

118TH CONGRESS  
1ST SESSION

# H. R. 1776

To prevent, treat, and cure tuberculosis globally.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 24, 2023

Mr. BERA (for himself, Ms. SALAZAR, Mr. SHERMAN, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Foreign Affairs

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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 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Tuberculosis (referred to in the Act as  
9 “TB”) is a preventable, treatable, and curable dis-  
10 ease, yet more than 25 years after the World Health  
11 Organization declared it to be a public health emer-

1 agency and called on countries to make scaling up TB  
2 control a priority, TB remains a deadly health  
3 threat.

4 (2) In 2021 alone, an estimated 10,600,000  
5 people became ill with TB, 11 percent of whom were  
6 children, and an estimated 1,600,000 of these people  
7 died from the illness. In order to achieve by 2035  
8 the goals of the Political Declaration of the High-  
9 Level Meeting of the General Assembly on the Fight  
10 Against Tuberculosis, adopted by the United Na-  
11 tions General Assembly October 10, 2018, and of  
12 the World Health Organization End TB Strategy,  
13 adopted by the World Health Assembly in 2014, new  
14 and existing tools must be developed and scaled-up.

15 (3) More than  $\frac{1}{3}$  of people who become ill with  
16 TB may be undiagnosed or misdiagnosed, resulting  
17 in unnecessary illness, communicable infections, and  
18 increased mortality.

19 (4) Since March 2020, the COVID–19 pan-  
20 demic has severely disrupted TB responses in low-  
21 and middle-income countries, stalling and reversing  
22 years of progress made against TB. According to the  
23 World Health Organization, from 2019 to 2020—

24 (A) global detection of TB dropped by 18  
25 percent;

1 (B) an estimated 1,300,000 fewer people  
2 were diagnosed and enrolled on TB treatment;  
3 and

4 (C) in some countries, TB case notifica-  
5 tions dropped by up to 41 percent, setting  
6 progress back by up to 12 years.

7 (5) Failure to properly diagnose and treat TB  
8 can lead to death, can exacerbate antimicrobial re-  
9 sistance (a key contributor to rising cases of multi-  
10 drug-resistant TB and extensively drug-resistant  
11 TB), and can increase the probability of the intro-  
12 duction of resistant TB into new geographic areas.

13 (6) TB programs have played a central role in  
14 responding to COVID–19, including through  
15 leveraging the expertise of medical staff with exper-  
16 tise in TB and lung diseases, the repurposing of TB  
17 hospitals, and the use of the TB rapid molecular  
18 testing platforms and x-ray equipment for multiple  
19 purposes, including the treatment of COVID–19.

20 (7) With sufficient resourcing, TB program ex-  
21 pertise, infection control, laboratory capacity, active  
22 case finding, and contact investigation can serve as  
23 platforms for respiratory pandemic response against  
24 existing and new infectious respiratory disease with-  
25 out disrupting ongoing TB programs and activities.

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

5           (9) According to estimates by the Global Fund  
6           for AIDS, Tuberculosis, and Malaria, an additional  
7           \$3,500,000,000 was needed during 2021 for TB  
8           programs in eligible countries in order to recover  
9           from the negative impacts of COVID–19.

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

14                 (A) signed a Political Declaration to accel-  
15                 erate progress against TB, including through  
16                 commitments to increase funding for TB pre-  
17                 vention, diagnosis, treatment, and research and  
18                 development programs, and to set ambitious  
19                 goals to successfully treat 40,000,000 people  
20                 with active TB and prevent at least 30,000,000  
21                 from becoming ill with TB between 2018 and  
22                 2022; and

23                 (B) committed to “ending the epidemic in  
24                 all countries, and pledge[d] to provide leader-  
25                 ship and to work together to accelerate our na-

1           tional and global collective actions, investments  
2           and innovations urgently to fight this prevent-  
3           able and treatable disease”, as reflected in  
4           United Nations General Assembly Resolution  
5           73/3.

