

116TH CONGRESS
1ST SESSION

S. 2481

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

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 17, 2019

Mr. BROWN (for himself and Mr. WICKER) 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) The Centers for Disease Control and Pre-
 11 vention have identified 17 neglected tropical diseases
 12 (referred to in this section as “NTDs”). Approxi-
 13 mately 2,000,000,000 people are at risk of con-
 14 tracting an NTD, and more than 1,040,000,000
 15 people are currently afflicted with 1 or more NTDs.
 16 (2) In 2012, the London Declaration on Ne-
 17 glected Tropical Diseases identified 10 NTDs with

1 the potential to be controlled, eliminated, or eradicated by 2020.

3 (3) In 2013, the World Health Organization
4 (referred to in this section as “WHO”) adopted a
5 comprehensive resolution on NTDs, recognizing that
6 increased national and international investments in
7 prevention and control of these diseases have succeeded in improving health and social well-being in
8 many countries. WHO’s World Health Assembly
9 maintains and updates a list of the diverse NTDs
10 across the world.

12 (4) In its fourth Update Report, published in
13 2017, WHO reported significant progress in expanding NTD interventions worldwide, but challenges
14 continue in—

16 (A) developing improved evaluation and
17 surveillance tools; and

18 (B) maintaining sufficient funding to ensure that progress is sustained.

20 (5) NTDs have an enormous impact in terms of
21 disease burden and quality of life. NTDs cause the
22 loss of up to 185,000 lives and up to 2,500,000,000
23 disability-adjusted life years each year. NTDs surpass both malaria and tuberculosis in causing greater
24 loss of life-years to disability and premature
25

1 death. Many NTDs cause disfigurement and dis-
2 ability, in addition to significant morbidity and mor-
3 tality, leading to stigma, social discrimination, and
4 societal marginalization.

5 (6) NTDs create an economic burden of billions
6 of dollars through the loss of productivity and high
7 costs of health care required for treatment. People
8 afflicted by NTDs are less productive than their
9 healthy counterparts. NTDs jeopardize the ability of
10 people to attend work and school, or to produce at
11 full capacity. For example, controlling 1 NTD
12 (hookworm) in children can result in a 43 percent
13 increase in future wage earnings.

14 (7) The social, economic, and health burden of
15 NTDs falls primarily on low- and middle-income
16 countries, where access to safe water, sanitation,
17 and health care is limited. At least 100 countries
18 face 2 endemic NTD burdens, and 30 countries
19 carry six or more endemic NTDs. All low-income
20 countries are affected by at least 5 NTDs, and 149
21 countries and territories are affected by at least 1
22 NTD.

23 (8) NTDs are not confined to the developing
24 world. Several NTDs have been reported in the
25 United States and other developed countries. In the

1 United States, NTDs disproportionately affect com-
2 munities of color and the poor, with up to 2,850,000
3 African-Americans suffering from toxocariasis and
4 at least 300,000 people, who are mostly Hispanic-
5 Americans, are afflicted with Chagas disease.

6 (9) Many NTDs can be controlled, prevented,
7 and even eliminated using low-cost, effective, and
8 feasible solutions. Understanding the economic bur-
9 den of NTDs on productivity and health care costs
10 can help to assure governments and donors that the
11 resources directed toward NTDs represent a good
12 investment.

13 (10) Research and development efforts are im-
14 mediately needed for all NTDs, especially to advance
15 next-generation treatments, interventions, and
16 diagnostics to ensure that countries endemic for
17 NTDs are able to implement and sustain NTD con-
18 trol programs.

19 (11) Epidemiological data that identify at-risk
20 populations and ensure that these populations re-
21 ceive consistent and sufficient doses of treatment for
22 their diseases are critical to developing robust NTD
23 control strategies.

24 (12) The benefits of deworming are immediate.
25 A rigorous, randomized controlled trial has shown

1 school-based deworming treatment to reduce school
 2 absenteeism by 25 percent. School-based deworming
 3 also benefits young siblings and other children who
 4 live nearby but are too young to be treated, leading
 5 to large cognitive improvements equivalent to $\frac{1}{2}$ of
 6 a year of schooling.

7 (13) Improved access to water, sanitation, and
 8 hygiene can also reduce the transmission of NTDs,
 9 particularly NTDs caused by parasites.

10 **SEC. 5. DEFINITIONS.**

11 In this Act:

12 (1) GLOBAL FUND.—The term “Global Fund”
 13 means the public-private partnership known as the
 14 Global Fund to Fight AIDS, Tuberculosis, and Ma-
 15 laria established pursuant to Article 80 of the Swiss
 16 Civil Code.

