were chil-*
14 *dren, and an estimated 1,600,000 of these people died*
15 *from the illness. In order to achieve by 2035 the goals*
16 *of the Political Declaration of the High-Level Meeting*
17 *of the General Assembly on the Fight Against Tuber-*
18 *culosis, adopted by the United Nations General As-*
19 *sembly October 10, 2018, and of the World Health Or-*
20 *ganization End TB Strategy, adopted by the World*
21 *Health Assembly in 2014, new and existing tools*
22 *must be developed and scaled-up.*

23 (3) *More than 1/3 of people who become ill with*
24 *TB may be undiagnosed or misdiagnosed, resulting in*
25 *unnecessary illness, communicable infections, and in-*
26 *creased mortality.*

1 (4) *Since March 2020, the COVID–19 pandemic*
 2 *has severely disrupted TB responses in low- and mid-*
 3 *dle-income countries, stalling and reversing years of*
 4 *progress made against TB. According to the World*
 5 *Health Organization, from 2019 to 2020—*

6 (A) *global detection of TB dropped by 18*
 7 *percent;*

8 (B) *an estimated 1,300,000 fewer people*
 9 *were diagnosed and enrolled on TB treatment;*
 10 *and*

11 (C) *in some countries, TB case notifications*
 12 *dropped by up to 41 percent, setting progress*
 13 *back by up to 12 years.*

14 (5) *Failure to properly diagnose and treat TB*
 15 *can lead to death, can exacerbate antimicrobial resist-*
 16 *ance (a key contributor to rising cases of multi-drug-*
 17 *resistant TB and extensively drug-resistant TB), and*
 18 *can increase the probability of the introduction of re-*
 19 *sistant TB into new geographic areas.*

20 (6) *TB programs have played a central role in*
 21 *responding to COVID–19, including through*
 22 *leveraging the expertise of medical staff with expertise*
 23 *in TB and lung diseases, the repurposing of TB hos-*
 24 *pitals, and the use of the TB rapid molecular testing*

1 platforms and x-ray equipment for multiple purposes,
 2 including the treatment of COVID–19.

3 (7) With sufficient resourcing, TB program ex-
 4 pertise, infection control, laboratory capacity, active
 5 case finding, and contact investigation can serve as
 6 platforms for respiratory pandemic response against
 7 existing and new infectious respiratory disease with-
 8 out disrupting ongoing TB programs and activities.

9 (8) Globally, only about $\frac{1}{2}$ of the
 10 \$13,000,000,000 required annually, as outlined in the
 11 Stop TB Partnership’s Global Plan to End TB, is
 12 currently available.

13 (9) According to estimates by the Global Fund
 14 for AIDS, Tuberculosis, and Malaria, an additional
 15 \$3,500,000,000 was needed during 2021 for TB pro-
 16 grams in eligible countries in order to recover from
 17 the negative impacts of COVID–19.

18 (10) On September 26, 2018, the United Nations
 19 convened the first High-Level Meeting of the General
 20 Assembly on the Fight Against Tuberculosis, during
 21 which 120 countries—

22 (A) signed a Political Declaration to accel-
 23 erate progress against TB, including through
 24 commitments to increase funding for TB preven-
 25 tion, diagnosis, treatment, and research and de-

1 *velopment programs, and to set ambitious goals*
 2 *to successfully treat 40,000,000 people with ac-*
 3 *tive TB and prevent at least 30,000,000 from be-*
 4 *coming ill with TB between 2018 and 2022; and*

5 *(B) committed to “ending the epidemic in*
 6 *all countries, and pledge[d] to provide leadership*
 7 *and to work together to accelerate our national*
 8 *and global collective actions, investments and in-*
 9 *novations urgently to fight this preventable and*
 10 *treatable disease”, as reflected in United Nations*
 11 *General Assembly Resolution 73/3.*

12 *(11) The United States Government continues to*
 13 *be a lead funder of global TB research and develop-*
 14 *ment, contributing 44 percent of the total*
 15 *\$915,000,000 in global funding in 2020, and can*
 16 *catalyze more investments from other countries.*

