



1           “(1) IN GENERAL.—It is a major objective of  
2           the foreign assistance program of the United States  
3           to help end the TB public health emergency through  
4           accelerated actions—

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

8                   “(B) to prevent new TB infections from  
9                   occurring.

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

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

20                           “(i) to reduce TB deaths by 95 per-  
21                           cent by 2035;

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

1 “(iii) to reduce the number of families  
2 facing catastrophic health costs due to TB  
3 by 100 percent by 2035;

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

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

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

18 “(I) successfully treating  
19 40,000,000 people with active TB by  
20 2023, including 3,500,000 children,  
21 and 1,500,000 people with drug-re-  
22 sistant TB; and

23 “(II) diagnosing and treating la-  
24 tent tuberculosis infection, in support  
25 of the global goal of providing preven-

1                   tive therapy to at least 30,000,000  
2                   people by 2023, including 4,000,000  
3                   children younger than 5 years of age,  
4                   20,000,000 household contacts of peo-  
5                   ple affected by TB, and 6,000,000  
6                   people living with HIV;

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

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

18                  “(C) to ensure, to the greatest extent prac-  
19                  ticable, that United States funding supports ac-  
20                  tivities that simultaneously emphasize—

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

1                   “(I) all people sick with TB re-  
2                   ceive quality diagnosis and treatment  
3                   through active case finding; and

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

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

11                  “(iii) the deployment of diagnostic  
12                  and treatment capacity—

13                  “(I) in areas with the highest TB  
14                  burdens; and

15                  “(II) for highly at-risk and im-  
16                  poverished populations, including pa-  
17                  tient support services;

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

1           “(v) training and engagement of  
2 health care workers on the use of new di-  
3 agnostic tools and therapies as they be-  
4 come available, and increased support for  
5 training frontline health care workers to  
6 support expanded TB active case finding,  
7 contact tracing, and patient support serv-  
8 ices;

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

14           “(vii) linkages with the private sector  
15 on—

16           “(I) research and development of  
17 a vaccine, and on new tools for diag-  
18 nosis and treatment of TB;

19           “(II) improving current tools for  
20 diagnosis and treatment of TB, in-  
21 cluding telehealth solutions for pre-  
22 vention and treatment; and

23           “(III) training healthcare profes-  
24 sionals on use of the newest and most

1 effective diagnostic and therapeutic  
2 tools;

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

6 “(I) training health workers;

7 “(II) sensitizing policy makers;

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

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

15 “(V) monitoring barriers to ac-  
16 cessing TB services; and

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

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

1                   “(x) support for the integration of TB  
2                   diagnosis, treatment, and prevention activi-  
3                   ties into primary health care, as appro-  
4                   priate.

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

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

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

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

23                  “(4) GLOBAL TUBERCULOSIS DRUG FACIL-  
24                  ITY.—The term ‘Global Tuberculosis Drug Facility’  
25                  means the initiative of the Stop Tuberculosis Part-



1       nership to increase access to the most advanced, af-  
2       fordable, quality-assured TB drugs and diagnostics.

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

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

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

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

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

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

7 “(1) United States TB programs to detect,  
8 cure, and prevent all forms of TB globally for the  
9 period between 2023 and 2030 that are aligned with  
10 the End TB Strategy’s 2030 targets and the  
11 USAID’s Global Tuberculosis (TB) Strategy 2023–  
12 2030; and

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

15 “(f) COORDINATION.—

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

23 “(2) BILATERAL ASSISTANCE.—In providing bi-  
24 lateral assistance under this section, the President,  
25 acting through the Administrator of the United

1 States Agency for International Development,  
2 shall—

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

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

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

1 “(i) to ensure accountability and  
2 transparency;

3 “(ii) to reduce duplication of efforts;  
4 and

5 “(iii) to ensure appropriate integra-  
6 tion and coordination of TB services into  
7 other United States-supported health pro-  
8 grams.

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

12 “(1) building and strengthening TB pro-  
13 grams—

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

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

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

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

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

8           “(5) researching and developing innovative  
9           diagnostics, drug therapies, and vaccines, and pro-  
10          gram-based research;

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

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

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

1           “(1) to provide resources to the World Health  
2           Organization and the Stop Tuberculosis Partnership  
3           to improve the capacity of countries with high bur-  
4           dens or rates of TB and other affected countries to  
5           implement the End TB Strategy, the Stop TB Glob-  
6           al Plan to End TB, their own national strategies  
7           and plans, other global efforts to control MDR-TB  
8           and XDR-TB; and

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

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

18                 “(1) the number of individuals with active TB  
19                 disease that were diagnosed and treated, including  
20                 the rate of treatment completion and the number re-  
21                 ceiving 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 TB  
2 control programs;

3 “(3) the number of people trained by the  
4 United States Government in TB surveillance and  
5 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 TB control programs;

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

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 departments and agencies, including the Centers for  
21 Disease Control and Prevention and the Office of  
22 the Global AIDS Coordinator, for the purposes of  
23 combating TB and, as appropriate, its integration  
24 into primary care;

1           “(7) the constraints on implementation of pro-  
2           grams posed by health workforce shortages, health  
3           system limitations, barriers to digital health imple-  
4           mentation, other challenges to successful implemen-  
5           tation, and strategies to address such constraints;

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

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

17                 “(A) a description of progress toward the  
18                 adoption and implementation of the most recent  
19                 World Health Organization guidelines to im-  
20                 prove diagnosis, treatment, and prevention of  
21                 TB for adults and children, disaggregated by  
22                 sex, including the proportion of health facilities  
23                 that have adopted the latest World Health Or-  
24                 ganization guidelines on strengthening moni-  
25                 toring systems and preventative, diagnostic, and



1 therapeutic methods, including the use of rapid  
2 diagnostic tests and orally administered TB  
3 treatment regimens;

4 “(B) the number of individuals screened  
5 for TB disease and the number evaluated for  
6 TB infection using active case finding outside  
7 of health facilities;

8 “(C) the number of individuals with active  
9 TB disease that were diagnosed and treated, in-  
10 cluding the rate of treatment completion and  
11 the number receiving patient support;

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

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

23 “(F) a description of progress in imple-  
24 menting measures to reduce TB incidence, in-  
25 cluding actions—

1                   “(i) to expand active case finding and  
2                   contact tracing to reach vulnerable groups;  
3                   and

4                   “(ii) to expand TB preventive ther-  
5                   apy, engagement of the private sector, and  
6                   diagnostic capacity;

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

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

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

1           “(J) a description of TB commodity pro-  
2           curement challenges, including shortages,  
3           stockouts, or failed tenders for TB drugs or  
4           other commodities;

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

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

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

18                  “(i) country national TB plans and  
19                  strategies; and

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

1           “(N) for the first 3 years of the report re-  
2           quired under this subsection, a description of  
3           the progress in recovering from the negative im-  
4           pact of COVID–19 on TB, including—

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

9                   “(ii) the continued use of bidirectional  
10                  TB–COVID testing; and

11                  “(iii) progress on increased diagnosis  
12                  and treatment of active TB.

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

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

1           “(2) identifies critical gaps and emerging prior-  
2           ities for research and development, including for  
3           rapid and point-of-care diagnostics, shortened treat-  
4           ments and prevention methods, telehealth solutions  
5           for prevention and treatment, and vaccines; and

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

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

