

115TH CONGRESS
2D SESSION

S. 3212

To facilitate effective research on and treatment of neglected tropical diseases through coordinated domestic and international efforts.

IN THE SENATE OF THE UNITED STATES

JULY 12, 2018

Mr. BROWN (for himself, Mr. WICKER, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To facilitate effective research on and treatment of neglected tropical diseases through coordinated domestic and international efforts.

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 Neglected Trop-
5 ical Diseases Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Statement of policy.
- Sec. 4. Findings.

- Sec. 5. Definitions.
 Sec. 6. Rule of construction.

TITLE I—FOREIGN AFFAIRS

- Sec. 101. United States Agency for International Development Neglected Tropical Diseases Program.
 Sec. 102. Actions by Department of State.
 Sec. 103. Multilateral development and health institutions.

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Sec. 201. Promoting efforts through interagency working groups and international forums.
 Sec. 202. Report on neglected tropical diseases in the United States.
 Sec. 203. Centers of excellence.
 Sec. 204. Panel on worm infection solutions.

1 **SEC. 3. STATEMENT OF POLICY.**

2 It is the policy of the United States to support a
 3 broad range of implementation and research and develop-
 4 ment activities that work toward the achievement of cost-
 5 effective and sustainable treatment, control and, where
 6 possible, elimination of neglected tropical diseases for the
 7 economic and social well-being of all people.

8 **SEC. 4. FINDINGS.**

9 Congress finds the following:

10 (1) In 2012, the London Declaration on Ne-
 11 glected Tropical Diseases identified 10 neglected
 12 tropical diseases (NTDs). Approximately
 13 2,000,000,000 people (almost $\frac{1}{3}$ of the world's pop-
 14 ulation) are at risk of contracting an NTD, and
 15 more than 1,400,000,000 people are currently af-
 16 flicted with one or more NTDs.

17 (2) In 2013, WHO adopted a comprehensive
 18 resolution on NTDs, recognizing that increased na-

1 tional and international investments in prevention
2 and control of neglected tropical diseases have suc-
3 ceeded in improving health and social well-being in
4 many countries.

5 (3) NTDs have an enormous impact in terms of
6 disease burden and quality of life. NTDs cause the
7 loss of up to 534,000 lives and up to 57,000,000
8 disability-adjusted life years each year. NTDs sur-
9 pass both malaria and tuberculosis in causing great-
10 er loss of life-years to disability and premature
11 death. Many NTDs cause disfigurement and dis-
12 ability, in addition to significant morbidity and mor-
13 tality, leading to stigma, social discrimination, and
14 societal marginalization.

15 (4) NTDs create an economic burden of billions
16 of dollars through the loss of productivity and high
17 costs of health care required for treatment. People
18 afflicted by NTDs are less productive than their
19 healthy counterparts. NTDs jeopardize the ability of
20 people to attend work and school, or to produce at
21 full capacity. For example, controlling 1 NTD
22 (hookworm) in children can result in a 43 percent
23 increase in future wage earnings.

24 (5) The social, economic, and health burden of
25 NTDs falls primarily on low- and middle-income

1 countries, where access to safe water, sanitation,
2 and health care is limited. At least 100 countries
3 face 2 endemic NTD burdens, and 30 countries
4 carry six or more endemic NTDs.

5 (6) NTDs are not confined to the developing
6 world, however. Several NTD outbreaks have been
7 reported in the United States and other developed
8 countries, especially among the poor. In the United
9 States, NTDs disproportionately affect people living
10 in poverty, and especially minorities, including up to
11 2,800,000 African-Americans with toxocariasis and
12 300,000 or more people, who are mostly Hispanic-
13 Americans, with Chagas disease.

14 (7) Many NTDs can be controlled, prevented,
15 and even eliminated using low-cost, effective, and
16 feasible solutions. Understanding the economic bur-
17 den of NTDs on productivity and health care costs
18 can help to assure governments and donors that the
19 resources directed toward NTDs represent a good
20 investment.

21 (8) Research and development efforts are imme-
22 diately needed for all NTDs, especially those for
23 which limited or no treatment currently exists.

24 (9) Critical to developing robust NTD control
25 strategies are epidemiological data that identify at-

1 risk populations, ensure appropriate treatment fre-
2 quency, and inform decisions about when treatment
3 can be reduced or stopped.