17 *(12) Working with governments and partners*
 18 *around the world, USAID’s TB programming has*
 19 *saved an estimated 66,000,000 lives, demonstrating*
 20 *the effectiveness of United States programs and ac-*
 21 *tivities against the illness.*

22 *(13) On September 26, 2018, the USAID Admin-*
 23 *istrator announced a new performance-based Global*
 24 *Accelerator to End TB, aimed at catalyzing invest-*
 25 *ments to meet the treatment target set by the United*

1 *Nations High-Level Meeting, further demonstrating*
 2 *the critical role that United States leadership and as-*
 3 *sistance plays in the fight to eliminate TB.*

4 *(14) It is essential to ensure that efforts among*
 5 *United States Government agencies, partner nations,*
 6 *international organizations, nongovernmental organi-*
 7 *zations, the private sector, and other actors are com-*
 8 *plementary and not duplicative in order to achieve*
 9 *the goal of ending the TB epidemic in all countries.*

10 **SEC. 3. UNITED STATES GOVERNMENT ACTIONS TO END**
 11 **TUBERCULOSIS.**

12 *Section 104B of the Foreign Assistance Act of 1961*
 13 *(22 U.S.C. 2151b–3) is amended to read as follows:*

14 **“SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

15 *“(a) FINDINGS.—Congress makes the following find-*
 16 *ings:*

17 *“(1) The international spread of tuberculosis (re-*
 18 *ferred to in this section as ‘TB’) and the deadly im-*
 19 *pact of TB’s continued existence constitutes a con-*
 20 *tinuing challenge.*

21 *“(2) Additional tools and resources are required*
 22 *to effectively diagnose, prevent, and treat TB.*

23 *“(3) Effectively resourced TB programs can serve*
 24 *as a critical platform for preventing and responding*
 25 *to future infectious respiratory disease pandemics.*

1 “(b) *POLICY.*—

2 “(1) *IN GENERAL.*—*It is a major objective of the*
 3 *foreign assistance program of the United States to*
 4 *help end the TB public health emergency through ac-*
 5 *celerated actions—*

6 “(A) *to support the diagnosis and treatment*
 7 *of all adults and children with all forms of TB;*
 8 *and*

9 “(B) *to prevent new TB infections from oc-*
 10 *curing.*

11 “(2) *SUPPORT FOR GLOBAL PLANS AND OBJEC-*
 12 *TIVES.*—*In countries in which the United States Gov-*
 13 *ernment has established foreign assistance programs*
 14 *under this Act, particularly in countries with the*
 15 *highest burden of TB and other countries with high*
 16 *rates of infection and transmission of TB, it is the*
 17 *policy of the United States—*

18 “(A) *to support the objectives of the World*
 19 *Health Organization End TB Strategy, includ-*
 20 *ing its goals—*

21 “(i) *to reduce TB deaths by 95 percent*
 22 *by 2035;*

23 “(ii) *to reduce the TB incidence rate*
 24 *by 90 percent by 2035; and*

1 “(iii) to reduce the number of families
 2 facing catastrophic health costs due to TB
 3 by 100 percent by 2035;

4 “(B) to support the Stop TB Partnership’s
 5 Global Plan to End TB 2023–2030, including by
 6 providing support for—

7 “(i) developing and using innovative
 8 new technologies and therapies to increase
 9 active case finding and rapidly diagnose
 10 and treat children and adults with all
 11 forms of TB, alleviate suffering, and ensure
 12 TB treatment completion;

13 “(ii) expanding diagnosis and treat-
 14 ment in line with the goals established by
 15 the Political Declaration of the High-Level
 16 Meeting of the General Assembly on the
 17 Fight Against Tuberculosis, including—

18 “(I) successfully treating
 19 40,000,000 people with active TB by
 20 2023, including 3,500,000 children,
 21 and 1,500,000 people with drug-resist-
 22 ant TB; and

23 “(II) diagnosing and treating la-
 24 tent tuberculosis infection, in support
 25 of the global goal of providing preven-