6           (11) The United States Government continues  
7           to be a lead funder of global TB research and devel-  
8           opment, contributing 44 percent of the total  
9           \$915,000,000 in global funding in 2020, and can  
10          catalyze more investments from other countries.

11          (12) Working with governments and partners  
12          around the world, USAID’s TB programming has  
13          saved an estimated 74,000,000 lives, demonstrating  
14          the effectiveness of United States programs and ac-  
15          tivities against the illness.

16          (13) On September 26, 2018, the USAID Ad-  
17          ministrator announced a new performance-based  
18          Global Accelerator to End TB, aimed at catalyzing  
19          investments to meet the treatment target set by the  
20          United Nations High-Level Meeting, further dem-  
21          onstrating the critical role that United States leader-  
22          ship and assistance plays in the fight to eliminate  
23          TB.

24          (14) It is essential to ensure that efforts among  
25          United States Government agencies, partner nations,

1 international organizations, nongovernmental organi-  
2 zations, the private sector, and other actors are com-  
3 plementary and not duplicative in order to achieve  
4 the goal of ending the TB epidemic in all countries.

5 **SEC. 3. UNITED STATES GOVERNMENT ASSISTANCE TO**  
6 **COMBAT TUBERCULOSIS.**

7 Section 104B of the Foreign Assistance Act of 1961  
8 (22 U.S.C. 2151b–3) is amended to read as follows:

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

10 “(a) FINDINGS.—Congress makes the following find-  
11 ings:

12 “(1) The international spread of tuberculosis  
13 (referred to in this section as ‘TB’) and the deadly  
14 impact of TB’s continued existence constitutes a  
15 continuing challenge.

16 “(2) Additional tools and resources are required  
17 to effectively diagnose, prevent, and treat TB.

18 “(3) Effectively resourced TB programs can  
19 serve as a critical platform for preventing and re-  
20 sponding to future infectious respiratory disease  
21 pandemics.

22 “(b) POLICY.—

23 “(1) IN GENERAL.—It is a major objective of  
24 the foreign assistance program of the United States

1 to help end the TB public health emergency through  
2 accelerated actions—

3 “(A) to support the diagnosis and treat-  
4 ment of all adults and children with all forms  
5 of TB; and

6 “(B) to prevent new TB infections from  
7 occurring.

8 “(2) SUPPORT FOR GLOBAL PLANS AND OBJEC-  
9 TIVES.—In countries in which the United States  
10 Government has established foreign assistance pro-  
11 grams under this Act, particularly in countries with  
12 the highest burden of TB and other countries with  
13 high rates of infection and transmission of TB, it is  
14 the policy of the United States—

15 “(A) to support the objectives of the World  
16 Health Organization End TB Strategy, includ-  
17 ing its goals—

18 “(i) to reduce TB deaths by 95 per-  
19 cent by 2035;

20 “(ii) to reduce the TB incidence rate  
21 by 90 percent by 2035; and

22 “(iii) to reduce the number of families  
23 facing catastrophic health costs due to TB  
24 by 100 percent by 2035;

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

4                   “(i) developing and using innovative  
5                   new technologies and therapies to increase  
6                   active case finding and rapidly diagnose  
7                   and treat children and adults with all  
8                   forms of TB, alleviate suffering, and en-  
9                   sure TB treatment completion;

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

15                           “(I)       successfully       treating  
16                           40,000,000 people with active TB by  
17                           2023, including 3,500,000 children,  
18                           and 1,500,000 people with drug-re-  
19                           sistant TB; and

20                           “(II) diagnosing and treating la-  
21                           tent tuberculosis infection, in support  
22                           of the global goal of providing preven-  
23                           tive therapy to at least 30,000,000  
24                           people by 2023, including 4,000,000  
25                           children younger than 5 years of age,



1                   20,000,000 household contacts of peo-  
2                   ple affected by TB, and 6,000,000  
3                   people living with HIV;

4                   “(iii) ensuring high-quality TB care  
5                   by closing gaps in care cascades, imple-  
6                   menting continuous quality improvement  
7                   at all levels of care, and providing related  
8                   patient support; and