4 (10) The benefits of deworming are immediate
5 and enduring. A rigorous, randomized controlled
6 trial has shown school-based deworming treatment
7 to reduce school absenteeism by 25 percent. School-
8 based deworming also benefits young siblings and
9 other children who live nearby but are too young to
10 be treated, leading to large cognitive improvements
11 equivalent to $\frac{1}{2}$ of a year of schooling.

12 (11) Improved access to water, sanitation, and
13 hygiene can also reduce the transmission of NTDs,
14 particularly intestinal worms.

15 **SEC. 5. DEFINITIONS.**

16 In this Act:

17 (1) GLOBAL FUND.—The term “Global Fund”
18 means the public-private partnership known as the
19 Global Fund to Fight AIDS, Tuberculosis and Ma-
20 laria established pursuant to Article 80 of the Swiss
21 Civil Code.

22 (2) NEGLECTED TROPICAL DISEASES; NTDS.—
23 The terms “neglected tropical diseases” and
24 “NTDs”—

1 (A) mean infections caused by pathogens,
2 including viruses, bacteria, protozoa, and
3 helminths, that disproportionately impact indi-
4 viduals living in extreme poverty, especially in
5 developing countries; and

6 (B) include—

7 (i) Chagas disease;

8 (ii) dracunculiasis (Guinea worm dis-
9 ease);

10 (iii) human African trypanosomiasis
11 (sleeping sickness);

12 (iv) leishmaniasis;

13 (v) leprosy (Hansen’s disease);

14 (vi) lymphatic filariasis (elephan-
15 tiasis);

16 (vii) onchocerciasis (river blindness);

17 (viii) schistosomiasis;

18 (ix) soil-transmitted helminthiasis
19 (STH), such as round worm, whip worm,
20 and hook worm; and

21 (x) trachoma.

22 **SEC. 6. RULE OF CONSTRUCTION.**

23 Nothing in this Act may be construed to increase the
24 authorization of appropriations for—

1 (1) the United States Agency for International
2 Development; or

3 (2) the Department of Health and Human
4 Services.

5 **TITLE I—FOREIGN AFFAIRS**

6 **SEC. 101. UNITED STATES AGENCY FOR INTERNATIONAL** 7 **DEVELOPMENT NEGLECTED TROPICAL DIS-** 8 **EASES PROGRAM.**

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

10 (1) Since fiscal year 2006, the United States
11 Agency for International Development (USAID) has
12 been an essential leading partner in advancing con-
13 trol and elimination efforts for 5 targeted neglected
14 tropical diseases: lymphatic filariasis (elephantiasis),
15 onchocerciasis (river blindness), schistosomiasis, soil-
16 transmitted helminthiases (round worm, whip worm,
17 and hook worm), and trachoma.

18 (2) USAID is an original endorser of the “Lon-
19 don Declaration on Neglected Tropical Diseases”,
20 signed in London on January 30, 2012, which rep-
21 represents a new, coordinated international push to ac-
22 celerate progress toward eliminating or controlling
23 10 NTDs by 2020.

24 (3) The USAID Neglected Tropical Diseases
25 Program has made important and substantial con-

1 tributions to the global fight to control and eliminate
2 the 5 targeted NTDs. Leveraging more than
3 \$15,700,000,000 in donated medicines, USAID has
4 supported the distribution of more than
5 2,000,000,000 treatments in 31 countries across Af-
6 rica, Asia, Latin America, and the Caribbean.

7 (4) Since 2014, the USAID Neglected Tropical
8 Diseases Program has been investing in gathering
9 research and development for the treatment of cer-
10 tain NTDs to ensure that promising new break-
11 through medicines can be rapidly evaluated, reg-
12 istered, and made available to patients.

13 (5) The USAID Neglected Tropical Diseases
14 Program—

15 (A) is a clear example of a successful pub-
16 lic-private partnership between the Government
17 and the private sector; and

18 (B) already has contributed to the elimi-
19 nation of at least 1 NTD in 7 different coun-
20 tries.