1 *tive therapy to at least 30,000,000 peo-*
 2 *ple by 2023, including 4,000,000 chil-*
 3 *dren younger than 5 years of age,*
 4 *20,000,000 household contacts of people*
 5 *affected by TB, and 6,000,000 people*
 6 *living with HIV;*

7 *“(iii) ensuring high-quality TB care*
 8 *by closing gaps in care cascades, imple-*
 9 *menting continuous quality improvement at*
 10 *all levels of care, and providing related pa-*
 11 *tient support; and*

12 *“(iv) sustainable procurements of TB*
 13 *commodities to avoid interruptions in sup-*
 14 *ply, the procurement of commodities of un-*
 15 *known quality, or payment of excessive*
 16 *commodity costs in countries impacted by*
 17 *TB;*

18 *“(C) ensure, to the greatest extent prac-*
 19 *ticable, that United States funding supports ac-*
 20 *tivities that simultaneously emphasize—*

21 *“(i) the development of comprehensive*
 22 *person-centered programs, including diag-*
 23 *nosis, treatment, and prevention strategies*
 24 *to ensure that—*

1 “(I) all people sick with TB re-
 2 ceive quality diagnosis and treatment
 3 through active case finding; and

4 “(II) people at high risk for TB
 5 infection are found and treated with
 6 preventive therapies in a timely man-
 7 ner;

8 “(ii) robust TB infection control prac-
 9 tices are implemented in all congregate set-
 10 tings, including hospitals and prisons;

11 “(iii) the deployment of diagnostic and
 12 treatment capacity—

13 “(I) in areas with the highest TB
 14 burdens; and

15 “(II) for highly at-risk and im-
 16 poverished populations, including pa-
 17 tient support services;

18 “(iv) program monitoring and evalua-
 19 tion based on critical TB indicators, includ-
 20 ing indicators relating to infection control,
 21 the numbers of patients accessing TB treat-
 22 ment and patient support services, and pre-
 23 ventative therapy for those at risk, includ-
 24 ing all close contacts, and treatment out-
 25 comes for all forms of TB;

1 “(v) training and engagement of health
 2 care workers on the use of new diagnostic
 3 tools and therapies as they become avail-
 4 able, and increased support for training
 5 frontline health care workers to support ex-
 6 panded TB active case finding, contact
 7 tracing, and patient support services;

8 “(vi) coordination with domestic agen-
 9 cies and organizations to support an ag-
 10 gressive research agenda to develop vaccines
 11 as well as new tools to diagnose, treat, and
 12 prevent TB globally;

13 “(vii) linkages with the private sector
 14 on—

15 “(I) research and development of
 16 a vaccine, and on new tools for diag-
 17 nosis and treatment of TB;

18 “(II) improving current tools for
 19 diagnosis and treatment of TB, includ-
 20 ing telehealth solutions for prevention
 21 and treatment; and

22 “(III) training healthcare profes-
 23 sionals on use of the newest and most
 24 effective diagnostic and therapeutic
 25 tools;

1 “(viii) the reduction of barriers to care,
2 including stigma and treatment and diag-
3 nosis costs, including through—

4 “(I) training health workers;

5 “(II) sensitizing policy makers;

6 “(III) requiring that all relevant
7 grants and funding agreements include
8 access and affordability provisions;

9 “(IV) supporting education and
10 empowerment campaigns for TB pa-
11 tients regarding local TB services;

12 “(V) monitoring barriers to ac-
13 cessing TB services; and

14 “(VI) increasing support for pa-
15 tient-led and community-led TB out-
16 reach efforts; and

17 “(ix) support for country-level, sus-
18 tainable accountability mechanisms and ca-
19 pacity to measure progress and ensure that
20 commitments made by governments and rel-
21 evant stakeholders are met.

