

116TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To prevent, treat, and cure tuberculosis globally.

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice  
and referred to the Committee on \_\_\_\_\_

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## **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 2019”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Tuberculosis is a preventable, treatable and  
9 curable airborne infection; however more than 25  
10 years after the World Health Organization declared  
11 tuberculosis a public health emergency and called on  
12 countries to make scaling up tuberculosis control a

1 priority, tuberculosis still kills more people world-  
2 wide than any other infectious disease, and is the  
3 leading killer of people living with HIV/AIDS.

4 (2) In 2017, 10,000,000 people became ill with  
5 tuberculosis, 10 percent of whom were children, and  
6 1,600,000 people died from the disease. In order to  
7 achieve the goals of the World Health Organization  
8 End TB Strategy by 2035, new tools must be devel-  
9 oped and made available.

10 (3) Over one-third of people who become ill with  
11 tuberculosis may be undiagnosed, misdiagnosed, or  
12 treated but not reported, resulting in unnecessary  
13 illness, communicable infections, and increased mor-  
14 tality.

15 (4) Failure to properly treat tuberculosis can  
16 cause treatment failure and death, and exacerbates  
17 antimicrobial resistance, increasing multi-drug-re-  
18 sistant tuberculosis (MDR-TB) and extensively  
19 drug-resistant tuberculosis (XDR-TB), which are  
20 significantly costlier and more difficult to treat than  
21 drug-sensitive tuberculosis and can also be trans-  
22 mitted from person-to-person, increasing the likeli-  
23 hood that drug-resistant tuberculosis will spread to  
24 new geographic areas.

1           (5) Globally, only about half of the  
2           \$13,000,000,000 required annually as outlined in  
3           the Stop TB Partnership’s Global Plan to End TB  
4           for tuberculosis prevention, diagnosis, and treatment  
5           is currently available.

6           (6) There is an annual \$1,300,000,000 gap in  
7           funding needed for the development of vaccines, ad-  
8           ditional rapid, point-of-care diagnostic tests, and  
9           shorter, less toxic treatments which would facilitate  
10          patient adherence to treatment regimens, reduce  
11          program costs, and mitigate the growing threat of  
12          drug-resistant tuberculosis. The United States Gov-  
13          ernment continues to be a lead funder of global tu-  
14          berculosis research and development, contributing 40  
15          percent of the total \$772,000,000 in global funding  
16          in 2017, and can catalyze more investments from  
17          other countries.

18          (7) The rate of new cases of tuberculosis in  
19          countries that receive United States bilateral assist-  
20          ance for tuberculosis prevention, treatment, and con-  
21          trol has fallen by one quarter since 2000 dem-  
22          onstrating the effectiveness of United States pro-  
23          grams and activities.

24          (8) In September 2018, United Nations Mem-  
25          ber States in the first United National High Level

1 Meeting on Tuberculosis committed to “ending the  
2 epidemic in all countries, and pledge[d] to provide  
3 leadership and to work together to accelerate our na-  
4 tional and global collective actions, investments and  
5 innovations urgently to fight this preventable and  
6 treatable disease,” as reflected in United Nations  
7 General Assembly Resolution A/RES/73/3.

8 (9) On September 26, 2018, the United Na-  
9 tions convened the first High Level Meeting on Tu-  
10 berculosis, where 120 countries signed a Political  
11 Declaration to accelerate progress against tuber-  
12 culosis, including commitments to increase funding  
13 for tuberculosis control and research and develop-  
14 ment programs, as well as ambitious goals to suc-  
15 cessfully treat 40,000,000 people with tuberculosis  
16 and prevent at least 30,000,000 becoming ill be-  
17 tween 2018 and 2022.

18 (10) On September 26, 2018, the Administrator  
19 for the United States Agency for International De-  
20 velopment (USAID) announced a new business  
21 model to support the fight to end tuberculosis (TB).  
22 Through \$30,000,000 in funding and a new per-  
23 formance-based Global Accelerator to End TB,  
24 USAID will catalyze investments to meet the target  
25 set by the United Nations High-Level Meeting on

1 tuberculosis of treating 40,000,000 people with the  
2 disease by 2022. The Accelerator will increase sup-  
3 port to governments and local partners as part of a  
4 multisectoral approach to ending tuberculosis.

5 (11) It is essential that existing funding for tu-  
6 berculosis programs be allocated prudently, and with  
7 an emphasis on coordination, to ensure that efforts  
8 among United States agencies, partner nations,  
9 international organizations, nongovernmental organi-  
10 zations, both faith-based and non-faith-based, the  
11 private sector and other actors are complementary  
12 and not duplicative. Improved data on tuberculosis,  
13 access to services, accountability, and program qual-  
14 ity can help ensure funding gets to where it is most  
15 needed.