21 (b) SENSE OF CONGRESS.—It is the sense of Con-
22 gress that the USAID Neglected Tropical Diseases Pro-
23 gram, as in effect on the date of the enactment of this
24 Act—

1 (1) should be continued and may be judiciously
2 expanded, as practicable and appropriate;

3 (2) should continue to provide treatment to as
4 many individuals suffering from an NTD or at risk
5 of acquiring an NTD, including individuals displaced
6 by manmade and natural disasters, as logistically
7 feasible;

8 (3) should integrate NTD control, treatment
9 tools, and approaches into complementary develop-
10 ment and global health programs by coordinating, to
11 the extent practicable and appropriate, across mul-
12 tiple sectors, including sectors relating to HIV/
13 AIDS, malaria, tuberculosis, education, nutrition,
14 other infectious diseases, maternal and child health,
15 and water, sanitation, and hygiene;

16 (4) should continue to conduct low-cost, high-
17 impact community and school-based NTD programs
18 to reach large at-risk populations, including school-
19 age children, with integrated drug treatment pack-
20 ages, as feasible;

21 (5) should engage in research and development
22 of new tools and approaches, as opportunities
23 emerge and resources allow, to reach the goals relat-
24 ing to the elimination of NTDs set forth in the 2012
25 World Health Organization publication entitled,

1 “Accelerating Work to Overcome the Global Impact
2 of Neglected Tropical Diseases: A Roadmap for Im-
3 plementation”, including for Chagas disease, Guinea
4 worm disease, human African trypanosomiasis
5 (sleeping sickness), leprosy, and visceral leishmani-
6 asis; and

7 (6) should monitor research on and develop-
8 ments in the prevention and treatment of other
9 NTDs so breakthroughs can be incorporated into the
10 USAID Neglected Tropical Diseases Program, as
11 practicable and appropriate.

12 (c) PROGRAM PRIORITIES.—The Administrator of
13 USAID should incorporate the following priorities into
14 USAID’s Neglected Tropical Diseases Program (as in ef-
15 fect on the date of the enactment of this Act):

16 (1) Planning for, and conducting robust moni-
17 toring and evaluation of, program investments in
18 order to accurately measure impact, identify and
19 share lessons learned, and inform future NTD con-
20 trol and elimination strategies.

21 (2) Coordinating program activities with com-
22 plementary USAID development and global health
23 programs, including programs relating to water,
24 sanitation, and hygiene, food and nutrition security,
25 and primary and secondary education in order to ad-

1 vance the goals of the London Declaration on Ne-
2 glected Tropical Diseases.

3 (3) Including morbidity management in treat-
4 ment plans for high-burden NTDs.

5 (4) Incorporating NTDs included in the Global
6 Burden of Disease Study 2010 into the program as
7 opportunities emerge, to the extent practicable and
8 appropriate.

9 (5) Continuing investments in the research and
10 development of new tools and approaches that—

11 (A) complement existing research invest-
12 ments; and

13 (B) ensure that new discoveries make it
14 through the pipeline and become available to in-
15 dividuals who need them.

16 **SEC. 102. ACTIONS BY DEPARTMENT OF STATE.**

17 (a) SENSE OF CONGRESS.—It is the sense of Con-
18 gress that the Coordinator of United States Government
19 Activities to Combat HIV/AIDS Globally should fully con-
20 sider, as necessary and appropriate, evolving research on
21 the impact of neglected tropical diseases on efforts to con-
22 trol HIV/AIDS when making future programming deci-
23 sions.

24 (b) GLOBAL PROGRAMMING.—The Secretary of State
25 should encourage the Global Fund to consider, as nec-

1 essary and appropriate, evolving research on the impact
2 of NTDs on efforts to control HIV/AIDS, tuberculosis,
3 and malaria when making programming decisions, par-
4 ticularly with regard to female genital schistosomiasis,
5 which studies suggest may be a significant co-factor in the
6 AIDS epidemic in Africa.

7 (c) G-20 COUNTRIES.—The Secretary of State, act-
8 ing through the Office of Global Health Diplomacy, should
9 encourage G-20 countries to significantly increase their
10 role in the control and elimination of NTDs.

11 **SEC. 103. MULTILATERAL DEVELOPMENT AND HEALTH IN-**
12 **STITUTIONS.**

13 (a) FINDING.—Congress finds that the treatment of
14 NTDs, including community and school-based deworming
15 programs, can be a highly cost-effective education inter-
16 vention and schools can serve as an effective delivery
17 mechanism for reaching large numbers of children with
18 safe treatment for soil-transmitted helminthiases (round
19 worm, whip worm, and hook worm).