22 “(c) *DEFINITIONS.*—In this section:

23 “(1) *APPROPRIATE CONGRESSIONAL COMMIT-*
24 *TEES.*—The term ‘appropriate congressional commit-
25 tees’ means the Committee on Foreign Relations of the

1 *Senate and the Committee on Foreign Affairs of the*
 2 *House of Representatives.*

3 “(2) *END TB STRATEGY.*—*The term ‘End TB*
 4 *Strategy’ means the strategy to eliminate TB that*
 5 *was approved by the World Health Assembly in May*
 6 *2014, and is described in ‘The End TB Strategy:*
 7 *Global Strategy and Targets for Tuberculosis Preven-*
 8 *tion, Care and Control After 2015’.*

9 “(3) *GLOBAL ALLIANCE FOR TUBERCULOSIS*
 10 *DRUG DEVELOPMENT.*—*The term ‘Global Alliance for*
 11 *Tuberculosis Drug Development’ means the public-*
 12 *private partnership that bring together leaders in*
 13 *health, science, philanthropy, and private industry to*
 14 *devise new approaches to TB.*

15 “(4) *GLOBAL TUBERCULOSIS DRUG FACILITY.*—
 16 *The term ‘Global Tuberculosis Drug Facility’ means*
 17 *the initiative of the Stop Tuberculosis Partnership to*
 18 *increase access to the most advanced, affordable, qual-*
 19 *ity-assured TB drugs and diagnostics.*

20 “(5) *MDR–TB.*—*The term ‘MDR–TB’ means*
 21 *multi-drug-resistant TB.*

22 “(6) *STOP TUBERCULOSIS PARTNERSHIP.*—*The*
 23 *term ‘Stop Tuberculosis Partnership’ means the part-*
 24 *nership of 1,600 organizations (including inter-*
 25 *national and technical organizations, government*

1 *programs, research and funding agencies, founda-*
 2 *tions, nongovernmental organizations, civil society*
 3 *and community groups, and the private sector), do-*
 4 *nors, including the United States, high TB burden*
 5 *countries, multilateral agencies, and nongovernmental*
 6 *and technical agencies, which is governed by the Stop*
 7 *TB Partnership Coordinating Board and hosted by a*
 8 *United Nations entity, committed to short- and long-*
 9 *term measures required to control and eventually*
 10 *eliminate TB as a public health problem in the world.*

11 *“(7) XDR–TB.—The term ‘XDR–TB’ means ex-*
 12 *tensively drug-resistant TB.*

13 *“(d) AUTHORIZATION.—To carry out this section, the*
 14 *President is authorized, consistent with section 104(c), to*
 15 *furnish assistance, on such terms and conditions as the*
 16 *President may determine, for the prevention, treatment,*
 17 *control, and elimination of TB.*

18 *“(e) GOALS.—In consultation with the appropriate*
 19 *congressional committees, the President shall establish*
 20 *goals, based on the policy and indicators described in sub-*
 21 *section (b), for—*

22 *“(1) United States TB programs to detect, cure,*
 23 *and prevent all forms of TB globally for the period*
 24 *between 2023 and 2030 that are aligned with the End*

1 *TB Strategy’s 2030 targets and the USAID’s Global*
 2 *Tuberculosis (TB) Strategy 2023-2030; and*

3 “(2) *updating the National Action Plan for*
 4 *Combating Multidrug-Resistant Tuberculosis.*

5 “(f) *COORDINATION.—*

6 “(1) *IN GENERAL.—In carrying out this section,*
 7 *the President shall coordinate with the World Health*
 8 *Organization, the Stop TB Partnership, the Global*
 9 *Fund to Fight AIDS, Tuberculosis, and Malaria, and*
 10 *other organizations with respect to the development*
 11 *and implementation of a comprehensive global TB re-*
 12 *sponse program.*

13 “(2) *BILATERAL ASSISTANCE.—In providing bi-*
 14 *lateral assistance under this section, the President,*
 15 *acting through the Administrator of the United States*
 16 *Agency for International Development, shall—*

17 “(A) *catalyze support for research and de-*
 18 *velopment of new tools to prevent, diagnose,*
 19 *treat, and control TB worldwide, particularly to*
 20 *reduce the incidence of, and mortality from, all*
 21 *forms of drug-resistant TB;*