17 (2) NEGLECTED TROPICAL DISEASES; NTDS.—
 18 The terms “neglected tropical diseases” and
 19 “NTDs”—

20 (A) mean infections caused by pathogens,
 21 including viruses, bacteria, protozoa, and
 22 helminths, that disproportionately impact indi-
 23 viduals living in extreme poverty, especially in
 24 developing countries; and

25 (B) include—

- 1 (i) Buruli ulcer;
- 2 (ii) Chagas disease;
- 3 (iii) Cysticercosis;
- 4 (iv) Dengue fever;
- 5 (v) Dracunculiasis (Guinea worm dis-
- 6 ease);
- 7 (vi) Echinococcosis;
- 8 (vii) Fascioliasis;
- 9 (viii) Human African trypanosomiasis
- 10 (sleeping sickness);
- 11 (ix) Leishmaniasis;
- 12 (x) Leprosy (Hansen's disease);
- 13 (xi) Lymphatic filariasis (elephan-
- 14 tiasis);
- 15 (xii) Onchocerciasis (river blindness);
- 16 (xiii) Rabies;
- 17 (xiv) Schistosomiasis;
- 18 (xv) Soil-transmitted Helminthiases
- 19 (STH), such as round worm, whip worm,
- 20 and hook worm;
- 21 (xvi) Trachoma; and
- 22 (xvii) Yaws.

23 **SEC. 6. RULE OF CONSTRUCTION.**

24 Nothing in this Act may be construed to increase the
 25 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 (referred to
12 in this title as “USAID”) has been an essential
13 leading partner in advancing control and elimination
14 efforts for 5 targeted neglected tropical diseases:
15 lymphatic filariasis (elephantiasis), onchocerciasis
16 (river blindness), schistosomiasis, soil-transmitted
17 helminthiases (round worm, whip worm, and hook
18 worm), and trachoma.

19 (2) USAID is an original endorser of the “Lon-
20 don Declaration on Neglected Tropical Diseases”,
21 signed in London on January 30, 2012, which rep-
22 represents a new, coordinated international push to ac-
23 celerate progress toward eliminating or controlling
24 10 NTDs by 2020.

1 (3) The USAID Neglected Tropical Diseases
 2 Program has made important and substantial con-
 3 tributions to the global fight to control and eliminate
 4 the 5 targeted NTDs. Leveraging more than
 5 \$19,000,000,000 in donated medicines, USAID has
 6 supported the distribution of more than
 7 2,300,000,000 treatments in 31 countries across Af-
 8 rica, Asia, Latin America, and the Caribbean.

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

15 (5) The USAID Neglected Tropical Diseases
 16 Program—

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

20 (B) already has contributed to the elimi-
 21 nation of at least 1 NTD in 9 different coun-
 22 tries.

23 (b) SENSE OF CONGRESS.—It is the sense of Con-
 24 gress that the USAID Neglected Tropical Diseases Pro-

1 gram, as in effect on the date of the enactment of this
2 Act—

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

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

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

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

23 (5) should engage in research and development
24 of new tools and approaches, as opportunities
25 emerge and resources allow, to reach the goals relat-

1 ing to the elimination of NTDs set forth by the
2 World Health Organization; and

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

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

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

17 (2) Coordinating program activities with com-
18plementary USAID development and global health
19 programs, including programs relating to water,
20 sanitation, and hygiene, food and nutrition security,
21 and primary and secondary education in order to ad-
22vance the goals of the London Declaration on Ne-
23glected Tropical Diseases.

24 (3) Including morbidity management in Na-
25 tional NTD Master Plans.

1 (4) Incorporating NTDs included in the Global
2 Burden of Disease Study 2010 into the program as
3 opportunities emerge, to the extent practicable and
4 appropriate.

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

7 (A) complement existing research invest-
8 ments; and

9 (B) ensure that new discoveries make it
10 through the pipeline and become available to in-
11 dividuals who need them.

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

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

20 (b) GLOBAL PROGRAMMING.—The Secretary of State
21 should encourage the Global Fund to consider, as nec-
22 essary and appropriate, evolving research on the impact
23 of NTDs on efforts to control HIV/AIDS, tuberculosis,
24 and malaria when making programming decisions, par-
25 ticularly with regard to female genital schistosomiasis,

1 which studies suggest may be a significant co-factor in the
2 AIDS epidemic in Africa.

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

7 **SEC. 103. MULTILATERAL DEVELOPMENT AND HEALTH IN-**
8 **STITUTIONS.**

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

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

21 (1) to ensure the dissemination of best practices
22 and programming on NTDs to governments and
23 make data accessible to practitioners in an open and
24 timely fashion;

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

5 (3) to encourage governments to establish and
6 implement national NTD programs;

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

12 (5) to encourage accurate monitoring and eval-
13 uation of NTD programs, including deworming pro-
14 grams; and

15 (6) to engage governments in cross-border ini-
16 tiatives for the treatment, control, prevention, and
17 elimination of NTDs, and assist in developing
18 transnational agreements, when and where nec-
19 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, or the epidemiology and surveillance
12 of, major neglected tropical diseases that are
13 endemic to the United States, such as Chagas
14 disease, dengue, leishmaniasis, West Nile virus,
15 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).

○