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

15                  “(C) to ensure, to the greatest extent prac-  
16                  ticable, that United States funding supports ac-  
17                  tivities that simultaneously emphasize—

18                  “(i) the development of comprehensive  
19                  person-centered programs, including diag-  
20                  nosis, treatment, and prevention strategies  
21                  to ensure that—

22                  “(I) all people sick with TB re-  
23                  ceive quality diagnosis and treatment  
24                  through active case finding; and

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

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

8                   “(iii) the deployment of diagnostic  
9                   and treatment capacity—

10                   “(I) in areas with the highest TB  
11                   burdens; and

12                   “(II) for highly at-risk and im-  
13                   poverished populations, including pa-  
14                   tient support services;

15                   “(iv) program monitoring and evalua-  
16                   tion based on critical TB indicators, in-  
17                   cluding indicators relating to infection con-  
18                   trol, the numbers of patients accessing TB  
19                   treatment and patient support services,  
20                   and preventative therapy for those at risk,  
21                   including all close contacts, and treatment  
22                   outcomes for all forms of TB;

23                   “(v) training and engagement of  
24                   health care workers on the use of new di-  
25                   agnostic tools and therapies as they be-

1           come available, and increased support for  
2           training frontline health care workers to  
3           support expanded TB active case finding,  
4           contact tracing, and patient support serv-  
5           ices;

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

11          “(vii) linkages with the private sector  
12          on—

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

16                 “(II) improving current tools for  
17                 diagnosis and treatment of TB, in-  
18                 cluding telehealth solutions for pre-  
19                 vention and treatment; and

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

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

4                   “(I) training health workers;

5                   “(II) sensitizing policy makers;

6                   “(III) requiring that all relevant  
7           grants and funding agreements in-  
8           clude access and affordability provi-  
9           sions;

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

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

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

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

23                  “(x) support for the integration of TB  
24           diagnosis, treatment, and prevention activi-

1           ties into primary health care, as appro-  
2           priate.

3           “(c) DEFINITIONS.—In this section:

4           “(1) APPROPRIATE CONGRESSIONAL COMMIT-  
5           TEES.—The term ‘appropriate congressional com-  
6           mittees’ means the Committee on Foreign Relations  
7           of the Senate and the Committee on Foreign Affairs  
8           of the House of Representatives.

9           “(2) END TB STRATEGY.—The term ‘End TB  
10          Strategy’ means the strategy to eliminate TB that  
11          was approved by the World Health Assembly in May  
12          2014, and is described in ‘The End TB Strategy:  
13          Global Strategy and Targets for Tuberculosis Pre-  
14          vention, Care and Control After 2015’.

15          “(3) GLOBAL ALLIANCE FOR TUBERCULOSIS  
16          DRUG DEVELOPMENT.—The term ‘Global Alliance  
17          for Tuberculosis Drug Development’ means the pub-  
18          lic-private partnership that bring together leaders in  
19          health, science, philanthropy, and private industry to  
20          devise new approaches to TB.

21          “(4) GLOBAL TUBERCULOSIS DRUG FACIL-  
22          ITY.—The term ‘Global Tuberculosis Drug Facility’  
23          means the initiative of the Stop Tuberculosis Part-  
24          nership to increase access to the most advanced, af-  
25          fordable, quality-assured TB drugs and diagnostics.

1           “(5) MDR–TB.—The term ‘MDR–TB’ means  
2 multi-drug-resistant TB.

3           “(6) STOP TUBERCULOSIS PARTNERSHIP.—The  
4 term ‘Stop Tuberculosis Partnership’ means the  
5 partnership of 1,600 organizations (including inter-  
6 national and technical organizations, government  
7 programs, research and funding agencies, founda-  
8 tions, nongovernmental organizations, civil society  
9 and community groups, and the private sector), do-  
10 nors, including the United States, high TB burden  
11 countries, multilateral agencies, and nongovern-  
12 mental and technical agencies, which is governed by  
13 the Stop TB Partnership Coordinating Board and  
14 hosted by a United Nations entity, committed to  
15 short- and long-term measures required to control  
16 and eventually eliminate TB as a public health prob-  
17 lem in the world.