16 (12) If progress does not accelerate, the global  
17 tuberculosis epidemic, particularly increasing cases  
18 of MDR-TB and XDR-TB, where many cases are  
19 not curable and vastly more costly to treat, could  
20 erase decades of progress in global efforts to end  
21 both tuberculosis and HIV/AIDS, much of which has  
22 been achieved with United States investment.

1 **SEC. 3. UNITED STATES GOVERNMENT ACTIONS TO END**  
2 **TUBERCULOSIS.**

3 Section 104B of the Foreign Assistance Act of 1961  
4 (22 U.S.C. 2151b–3(g)) is amended by striking sub-  
5 sections (a) through (h) and inserting the following new  
6 subsections:

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

9 “(1) Congress recognizes the continuing chal-  
10 lenge of the international tuberculosis epidemic and  
11 the deadly impact of its continued existence.

12 “(2) The means exist to detect, treat, prevent,  
13 and cure tuberculosis to a large extent, but not  
14 enough to ensure ending it, due to inadequate means  
15 of diagnosis, prevention, and treatment.

16 “(3) Absent accelerated efforts to address tu-  
17 berculosis and increased domestic mobilization of re-  
18 sources from high-burden tuberculosis countries, tar-  
19 gets set forth in the End TB Strategy will not be  
20 met.

21 “(b) POLICY.—It is a major objective of the foreign  
22 assistance program of the United States to help end the  
23 global tuberculosis epidemic through actions to diagnose  
24 and treat all adults and children with all forms of tuber-  
25 culosis, including tuberculosis infection, and to prevent  
26 new tuberculosis infections in adults and children. In all

1 countries in which the United States Government has es-  
2 tablished development programs, particularly in countries  
3 with the highest burden of tuberculosis and other coun-  
4 tries with high rates of tuberculosis, it is the policy of the  
5 United States to—

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

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

10 “(B) reduce by 90 percent the tuberculosis  
11 incidence rate by 2035; and

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

15 “(2) support the Stop TB Partnership’s Global  
16 Plan to End TB 2016–2020, including support  
17 for—

18 “(A) development and use of innovative  
19 new technologies and therapies to increase ac-  
20 tive case finding to rapidly diagnose and treat  
21 children and adults with all forms of tuber-  
22 culosis, alleviate suffering, and ensure tuber-  
23 culosis treatment completion;

24 “(B) the diagnosis and treatment of latent  
25 tuberculosis infection, in support of the global

1 goal of providing preventive therapy to at least  
2 30,000,000 people, including 4,000,000 children  
3 under five years of age, 20,000,000 household  
4 contacts of people affected by tuberculosis, and  
5 6,000,000 people living with HIV, by 2022;

6 “(C) steps to ensure high quality tuber-  
7 culosis care by closing gaps in care cascades,  
8 implementing continuous quality improvement  
9 at all levels of care, and providing patient sup-  
10 port; and

11 “(D) sustainable procurement of tuber-  
12 culosis commodities, to avoid interruptions in  
13 supply, procurement of commodities of un-  
14 known quality, or payment of excessive com-  
15 modity costs in countries impacted by tuber-  
16 culosis;

17 “(3) ensure United States funding supports ac-  
18 tivities that simultaneously emphasize—

19 “(A) the development of comprehensive  
20 person-centered programs which include diag-  
21 nosis, treatment, and prevention strategies to  
22 ensure that those at high risk for infection are  
23 found and treated with preventive therapies in  
24 a timely manner;



1           “(B) robust tuberculosis infection control  
2 practices in all congregate settings, including  
3 hospitals and prisons;

4           “(C) the deployment of diagnostic and  
5 treatment capacity in areas with the highest tu-  
6 bereculosis burdens, as well as for highly at-risk  
7 and impoverished populations, including patient  
8 support;

9           “(D) program monitoring and evaluation  
10 based on critical tuberculosis indicators, includ-  
11 ing infection control, the numbers of patients  
12 accessing tuberculosis treatment, along with pa-  
13 tient support, and preventative therapy for  
14 those at risk, including all close contacts, as  
15 well as treatment completion for all forms of tu-  
16 bereculosis;

17           “(E) training health care workers on the  
18 use of new diagnostic tools and therapies as  
19 they become available;

20           “(F) coordination with domestic agencies  
21 on an aggressive research agenda to develop  
22 vaccines as well as new tools to diagnose, treat,  
23 and prevent tuberculosis globally;

