

117TH CONGRESS
1ST SESSION

S. 3386

To prevent, treat, and cure tuberculosis globally.

IN THE SENATE OF THE UNITED STATES

DECEMBER 14, 2021

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

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:

8 (1) More than 25 years after the World Health
9 Organization declared Tuberculosis (referred to in
10 this Act as “TB”) a public health emergency and
11 called on countries to make scaling up tuberculosis
12 control a priority, TB remains a deadly health

1 threat despite the fact that TB is a preventable,
2 treatable, and curable disease.

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

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

18 (4) Since March 2020, the COVID-19 pan-
19 demic has severely disrupted TB responses in low-
20 and middle-income countries, stalling and reversing
21 years of progress made against TB, with detection
22 dropping by 50 percent and an estimated 1,000,000
23 fewer people will be diagnosed and enrolled on TB
24 treatment.

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

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

20 (7) Failure to properly diagnose and treat TB
21 can lead to death and can exacerbate antimicrobial
22 resistance, a key contributor to rising cases of multi-
23 drug-resistant tuberculosis, and extensively drug-re-
24 sistant tuberculosis, and increasing the probability of

1 the introduction of resistant TB into new geographic
2 areas.

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

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

17 (10) Globally, only about $\frac{1}{2}$ of the
18 \$13,000,000,000 required annually outlined in the
19 Stop TB Partnership’s Global Plan to End TB for
20 tuberculosis prevention, diagnosis, and treatment is
21 currently available.

22 (11) An estimated additional \$3,500,000,000
23 will be needed during 2021 for TB programs in
24 countries eligible for Global Fund for AIDS, Tuber-
25 culosis, and Malaria programming to recover from

1 the negative impacts of COVID–19, with a total an-
2 nual gap of at least \$8,000,000,000 for TB diag-
3 nosis, prevention, and treatment in such countries.

4 (12) On September 26, 2018, the United Na-
5 tions convened the first High-Level Meeting of the
6 General Assembly on the Fight Against Tuber-
7 culosis, at which 120 countries—

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

16 (B) committed to “ending the epidemic in
17 all countries, and pledge[d] to provide leader-
18 ship and to work together to accelerate our na-
19 tional and global collective actions, investments
20 and innovations urgently to fight this prevent-
21 able and treatable disease,” as reflected in
22 United Nations General Assembly Resolution A/
23 RES/73/3.

24 (13) The United States Government continues
25 to be a lead funder of global TB research and devel-

1 opment, contributing 44 percent of the total
2 \$901,000,000 in global funding in 2019, and can
3 catalyze more investments from other countries.

4 (14) Working with governments and partners
5 around the world, the TB efforts by USAID have
6 saved 60,000,000 lives, demonstrating the effective-
7 ness of United States programs and activities.

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

17 (16) It is essential to ensure that efforts among
18 United States Government agencies, partner nations,
19 international organizations, nongovernmental organi-
20 zations, the private sector, and other actors are com-
21 plementary and not duplicative in order to achieve
22 the goal of ending the TB epidemic in all countries.

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) is amended to read as follows:

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

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

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

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

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

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

1 burden of tuberculosis and other countries with high rates
2 of tuberculosis, it is the policy of the United States—

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

6 “(A) to reduce by 95 percent tuberculosis
7 deaths by 2035;

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

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

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

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

22 “(B) providing diagnosis and treatment
23 with the goal of successfully treating
24 40,000,000 people with tuberculosis by 2022,
25 including 3,500,000 children, and 1,500,000

1 people with drug-resistant tuberculosis in sup-
2 port of the target set by the Political Declara-
3 tion of the High-Level Meeting of the General
4 Assembly on the Fight Against Tuberculosis;

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

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

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

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

24 “(A) the development of comprehensive
25 person-centered programs, including diagnosis,

1 treatment, and prevention strategies to ensure
2 that—

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

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

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

13 “(C) the deployment of diagnostic and
14 treatment capacity—

15 “(i) in areas with the highest tuber-
16 culosis burdens; and

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

20 “(D) program monitoring and evaluation
21 based on critical tuberculosis indicators, includ-
22 ing indicators relating to infection control, the
23 numbers of patients accessing tuberculosis
24 treatment, along with patient support services,
25 and preventative therapy for those at risk, in-

1 including all close contacts, and treatment out-
2 comes for all forms of tuberculosis;

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

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

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

16 “(i) research and development of a
17 vaccine, and on new tools for diagnosis and
18 treatment of tuberculosis;

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

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

1 “(H) the reduction of barriers to care, in-
 2 cluding stigma and treatment and diagnosis
 3 costs, through—

4 “(i) training for health workers;

5 “(ii) sensitizing of policy makers;

6 “(iii) requirements for access and af-
 7 fordability provisions in all grants and
 8 funding agreements;

9 “(iv) education and empowerment
 10 campaigns for tuberculosis patients regard-
 11 ing local tuberculosis services;

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

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

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

22 “(c) DEFINITIONS.—In this section:

23 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
 24 TEES.—The term ‘appropriate congressional com-
 25 mittees’ 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 bererculosis 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,

1 including recommendations for improving such pro-
2 grams.”.