18           “(7) XDR–TB.—The term ‘XDR–TB’ means  
19 extensively drug-resistant TB.

20           “(d) AUTHORIZATION.—To carry out this section, the  
21 President is authorized, consistent with section 104(c), to  
22 furnish assistance, on such terms and conditions as the  
23 President may determine, for the prevention, treatment,  
24 control, and elimination of TB.

1       “(e) GOALS.—In consultation with the appropriate  
2 congressional committees, the President shall establish  
3 goals, based on the policy and indicators described in sub-  
4 section (b), for—

5           “(1) United States TB programs to detect,  
6 cure, and prevent all forms of TB globally for the  
7 period between 2023 and 2030 that are aligned with  
8 the End TB Strategy’s 2030 targets and the  
9 USAID’s Global Tuberculosis (TB) Strategy 2023–  
10 2030; and

11           “(2) updating the National Action Plan for  
12 Combating Multidrug-Resistant Tuberculosis.

13       “(f) COORDINATION.—

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

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

1           “(A) catalyze support for research and de-  
2           velopment of new tools to prevent, diagnose,  
3           treat, and control TB worldwide, particularly to  
4           reduce the incidence of, and mortality from, all  
5           forms of drug-resistant TB;

6           “(B) ensure United States programs and  
7           activities focus on finding individuals with ac-  
8           tive TB disease and provide quality diagnosis  
9           and treatment, including through digital health  
10          solutions, and reaching those at high risk with  
11          preventive therapy; and

12          “(C) ensure coordination among relevant  
13          United States Government agencies, including  
14          the Department of State, the Centers for Dis-  
15          ease Control and Prevention, the National In-  
16          stitutes of Health, the Biomedical Advanced  
17          Research and Development Authority, the Food  
18          and Drug Administration, the National Science  
19          Foundation, the Department of Defense  
20          (through its Congressionally Directed Medical  
21          Research Programs), and other relevant Fed-  
22          eral departments and agencies that engage in  
23          international TB activities—

24                 “(i) to ensure accountability and  
25                 transparency;



1                   “(ii) to reduce duplication of efforts;  
2                   and  
3                   “(iii) to ensure appropriate integra-  
4                   tion and coordination of TB services into  
5                   other United States-supported health pro-  
6                   grams.

7           “(g) PRIORITY TO END TB STRATEGY.—In fur-  
8 nishing assistance under subsection (d), the President  
9 shall prioritize—

10                   “(1) building and strengthening TB pro-  
11                   grams—

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

14                           “(B) to ensure that such individuals have  
15                           access to quality diagnosis and treatment;

16                   “(2) direct, high-quality integrated services for  
17                   all forms of TB, as described by the World Health  
18                   Organization, which call for the coordination of ac-  
19                   tive case finding, treatment of all forms of TB dis-  
20                   ease and infection, patient support, and TB preven-  
21                   tion;

22                   “(3) treating individuals co-infected with HIV  
23                   and other co-morbidities, and other individuals with  
24                   TB who may be at risk of stigma;

1           “(4) strengthening the capacity of health sys-  
2           tems to detect, prevent, and treat TB, including  
3           MDR–TB and XDR–TB, as described in the latest  
4           international guidance related to TB;

5           “(5) researching and developing innovative  
6           diagnostics, drug therapies, and vaccines, and pro-  
7           gram-based research;

8           “(6) support for the Stop Tuberculosis Partner-  
9           ship’s Global Drug Facility, the Global Alliance for  
10          Tuberculosis Drug Development, and other organiza-  
11          tions promoting the development of new products  
12          and drugs for TB; and

13          “(7) ensuring that TB programs can serve as  
14          key platforms for supporting national respiratory  
15          pandemic response against existing and new infec-  
16          tious respiratory disease.