22 “(B) *ensure United States programs and*
 23 *activities focus on finding individuals with ac-*
 24 *tive TB disease and provide quality diagnosis*
 25 *and treatment, including through digital health*

1 *solutions, and reaching those at high risk with*
 2 *preventive therapy; and*

3 “(C) *ensure coordination among relevant*
 4 *United States Government agencies, including*
 5 *the Department of State, the Centers for Disease*
 6 *Control and Prevention, the National Institutes*
 7 *of Health, the Biomedical Advanced Research*
 8 *and Development Authority, the Food and Drug*
 9 *Administration, the National Science Founda-*
 10 *tion, the Department of Defense (through its*
 11 *Congressionally Directed Medical Research Pro-*
 12 *grams), and other relevant Federal departments*
 13 *and agencies that engage in international TB*
 14 *activities—*

15 “(i) *to ensure accountability and*
 16 *transparency;*

17 “(ii) *to reduce duplication of efforts;*
 18 *and*

19 “(iii) *to ensure appropriate integra-*
 20 *tion and coordination of TB services into*
 21 *other United States-supported health pro-*
 22 *grams.*

23 “(g) *PRIORITY TO END TB STRATEGY.—In furnishing*
 24 *assistance under subsection (d), the President shall*
 25 *prioritize—*

1 “(1) *building and strengthening TB programs—*

2 “(A) *to increase the diagnosis and treat-*
3 *ment of everyone who is sick with TB; and*

4 “(B) *to ensure that such individuals have*
5 *access to quality diagnosis and treatment;*

6 “(2) *direct, high-quality integrated services for*
7 *all forms of TB, as described by the World Health Or-*
8 *ganization, which call for the coordination of active*
9 *case finding, treatment of all forms of TB disease and*
10 *infection, patient support, and TB prevention;*

11 “(3) *treating individuals co-infected with HIV*
12 *and other co-morbidities, and other individuals with*
13 *TB who may be at risk of stigma;*

14 “(4) *strengthening the capacity of health systems*
15 *to detect, prevent, and treat TB, including MDR–TB*
16 *and XDR–TB, as described in the latest international*
17 *guidance related to TB;*

18 “(5) *researching and developing innovative*
19 *diagnostics, drug therapies, and vaccines, and pro-*
20 *gram-based research;*

21 “(6) *support for the Stop Tuberculosis Partner-*
22 *ship’s Global Drug Facility, the Global Alliance for*
23 *Tuberculosis Drug Development, and other organiza-*
24 *tions promoting the development of new products and*
25 *drugs for TB; and*

1 “(7) ensuring that TB programs can serve as key
 2 platforms for supporting national respiratory pan-
 3 demic response against existing and new infectious
 4 respiratory disease.

5 “(h) ASSISTANCE FOR THE WORLD HEALTH ORGANI-
 6 ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—In
 7 carrying out this section, the President, acting through the
 8 Administrator of the United States Agency for Inter-
 9 national Development, is authorized—

10 “(1) to provide resources to the World Health
 11 Organization and the Stop Tuberculosis Partnership
 12 to improve the capacity of countries with high bur-
 13 dens or rates of TB and other affected countries to
 14 implement the End TB Strategy, the Stop TB Global
 15 Plan to End TB, their own national strategies and
 16 plans, other global efforts to control MDR–TB and
 17 XDR–TB; and

18 “(2) to leverage the contributions of other donors
 19 for the activities described in paragraph (1).