20 (b) SENSE OF CONGRESS.—The President should di-
21 rect the United States Permanent Representative to the
22 United Nations to use the voice, vote, and influence of the
23 United States to urge the World Health Organization and
24 the United Nations Development Programme—

1 (1) to ensure the dissemination of best practices
2 and programming on NTDs to governments and
3 make data accessible to practitioners in an open and
4 timely fashion;

5 (2) to highlight impacts of community and
6 school-based deworming programs on children's
7 health and education, emphasizing the cost-effective-
8 ness of such programs;

9 (3) to encourage governments to implement
10 deworming campaigns at the national level;

11 (4) to consider designating a portion of grant
12 funds of the institutions to deworming initiatives
13 and cross-sectoral collaboration with water, sanita-
14 tion, and hygiene efforts and nutrition or education
15 programming, as practicable and appropriate;

16 (5) to encourage accurate monitoring and eval-
17 uation of NTD programs, including deworming pro-
18 grams; and

19 (6) to engage governments in cross-border ini-
20 tiatives for the treatment, control, prevention, and
21 elimination of NTDs, and assist in developing
22 transnational agreements, when and where nec-
23 essary.

1 **TITLE II—DEPARTMENT OF**
2 **HEALTH AND HUMAN SERVICES**

3 **SEC. 201. PROMOTING EFFORTS THROUGH INTERAGENCY**
4 **WORKING GROUPS AND INTERNATIONAL FO-**
5 **RUMS.**

6 The Secretary of Health and Human Services shall
7 continue to promote the need for robust programs and ac-
8 tivities to diagnose, prevent, control, and treat neglected
9 tropical diseases—

10 (1) through interagency working groups on
11 health; and

12 (2) through relevant international forums on
13 behalf of the United States, including the post-2015
14 United Nations development agenda.

15 **SEC. 202. REPORT ON NEGLECTED TROPICAL DISEASES IN**
16 **THE UNITED STATES.**

17 (a) IN GENERAL.—Not later than 1 year after the
18 date of the enactment of this Act, the Secretary of Health
19 and Human Services, acting through relevant agencies of
20 the Department of Health and Human Services, shall sub-
21 mit a report to the Congress on neglected tropical diseases
22 in the United States.

23 (b) CONTENTS.—The report required under this sec-
24 tion shall—

1 (1) assess the epidemiology of, impact of, and
 2 appropriate funding required to address, neglected
 3 tropical diseases in the United States; and

4 (2) include information necessary—

5 (A) to guide future health policy with re-
 6 spect to such diseases;

7 (B) to accurately evaluate the current
 8 state of knowledge concerning such diseases;
 9 and

10 (C) to define gaps in such knowledge.

11 **SEC. 203. CENTERS OF EXCELLENCE.**

12 Part P of title III of the Public Health Service Act
 13 is amended by inserting after section 399V-6 (42 U.S.C.
 14 280g-17) the following:

15 **“SEC. 399V-7. NEGLECTED TROPICAL DISEASE CENTERS OF**
 16 **EXCELLENCE.**

17 **“(a) COOPERATIVE AGREEMENTS AND GRANTS.—**

18 **“(1) IN GENERAL.—**The Secretary, acting
 19 through the Director of the Centers for Disease
 20 Control and Prevention, may enter into cooperative
 21 agreements with, and award grants to, public or pri-
 22 vate nonprofit entities to pay all or part of the cost
 23 of planning, establishing, or strengthening, and pro-
 24 viding basic operating support for, one or more cen-
 25 ters of excellence for research into, training in, and

1 development of diagnosis, prevention, control, and
2 treatment methods for neglected tropical diseases,
3 including tools to support elimination by building ca-
4 pacity for sustainable prevention efforts once epi-
5 demiology has been characterized and initial control
6 achieved.

7 “(2) ELIGIBILITY.—To be eligible for a cooper-
8 ative agreement or grant under this section, an enti-
9 ty must—

10 “(A) have demonstrated expertise in re-
11 search on, and or the epidemiology and surveil-
12 lance of, major neglected tropical diseases that
13 are endemic to the United States, such as
14 Chagas disease, dengue, leishmaniasis, West
15 Nile virus, and helminth infections; and

16 “(B) participate in one or more not-for-
17 profit product development partnerships.