17          “(h) ASSISTANCE FOR THE WORLD HEALTH ORGA-  
18          NIZATION AND THE STOP TUBERCULOSIS PARTNER-  
19          SHIP.—In carrying out this section, the President, acting  
20          through the Administrator of the United States Agency  
21          for International Development, is authorized—

22                 “(1) to provide resources to the World Health  
23                 Organization and the Stop Tuberculosis Partnership  
24                 to improve the capacity of countries with high bur-  
25                 dens or rates of TB and other affected countries to

1 implement the End TB Strategy, the Stop TB Glob-  
2 al Plan to End TB, their own national strategies  
3 and plans, other global efforts to control MDR-TB  
4 and XDR-TB; and

5 “(2) to leverage the contributions of other do-  
6 nors for the activities described in paragraph (1).

7 “(i) ANNUAL REPORT ON TB ACTIVITIES.—Not later  
8 than December 15 of each year until the earlier of the  
9 date on which the goals specified in subsection (b)(2)(A)  
10 are met or the last day of 2030, the President shall submit  
11 an annual report to the appropriate congressional commit-  
12 tees that describes United States foreign assistance to  
13 control TB and the impact of such efforts, including—

14 “(1) the number of individuals with active TB  
15 disease that were diagnosed and treated, including  
16 the rate of treatment completion and the number re-  
17 ceiving patient support;

18 “(2) the number of persons with MDR-TB and  
19 XDR-TB that were diagnosed and treated, includ-  
20 ing the rate of completion, in countries receiving  
21 United States bilateral foreign assistance for TB  
22 control programs;

23 “(3) the number of people trained by the  
24 United States Government in TB surveillance and  
25 control;

1           “(4) the number of individuals with active TB  
2 disease identified as a result of engagement with the  
3 private sector and other nongovernmental partners  
4 in countries receiving United States bilateral foreign  
5 assistance for TB control programs;

6           “(5) a description of the collaboration and co-  
7 ordination of United States anti-TB efforts with the  
8 World Health Organization, the Stop TB Partner-  
9 ship, the Global Fund to Fight AIDS, Tuberculosis  
10 and Malaria, and other major public and private en-  
11 tities;

12           “(6) a description of the collaboration and co-  
13 ordination among the United States Agency for  
14 International Development and other United States  
15 departments and agencies, including the Centers for  
16 Disease Control and Prevention and the Office of  
17 the Global AIDS Coordinator, for the purposes of  
18 combating TB and, as appropriate, its integration  
19 into primary care;

20           “(7) the constraints on implementation of pro-  
21 grams posed by health workforce shortages, health  
22 system limitations, barriers to digital health imple-  
23 mentation, other challenges to successful implemen-  
24 tation, and strategies to address such constraints;

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

8           “(9) for each country, and when practicable,  
9           each project site receiving bilateral United States as-  
10          sistance for the purpose of TB prevention, treat-  
11          ment, and control—

12                 “(A) a description of progress toward the  
13                 adoption and implementation of the most recent  
14                 World Health Organization guidelines to im-  
15                 prove diagnosis, treatment, and prevention of  
16                 TB for adults and children, disaggregated by  
17                 sex, including the proportion of health facilities  
18                 that have adopted the latest World Health Or-  
19                 ganization guidelines on strengthening moni-  
20                 toring systems and preventative, diagnostic, and  
21                 therapeutic methods, including the use of rapid  
22                 diagnostic tests and orally administered TB  
23                 treatment regimens;

24                 “(B) the number of individuals screened  
25                 for TB disease and the number evaluated for

1 TB infection using active case finding outside  
2 of health facilities;

3 “(C) the number of individuals with active  
4 TB disease that were diagnosed and treated, in-  
5 cluding the rate of treatment completion and  
6 the number receiving patient support;

7 “(D) the number of adults and children,  
8 including people with HIV and close contacts,  
9 who are evaluated for TB infection, the number  
10 of adults and children started on treatment for  
11 TB infection, and the number of adults and  
12 children completing such treatment,  
13 disaggregated by sex and, as possible, income or  
14 wealth quintile;