20 “(i) ANNUAL REPORT ON TB ACTIVITIES.—Not later
 21 than December 15 of each year until the earlier of the date
 22 on which the goals specified in subsection (b)(2)(A) are met
 23 or the last day of 2035, the President shall submit an an-
 24 nual report to the appropriate congressional committees

1 *that describes United States foreign assistance to control TB*
2 *and the impact of such efforts, including—*

3 “(1) *the number of individuals with active TB*
4 *disease that were diagnosed and treated, including the*
5 *rate of treatment completion and the number receiv-*
6 *ing patient support;*

7 “(2) *the number of persons with MDR–TB and*
8 *XDR–TB that were diagnosed and treated, including*
9 *the rate of completion, in countries receiving United*
10 *States bilateral foreign assistance for TB control pro-*
11 *grams;*

12 “(3) *the number of people trained by the United*
13 *States Government in TB surveillance and control;*

14 “(4) *the number of individuals with active TB*
15 *disease identified as a result of engagement with the*
16 *private sector and other nongovernmental partners in*
17 *countries receiving United States bilateral foreign as-*
18 *sistance for TB control programs;*

19 “(5) *a description of the collaboration and co-*
20 *ordination of United States anti-TB efforts with the*
21 *World Health Organization, the Stop TB Partner-*
22 *ship, the Global Fund to Fight AIDS, Tuberculosis*
23 *and Malaria, and other major public and private en-*
24 *tities;*

1 “(6) a description of the collaboration and co-
2 ordination among the United States Agency for Inter-
3 national Development and other United States de-
4 partments and agencies, including the Centers for
5 Disease Control and Prevention and the Office of the
6 Global AIDS Coordinator, for the purposes of com-
7 bating TB;

8 “(7) the constraints on implementation of pro-
9 grams posed by health workforce shortages, health sys-
10 tem limitations, barriers to digital health implemen-
11 tation, other challenges to successful implementation,
12 and strategies to address such constraints;

13 “(8) a breakdown of expenditures for patient
14 services supporting TB diagnosis, treatment, and pre-
15 vention, including procurement of drugs and other
16 commodities, drug management, training in diag-
17 nosis and treatment, health systems strengthening
18 that directly impacts the provision of TB services,
19 and research; and

20 “(9) for each country, and when practicable,
21 each project site receiving bilateral United States as-
22 sistance for the purpose of TB prevention, treatment,
23 and control—

24 “(A) a description of progress toward the
25 adoption and implementation of the most recent

1 *World Health Organization guidelines to im-*
 2 *prove diagnosis, treatment, and prevention of TB*
 3 *for adults and children, disaggregated by sex, in-*
 4 *cluding the proportion of health facilities that*
 5 *have adopted the latest World Health Organiza-*
 6 *tion guidelines on strengthening monitoring sys-*
 7 *tems and preventative, diagnostic, and thera-*
 8 *peutic methods, including the use of rapid diag-*
 9 *nostic tests and orally administered TB treat-*
 10 *ment regimens;*

11 *“(B) the number of individuals screened for*
 12 *TB disease and the number evaluated for TB in-*
 13 *fection using active case finding outside of health*
 14 *facilities;*

15 *“(C) the number of individuals with active*
 16 *TB disease that were diagnosed and treated, in-*
 17 *cluding the rate of treatment completion and the*
 18 *number receiving patient support;*

19 *“(D) the number of adults and children, in-*
 20 *cluding people with HIV and close contacts, who*
 21 *are evaluated for TB infection, the number of*
 22 *adults and children started on treatment for TB*
 23 *infection, and the number of adults and children*
 24 *completing such treatment, disaggregated by sex*
 25 *and, as possible, income or wealth quintile;*

1 “(E) the establishment of effective TB infec-
 2 tion control in all relevant congregant settings,
 3 including hospitals, clinics, and prisons;

4 “(F) a description of progress in imple-
 5 menting measures to reduce TB incidence, in-
 6 cluding actions—

7 “(i) to expand active case finding and
 8 contact tracing to reach vulnerable groups;
 9 and

10 “(ii) to expand TB preventive therapy,
 11 engagement of the private sector, and diag-
 12 nostic capacity;

13 “(G) a description of progress to expand di-
 14 agnosis, prevention, and treatment for all forms
 15 of TB, including in pregnant women, children,
 16 and individuals and groups at greater risk of
 17 TB, including migrants, prisoners, miners, peo-
 18 ple exposed to silica, and people living with
 19 HIV/AIDS, disaggregated by sex;

