

117TH CONGRESS  
2D SESSION

# H. R. 8654

To prevent, treat, and cure tuberculosis globally.

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IN THE HOUSE OF REPRESENTATIVES

AUGUST 5, 2022

Mr. BERA (for himself and Ms. SALAZAR) introduced the following bill; which  
was referred to the Committee on Foreign Affairs

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## 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 2022”.

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 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 and existing tools must be de-  
13 veloped and scaled-up.

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. According to the  
22 World Health Organization, global detection dropped  
23 by 18 percent between 2019 and 2020 and an esti-  
24 mated 1,300,000 fewer people were diagnosed and  
25 enrolled on TB treatment, and in some countries

1 case notifications dropped by up to 41 percent, set-  
2 ting progress back by up to 12 years.

3 (5) Failure to properly diagnose and treat TB  
4 can lead to death and can exacerbate antimicrobial  
5 resistance, a key contributor to rising cases of multi-  
6 drug-resistant TB and extensively drug-resistant  
7 TB, and increasing the probability of the introduc-  
8 tion of resistant TB into new geographic areas.

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

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

22 (8) Globally, only about  $\frac{1}{2}$  of the  
23 \$13,000,000,000 required annually, as outlined in  
24 the Stop TB Partnership's Global Plan to End TB,  
25 is currently available.

1           (9) On September 26, 2018, the United Na-  
2           tions convened the first High-Level Meeting of the  
3           General Assembly on the Fight Against Tuber-  
4           culosis, during which 120 countries—

5                   (A) signed a Political Declaration to accel-  
6                   erate progress against TB, including through  
7                   commitments to increase funding for TB pre-  
8                   vention, diagnosis, treatment and research and  
9                   development programs, and ambitious goals to  
10                  successfully treat 40,000,000 people with active  
11                  TB and prevent at least 30,000,000 from be-  
12                  coming ill with TB between 2018 and 2022;  
13                  and

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

22           (10) The United States Government continues  
23           to be a lead funder of global TB research and devel-  
24           opment, contributing 44 percent of the total

1       \$915,000,000 in global funding in 2020, and can  
2       catalyze more investments from other countries.

3           (11) Working with governments and partners  
4       around the world, USAID’s TB programming has  
5       saved 66,000,000 lives, demonstrating the effective-  
6       ness of United States programs and activities.

7           (12) On September 26, 2018, the USAID Ad-  
8       ministrator announced a new performance-based  
9       Global Accelerator to End TB, aimed at catalyzing  
10      investments to meet the treatment target set by the  
11      United Nations High-Level Meeting, further dem-  
12      onstrating the critical role that United States leader-  
13      ship and assistance plays in the fight to eliminate  
14      TB.

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

21   **SEC. 3. UNITED STATES GOVERNMENT ACTIONS TO END**  
22                           **TUBERCULOSIS.**

23      Section 104B of the Foreign Assistance Act of 1961  
24   (22 U.S.C. 2151b–3) is amended to read as follows:

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

2 “(a) FINDINGS.—Congress makes the following find-  
3 ings:

4 “(1) The continuing challenge of the inter-  
5 national spread of tuberculosis (referred to in this  
6 section as ‘TB’), and the deadly impact of TB’s con-  
7 tinued existence constitutes a continuing challenge.

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

10 “(3) Effectively resourced TB programs can  
11 serve as a critical platform for preventing and re-  
12 sponding to future infectious respiratory disease  
13 pandemics.

14 “(b) POLICY.—

15 “(1) It is a major objective of the foreign as-  
16 sistance program of the United States to help end  
17 the TB pandemic through accelerated actions to  
18 support the diagnosis and treatment of all adults  
19 and children with all forms of TB, and to prevent  
20 new TB infections from occurring.

21 “(2) In countries in which the United States  
22 Government has established foreign assistance pro-  
23 grams under this Act, particularly in countries with  
24 the highest burden of TB and other countries with  
25 high rates of infection and transmission of TB, it is  
26 the policy of the United States to—

1 “(A) support the objectives of the World  
2 Health Organization End TB Strategy, includ-  
3 ing its goals to—

4 “(i) reduce by 95 percent TB deaths  
5 by 2035;

6 “(ii) reduce by 90 percent the TB in-  
7 cidence rate by 2035; and

8 “(iii) reduce by 100 percent the num-  
9 ber of families facing catastrophic health  
10 costs due to TB by 2035;

11 “(B) continue to support the Stop TB  
12 Partnership’s Global Plan to End TB 2018–  
13 2022, and successor plans, as appropriate, in-  
14 cluding by providing support for—

15 “(i) developing and using innovative  
16 new technologies and therapies to increase  
17 active case finding and rapidly diagnose  
18 and treat children and adults with all  
19 forms of TB, alleviate suffering, and en-  
20 sure TB treatment completion;

21 “(ii) expanding diagnosis and treat-  
22 ment in line with the goals established by  
23 the Political Declaration of the High-Level  
24 Meeting of the General Assembly on the  
25 Fight Against Tuberculosis, including—

1 “(I) successfully treating  
2 40,000,000 people with active TB by  
3 2023 including 3,500,000 children,  
4 and 1,500,000 people with drug-re-  
5 sistant TB; and

6 “(II) diagnosing and treating la-  
7 tent tuberculosis infection, in support  
8 of the global goal of providing preven-  
9 tive therapy to at least 30,000,000  
10 people, including 4,000,000 children  
11 under 5 years of age, 20,000,000  
12 household contacts of people affected  
13 by TB, and 6,000,000 people living  
14 with HIV, by 2023;