15 “(E) the establishment of effective TB in-  
16 fection control in all relevant congregant set-  
17 tings, including hospitals, clinics, and prisons;

18 “(F) a description of progress in imple-  
19 menting measures to reduce TB incidence, in-  
20 cluding actions—

21 “(i) to expand active case finding and  
22 contact tracing to reach vulnerable groups;  
23 and

1                   “(ii) to expand TB preventive ther-  
2                   apy, engagement of the private sector, and  
3                   diagnostic capacity;

4                   “(G) a description of progress to expand  
5                   diagnosis, prevention, and treatment for all  
6                   forms of TB, including in pregnant women,  
7                   children, and individuals and groups at greater  
8                   risk of TB, including migrants, prisoners, min-  
9                   ers, people exposed to silica, and people living  
10                  with HIV/AIDS, disaggregated by sex;

11                  “(H) the rate of successful completion of  
12                  TB treatment for adults and children,  
13                  disaggregated by sex, and the number of indi-  
14                  viduals receiving support for treatment comple-  
15                  tion;

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

23                  “(J) a description of TB commodity pro-  
24                  curement challenges, including shortages,

1 stockouts, or failed tenders for TB drugs or  
2 other commodities;

3 “(K) the proportion of health facilities  
4 with specimen referral linkages to quality diag-  
5 nostic networks, including established testing  
6 sites and reference labs, to ensure maximum ac-  
7 cess and referral for second line drug resistance  
8 testing, and a description of the turnaround  
9 time for test results;

10 “(L) the number of people trained by the  
11 United States Government to deliver high-qual-  
12 ity TB diagnostic, preventative, monitoring,  
13 treatment, and care services;

14 “(M) a description of how supported activi-  
15 ties are coordinated with—

16 “(i) country national TB plans and  
17 strategies; and

18 “(ii) TB control efforts supported by  
19 the Global Fund to Fight AIDS, Tuber-  
20 culosis, and Malaria, and other inter-  
21 national assistance programs and funds,  
22 including in the areas of program develop-  
23 ment and implementation; and

24 “(N) for the first 3 years of the report re-  
25 quired under this subsection, a description of



1 the progress in recovering from the negative im-  
2 pact of COVID–19 on TB, including—

3 “(i) whether there has been the devel-  
4 opment and implementation of a com-  
5 prehensive plan to recover TB activities  
6 from diversion of resources;

7 “(ii) the continued use of bidirectional  
8 TB–COVID testing; and

9 “(iii) progress on increased diagnosis  
10 and treatment of active TB.

11 “(j) ANNUAL REPORT ON TB RESEARCH AND DE-  
12 VELOPMENT.—The President, acting through the Admin-  
13 istrator of the United States Agency for International De-  
14 velopment, and in coordination with the National Insti-  
15 tutes of Health, the Centers for Disease Control and Pre-  
16 vention, the Biomedical Advanced Research and Develop-  
17 ment Authority, the Food and Drug Administration, the  
18 National Science Foundation, and the Office of the Global  
19 AIDS Coordinator, shall submit to the appropriate con-  
20 gressional committees until 2030 an annual report that—

21 “(1) describes the current progress and chal-  
22 lenges to the development of new tools for the pur-  
23 pose of TB prevention, treatment, and control;

24 “(2) identifies critical gaps and emerging prior-  
25 ities for research and development, including for

1 rapid and point-of-care diagnostics, shortened treat-  
2 ments and prevention methods, telehealth solutions  
3 for prevention and treatment, and vaccines; and

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

6 “(k) EVALUATION REPORT.—Not later than 3 years  
7 after the date of the enactment of the End Tuberculosis  
8 Now Act of 2023, and 5 years thereafter, the Comptroller  
9 General of the United States shall submit a report to the  
10 appropriate congressional committees that evaluates the  
11 performance and impact on TB prevention, diagnosis,  
12 treatment, and care efforts that are supported by United  
13 States bilateral assistance funding, including rec-  
14 ommendations for improving such programs.”.

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