24           “(G) linkages with the private sector on  
25 improved diagnosis and treatment of tuber-

1           culosis, training for healthcare professionals on  
2           use of the most effective diagnostic and thera-  
3           peutic tools, and research in the areas of vac-  
4           cine development as well as the development of  
5           therapeutics and diagnostic tools;

6           “(H) efforts to address barriers to patients  
7           seeking care including stigma and costs related  
8           to diagnosis and treatment;

9           “(I) efforts to address human rights-re-  
10          lated barriers to tuberculosis services, includ-  
11          ing—

12                   “(i) training health workers;

13                   “(ii) sensitizing policy makers;

14                   “(iii) legal literacy and patient em-  
15                   powerment campaigns;

16                   “(iv) strengthening legal services; and

17                   “(v) monitoring laws and policies; and

18           “(J) the establishment of independent ac-  
19           countability mechanisms and inclusive country  
20           level systems to measure progress and ensure  
21           that commitments made by governments and  
22           relevant stakeholders are met.

23           “(c) AUTHORIZATION.—To carry out this section and  
24           consistent with section 104(c), the President is authorized  
25           to furnish assistance, on such terms and conditions as the

1 President may determine, for the prevention, treatment,  
2 control, and elimination of tuberculosis.

3 “(d) GOALS.—In consultation with the appropriate  
4 congressional committees, the President shall establish  
5 new goals for United States efforts, based on the policy  
6 and indicators described in subsection (b), to reach, cure,  
7 and prevent all forms of tuberculosis globally over the 5-  
8 year period following the date of the enactment of this  
9 subsection by updating the United States Government Tu-  
10 berculosis Strategy (2015–2019) and the National Action  
11 Plan for Combatting Multidrug-Resistant Tuberculosis.

12 “(e) COORDINATION.—

13 “(1) IN GENERAL.—In carrying out this sec-  
14 tion, the President shall coordinate with the World  
15 Health Organization, the Stop TB Partnership, the  
16 Global Fund to Fight AIDS, Tuberculosis, and Ma-  
17 laria, and other organizations with respect to the de-  
18 velopment and implementation of a comprehensive  
19 tuberculosis response program.

20 “(2) BILATERAL ASSISTANCE.—In providing bi-  
21 lateral assistance under this section, the President,  
22 acting through the Administrator of the United  
23 States Agency for International Development,  
24 shall—

1           “(A) coordinate and catalyze intensified  
2 international tuberculosis research and develop-  
3 ment, prevention, diagnosis, treatment, and  
4 control efforts, particularly to reduce the inci-  
5 dence of, and mortality from, all forms of drug  
6 resistant tuberculosis; and

7           “(B) ensure coordination among relevant  
8 United States Government agencies and pro-  
9 grams, including the Centers for Disease Con-  
10 trol and Prevention, the National Institutes of  
11 Health, the Biomedical Advanced Research and  
12 Development Authority, the Food and Drug Ad-  
13 ministration, the National Science Foundation,  
14 the Department of Defense Congressionally Di-  
15 rected Medical Research Program, and the  
16 President’s Emergency Plan for AIDS Relief  
17 (PEPFAR), that engage in international tuber-  
18 culosis activities to ensure accountability and  
19 transparency, reduce duplication of efforts, en-  
20 sure equitable shares in domestic expenditure  
21 and advancement on research and development,  
22 and ensure appropriate integration and coordi-  
23 nation of tuberculosis services into other United  
24 States-supported health programs.

1       “(f) PRIORITY TO END TB STRATEGY.—In fur-  
2 nishing assistance under subsection (b), the President  
3 shall give priority to—

4               “(1) direct, high-quality services for all forms of  
5 tuberculosis described in international policies and  
6 guidelines, with a preference for programs that im-  
7 plement a coordinated package of active case find-  
8 ing, treatment of all forms of tuberculosis disease  
9 and infection, patient support and tuberculosis pre-  
10 vention;

11               “(2) individuals infected with both tuberculosis  
12 and HIV, and other co-morbidities, treatment for in-  
13 dividuals with MDR–TB, XDR–TB, strengthening  
14 of health systems, use of the latest International  
15 Standards for Tuberculosis Care by all providers,  
16 and empowering individuals with tuberculosis;

17               “(3) enabling and promoting tuberculosis re-  
18 search to develop innovative new diagnostics, drug  
19 therapies, and vaccines, and program-based oper-  
20 ational research; and

21               “(4) funding for the Stop Tuberculosis Partner-  
22 ship’s Global Drug Facility the Stop Tuberculosis  
23 Partnership, and the Global Alliance for Tuber-  
24 culosis Drug Development.

