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1ST SESSION

S. 288

To prevent, treat, and cure tuberculosis globally.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 7, 2023

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 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

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

1 control a priority, TB remains a deadly health
2 threat.

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

14 (3) More than $\frac{1}{3}$ of people who become ill with
15 TB may be undiagnosed or misdiagnosed, resulting
16 in unnecessary illness, communicable infections, and
17 increased 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. According to the
22 World Health Organization, from 2019 to 2020—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 “(b) POLICY.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 “(I) training health workers;

5 “(II) sensitizing policy makers;

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

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

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

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

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

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

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

3 “(c) DEFINITIONS.—In this section:

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

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

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

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

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

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

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

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

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

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

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

13 “(f) COORDINATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

○