18 “(b) POLICIES.—A cooperative agreement or grant
19 under subsection (a) shall be entered into or awarded in
20 accordance with established policies.

21 “(c) COORDINATION.—The Secretary shall ensure
22 that activities under this section are coordinated with
23 similar activities of the Department of Health and Human
24 Services relating to neglected tropical diseases.

1 “(d) USES OF FUNDS.—A cooperative agreement or
2 grant under subsection (a) may be used for—

3 “(1) staffing, administrative, and other basic
4 operating costs, including patient care costs that are
5 required for research;

6 “(2) clinical training, including training for al-
7 lied health professionals, continuing education for
8 health professionals and allied health professions
9 personnel, and information programs for the public
10 with respect to neglected tropical diseases; and

11 “(3) research and development programs.

12 “(e) PERIOD OF SUPPORT; ADDITIONAL PERIODS.—

13 “(1) IN GENERAL.—Except as provided in para-
14 graph (2), support of a center of excellence under
15 this section may be for a period of not more than
16 5 years.

17 “(2) EXTENSIONS.—The period specified in
18 paragraph (1) may be extended by the Secretary for
19 additional periods of not more than 5 years each
20 if—

21 “(A) the operations of the center of excel-
22 lence involved have been reviewed by an appro-
23 priate technical and scientific peer review
24 group; and

1 “(B) group referred to in subparagraph
2 (A) has recommended to the Secretary that
3 such period should be extended.

4 “(f) DEFINITIONS.—In this section:

5 “(1) The term ‘neglected tropical diseases’ has
6 the meaning given that term in section 5 of the End
7 Neglected Tropical Diseases Act.

8 “(2) The term ‘product development partner-
9 ship’ means a partnership to bring together public
10 and private sector researchers to develop new, or im-
11 prove on current, global health tools, such as drugs,
12 diagnostics, insecticides, vaccines, and vector man-
13 agement strategies—

14 “(A) that are for neglected tropical dis-
15 eases; and

16 “(B) for which there is generally no profit-
17 able market.”.

18 **SEC. 204. PANEL ON WORM INFECTION SOLUTIONS.**

19 (a) ESTABLISHMENT.—The Secretary of Health and
20 Human Services shall establish a panel to conduct an eval-
21 uation of issues relating to worm infections, including po-
22 tential solutions such as deworming medicines.

23 (b) STRATEGIES.—The panel established pursuant to
24 subsection (a) shall develop recommendations for strate-
25 gies for solutions with respect to—

- 1 (1) repeat infections;
- 2 (2) vector control;
- 3 (3) clean water solutions;
- 4 (4) identifying incentives to encourage basic re-
- 5 search for less toxic, more effective medicines; and
- 6 (5) improving the success and cost efficiency of
- 7 current programs in these areas, based on a thor-
- 8 ough scan of initiatives already underway in both
- 9 the public and private sectors.

10 (c) APPOINTMENT OF MEMBERS.—In addition to
11 representatives from the Centers for Disease Control and
12 Prevention and other relevant agencies working on ne-
13 glected tropical diseases, the Secretary of Health and
14 Human Services shall appoint, as members of the panel
15 established pursuant to subsection (a), individuals from
16 the public and private sectors who are knowledgeable
17 about or affected by worm infections, including—

- 18 (1) at least 2 representatives of nongovern-
- 19 mental organizations;
- 20 (2) at least 2 representatives of private industry
- 21 involved in the development of de-worming medica-
- 22 tions;
- 23 (3) at least 2 representatives from academia;
- 24 and

1 (4) representatives of industries relating to
2 sanitation, clean water, and vector control.

3 (d) REPORT.—Not later than 1 year after the date
4 of the enactment of this Act, the panel shall submit a re-
5 port to Congress and to the Secretary of Health and
6 Human Services that includes—

7 (1) the findings and recommended strategies of
8 the panel; and

9 (2) recommendations for such administrative
10 action and legislation as the panel determines to be
11 appropriate.

12 (e) TERMINATION.—The panel shall terminate not
13 later than 6 months after the submission of the report
14 required under subsection (d).

○