1           “(g) ASSISTANCE FOR THE WORLD HEALTH ORGA-  
2 NIZATION AND THE STOP TUBERCULOSIS PARTNER-  
3 SHIP.—In carrying out this section, the President, acting  
4 through the Administrator of the United States Agency  
5 for International Development, is authorized to provide in-  
6 creased resources to the World Health Organization and  
7 the Stop Tuberculosis Partnership to improve the capacity  
8 of countries with high rates of tuberculosis and other af-  
9 fected countries to implement the Stop Tuberculosis Strat-  
10 egy and specific strategies related to addressing MDR-  
11 TB and XDR-TB.

12           “(h) ANNUAL REPORT ON TUBERCULOSIS ACTIVI-  
13 TIES.—The President shall submit an annual report to  
14 Congress that describes the impact of United States for-  
15 eign assistance on efforts to control tuberculosis, includ-  
16 ing—

17                   “(1) the number of people with active tuber-  
18 culosis and the number with tuberculosis infection  
19 diagnosed and treated, including the rate of treat-  
20 ment completion and the number receiving patient  
21 support, in countries receiving United States bilat-  
22 eral foreign assistance for tuberculosis control pur-  
23 poses;

24                   “(2) the number of persons who have been di-  
25 agnosed and started treatment for MDR-TB and

1 XDR–TB in countries receiving United States bilat-  
2 eral foreign assistance for tuberculosis control pro-  
3 grams;

4 “(3) a description of the collaboration and co-  
5 ordination of United States anti-tuberculosis efforts  
6 with the World Health Organization, the Global  
7 Fund, and other major public and private entities;

8 “(4) a description of the collaboration and co-  
9 ordination among the United States Agency for  
10 International Development and other United States  
11 agencies, including the Centers for Disease Control  
12 and the Office of the Global AIDS Coordinator, for  
13 the purposes of combatting tuberculosis;

14 “(5) the constraints on implementation of pro-  
15 grams posed by health workforce shortages, health  
16 system limitations, and other capacities;

17 “(6) the numbers of people trained by the  
18 United States Government in tuberculosis surveil-  
19 lance and control;

20 “(7) a breakdown of expenditures for direct pa-  
21 tient tuberculosis services, drugs and other commod-  
22 ities, drug management, training in diagnosis and  
23 treatment, health systems strengthening, research,  
24 and support costs; and

1           “(8) for each country receiving bilateral United  
2 States assistance for the purpose of tuberculosis pre-  
3 vention, treatment, and control—

4           “(A) a description of progress to adopt and  
5 implement the most recent World Health Orga-  
6 nization guidelines to improve diagnosis, treat-  
7 ment, and prevention of tuberculosis for adults  
8 and children, disaggregated by sex, including  
9 the proportion of health facilities which have  
10 adopted the latest WHO guidelines on strength-  
11 ening surveillance systems and preventative, di-  
12 agnostic, and therapeutic methods, including  
13 the use of rapid diagnostic tests and orally ad-  
14 ministered TB treatment regimens;

15           “(B) the rate of tuberculosis incidence for  
16 adults and children, disaggregated by sex, and  
17 a description of progress in implementing meas-  
18 ures to reduce incidence, including the number  
19 of adults and children receiving tuberculosis  
20 preventive therapy, including people with HIV  
21 and all close contacts, disaggregated by sex,  
22 and the establishment of effective tuberculosis  
23 infection control in all congregant settings, in-  
24 cluding hospitals, clinics, and prisons;



1           “(C) a description of progress to expand  
2           diagnosis, prevention, and treatment for all  
3           forms of tuberculosis, including in pregnant  
4           women, children, and other high-risk groups  
5           who are vulnerable or in vulnerable situations,  
6           such as migrants, prisoners, miners, and others  
7           exposed to silica, and people living with HIV/  
8           AIDS, disaggregated by sex;

9           “(D) the rate of successful completion of  
10          tuberculosis treatment for adults and children,  
11          disaggregated by sex, and the number of pa-  
12          tients receiving support for treatment comple-  
13          tion;

14          “(E) the number of people, disaggregated  
15          by sex, receiving treatment for MDR-TB, the  
16          proportion of those treated with the latest regi-  
17          mens endorsed by the World Health Organiza-  
18          tion, any factors impeding scale up of such  
19          treatment, and a description of progress to ex-  
20          pand community-based MDR-TB care;