20 “(H) the rate of successful completion of TB
 21 treatment for adults and children, disaggregated
 22 by sex, and the number of individuals receiving
 23 support for treatment completion;

24 “(I) the number of people, disaggregated by
 25 sex, receiving treatment for MDR–TB, the pro-

1 *portion of those treated with the latest regimens*
 2 *endorsed by the World Health Organization, fac-*
 3 *tors impeding scale up of such treatment, and a*
 4 *description of progress to expand community-*
 5 *based MDR–TB care;*

6 *“(J) a description of TB commodity pro-*
 7 *curement challenges, including shortages,*
 8 *stockouts, or failed tenders for TB drugs or other*
 9 *commodities;*

10 *“(K) the proportion of health facilities with*
 11 *specimen referral linkages to quality diagnostic*
 12 *networks, including established testing sites and*
 13 *reference labs, to ensure maximum access and re-*
 14 *ferral for second line drug resistance testing, and*
 15 *a description of the turnaround time for test re-*
 16 *sults;*

17 *“(L) the number of people trained by the*
 18 *United States Government to deliver high-qual-*
 19 *ity TB diagnostic, preventative, monitoring,*
 20 *treatment, and care services;*

21 *“(M) a description of how supported activi-*
 22 *ties are coordinated with—*

23 *“(i) country national TB plans and*
 24 *strategies; and*

1 “(ii) *TB control efforts supported by*
 2 *the Global Fund to Fight AIDS, Tuber-*
 3 *culosis, and Malaria, and other inter-*
 4 *national assistance programs and funds, in-*
 5 *cluding in the areas of program develop-*
 6 *ment and implementation; and*

7 “(N) *for the first 3 years of the report re-*
 8 *quired under this subsection, a description of the*
 9 *progress in recovering from the negative impact*
 10 *of COVID–19 on TB, including—*

11 “(i) *whether there has been the develop-*
 12 *ment and implementation of a comprehen-*
 13 *sive plan to recover TB activities from di-*
 14 *version of resources;*

15 “(ii) *the continued use of bidirectional*
 16 *TB–COVID testing; and*

17 “(iii) *progress on increased diagnosis*
 18 *and treatment of active TB.*

19 “(j) *ANNUAL REPORT ON TB RESEARCH AND DEVEL-*
 20 *OPMENT.—The President, acting through the Administrator*
 21 *of the United States Agency for International Development,*
 22 *and in coordination with the National Institutes of Health,*
 23 *the Centers for Disease Control and Prevention, the Bio-*
 24 *medical Advanced Research and Development Authority,*
 25 *the Food and Drug Administration, the National Science*

1 *Foundation, and the Office of the Global AIDS Coordinator,*
 2 *shall submit an annual report to the appropriate congres-*
 3 *sional committees that—*

4 “(1) *describes the current progress and challenges*
 5 *to the development of new tools for the purpose of TB*
 6 *prevention, treatment, and control;*

7 “(2) *identifies critical gaps and emerging prior-*
 8 *ities for research and development, including for*
 9 *rapid and point-of-care diagnostics, shortened treat-*
 10 *ments and prevention methods, telehealth solutions for*
 11 *prevention and treatment, and vaccines; and*

12 “(3) *describes research investments by type,*
 13 *funded entities, and level of investment.*

14 “(k) *EVALUATION REPORT.—Not later than 2 years*
 15 *after the date of the enactment of the End Tuberculosis Now*
 16 *Act of 2022, and every 5 years thereafter until the last day*
 17 *of 2035, the Comptroller General of the United States shall*
 18 *submit a report to the appropriate congressional committees*
 19 *that evaluates the performance and impact on TB preven-*
 20 *tion, diagnosis, treatment, and care efforts that are sup-*
 21 *ported by United States bilateral assistance funding, in-*
 22 *cluding recommendations for improving such programs.”.*

Calendar No. 601

117TH CONGRESS
2D Session

S. 3386

A BILL

To prevent, treat, and cure tuberculosis globally.

DECEMBER 7, 2022

Reported with an amendment