21          “(F) a description of tuberculosis com-  
22          modity procurement challenges, including short-  
23          ages, stockouts, or failed tenders for tuber-  
24          culosis drugs or other commodities;

1           “(G) the proportion of health facilities with  
2           specimen referral linkages to GeneXpert testing  
3           sites, and to reference labs for second line drug  
4           resistance testing, and a description of the  
5           turnaround time for test results;

6           “(H) the number of people trained by the  
7           United States Government to deliver high-quality  
8           tuberculosis surveillance, laboratory services,  
9           prevention, treatment, and care;

10           “(I) a description of activities that serve to  
11           coordinate and leverage countries’ domestic re-  
12           sources, including development of plans, proce-  
13           dures, and disease estimates that support effec-  
14           tive use of resources from the Global Fund to  
15           Fight AIDS, Tuberculosis, and Malaria; and

16           “(J) the full text of any Statement of  
17           Partnership agreed to by the ministry of health  
18           and the United States Agency for International  
19           Development to establish a shared framework  
20           combatting tuberculosis.

21           “(i) ANNUAL REPORT ON TUBERCULOSIS RESEARCH  
22           AND DEVELOPMENT.—The President, acting through the  
23           Administrator of the United States Agency for Inter-  
24           national Development, shall submit to Congress an annual  
25           report, to be prepared in coordination with the National

1 Institutes of Health, the Centers for Disease Control and  
2 Prevention, the Biomedical Advanced Research and Devel-  
3 opment Authority (BARDA), the Food and Drug Admin-  
4 istration, the National Science Foundation, the Depart-  
5 ment of Defense Congressionally Directed Medical Re-  
6 search Program, and the President’s Emergency Plan for  
7 AIDS Relief (PEPFAR)—

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

11           “(2) identifying critical gaps and emerging pri-  
12           orities for research and development, including for  
13           rapid and point-of-care diagnostics, shortened treat-  
14           ments and prevention methods, and vaccines; and

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

17           “(j) EVALUATION REPORT.—

18           “(1) IN GENERAL.—Not later than one year  
19           after the date of the enactment of this subsection,  
20           and every 5 years thereafter, the Comptroller Gen-  
21           eral of the United States shall submit to the Admin-  
22           istrator of the United States Agency for Inter-  
23           national Development and the appropriate congres-  
24           sional committees a report that evaluates the per-  
25           formance and impact on tuberculosis prevention, di-

1       agnosis, treatment, and care efforts that are sup-  
2       ported by United States bilateral assistance funding,  
3       including recommendations for improving such pro-  
4       grams.

5               “(2) FORM.—The report required under para-  
6       graph (1) shall be submitted in unclassified form,  
7       but may contain a classified annex if necessary.

8               “(3) PUBLIC AVAILABILITY.—The Comptroller  
9       General shall publish the unclassified portion of the  
10       report required under paragraph (1) on a publicly  
11       available website of the Government Accountability  
12       Office.

13       “(k) 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       of the Senate and the Committee on Foreign Affairs  
18       of the House of Representatives.

19               “(2) GLOBAL ALLIANCE FOR TUBERCULOSIS  
20       DRUG DEVELOPMENT.—The term ‘Global Alliance  
21       for Tuberculosis Drug Development’ means the pub-  
22       lic-private partnership that bring together leaders in  
23       health, science, philanthropy, and private industry to  
24       devise new approaches to tuberculosis.

1           “(3) GLOBAL TUBERCULOSIS DRUG FACIL-  
2           ITY.—The term ‘Global Tuberculosis Drug Facility  
3           (GDF)’ means the initiative of the Stop Tuber-  
4           culosis Partnership to increase access to the most  
5           advanced, affordable, quality-assured tuberculosis  
6           drugs and diagnostics.

7           “(4) END TB STRATEGY.—The term ‘End TB  
8           Strategy’ means the strategy to eliminate tuber-  
9           culosis approved by the World Health Assembly in  
10          May 2014, which is described in The End TB Strat-  
11          egy: Global Strategy and Targets for Tuberculosis  
12          Prevention, Care and Control after 2015.

13          “(5) STOP TUBERCULOSIS PARTNERSHIP.—The  
14          term ‘Stop Tuberculosis Partnership’ means the  
15          partnership of the United Nations Office for Project  
16          Services, donors including the United States, high  
17          tuberculosis burden countries, multilateral agencies,  
18          and nongovernmental and technical agencies com-  
19          mitted to short- and long-term measures required to  
20          control and eventually eliminate tuberculosis as a  
21          public health problem in the world.”.