15 “(iii) ensuring high quality TB care  
16 by closing gaps in care cascades, imple-  
17 menting continuous quality improvement  
18 at all levels of care, and providing related  
19 patient support; and

20 “(iv) sustainable procurements of TB  
21 commodities to avoid interruptions in sup-  
22 ply, the procurement of commodities of un-  
23 known quality, or payment of excessive  
24 commodity costs in countries impacted by  
25 TB; and



1           “(C) ensure, to the greatest extent prac-  
2           ticable, that United States funding supports ac-  
3           tivities that simultaneously emphasize—

4                   “(i) the development of comprehensive  
5                   person-centered programs, including diag-  
6                   nosis, treatment, and prevention strategies  
7                   to ensure that—

8                           “(I) all people sick with TB re-  
9                           ceive quality diagnosis and treatment  
10                          through active case finding; and

11                           “(II) people at high risk for TB  
12                           infection are found and treated with  
13                           preventive therapies in a timely man-  
14                           ner;

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

18                           “(iii) the deployment of diagnostic  
19                           and treatment capacity—

20                           “(I) in areas with the highest TB  
21                           burdens; and

22                           “(II) for highly at-risk and im-  
23                           poverished populations, including pa-  
24                           tient support services;

1 “(iv) program monitoring and evalua-  
2 tion based on critical TB indicators, in-  
3 cluding indicators relating to infection con-  
4 trol, the numbers of patients accessing TB  
5 treatment and patient support services,  
6 and preventative therapy for those at risk,  
7 including all close contacts, and treatment  
8 outcomes for all forms of TB;

9 “(v) training and engagement of  
10 health care workers on the use of new di-  
11 agnostic tools and therapies as they be-  
12 come available, and increased support for  
13 training frontline health care workers to  
14 support expanded TB active case finding,  
15 contact tracing, and patient support serv-  
16 ices;

17 “(vi) coordination with domestic agen-  
18 cies and organizations to support an ag-  
19 gressive research agenda to develop vac-  
20 cines as well as new tools to diagnose,  
21 treat, and prevent TB globally;

22 “(vii) linkages with the private sector  
23 on—

1 “(I) research and development of  
2 a vaccine, and on new tools for diag-  
3 nosis and treatment of TB;

4 “(II) improving current tools for  
5 diagnosis and treatment of TB; and

6 “(III) training healthcare profes-  
7 sionals on use of the newest and most  
8 effective diagnostic and therapeutic  
9 tools;

10 “(viii) the reduction of barriers to  
11 care, including stigma and treatment and  
12 diagnosis costs, including through—

13 “(I) training health workers;

14 “(II) sensitizing policy makers;

15 “(III) requiring access and af-  
16 fordability provisions into all grants  
17 and funding agreements;

18 “(IV) support education and em-  
19 powerment campaigns for TB patients  
20 regarding local TB services;

21 “(V) monitor barriers to access-  
22 ing TB services; and

23 “(VI) increase support for pa-  
24 tient-led and community-led TB out-  
25 reach efforts; and

1                   “(ix) support for country-level, sus-  
2                   tainable accountability mechanisms and ca-  
3                   pacity to measure progress and ensure that  
4                   commitments made by governments and  
5                   relevant stakeholders are met.

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

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

12                  “(2) END TB STRATEGY.—The term ‘End TB  
13                  Strategy’ means the strategy to eliminate TB that  
14                  was approved by the World Health Assembly in May  
15                  2014, and is described in The End TB Strategy:  
16                  Global strategy and targets for TB prevention, care  
17                  and control after 2015.

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

24                  “(4) GLOBAL TUBERCULOSIS DRUG FACIL-  
25                  ITY.—The term ‘Global Tuberculosis Drug Facility’

1 means the initiative of the Stop Tuberculosis Part-  
2 nership to increase access to the most advanced, af-  
3 fordable, quality-assured TB drugs and diagnostics.

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

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

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

23 “(d) AUTHORIZATION.—To carry out this section, the  
24 President is authorized, consistent with section 104(c), to  
25 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 United States TB programs to detect,  
7 cure, and prevent all forms of TB globally for the period  
8 between 2023 and 2030 that are aligned with the End  
9 TB Strategy’s 2030 targets, by updating the United  
10 States Government Tuberculosis Strategy (2015–2019)  
11 and the National Action Plan for Combating Multidrug-  
12 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, and reaching those at high risk  
10          with preventive therapy; and

11          “(C) ensure coordination among relevant  
12          United States Government agencies, including  
13          the Department of State, the Centers for Dis-  
14          ease Control and Prevention, the National In-  
15          stitutes of Health, the Biomedical Advanced  
16          Research and Development Authority, the Food  
17          and Drug Administration, the National Science  
18          Foundation, the Department of Defense  
19          (through its Congressionally Directed Medical  
20          Research Program), and other Federal agencies  
21          that engage in international TB activities to en-  
22          sure accountability and transparency, reduce  
23          duplication of efforts and ensure appropriate in-  
24          tegration and coordination of TB services into  
25          other United States-supported health programs.

1       “(g) PRIORITY TO END TB STRATEGY.—In fur-  
2 nishing assistance under subsection (d), the President  
3 shall give priority to—

4               “(1) building and strengthening TB programs  
5 to increase diagnosis and treatment of everyone who  
6 is sick with TB, and ensuring such individuals have  
7 access to quality diagnosis and treatment;

8               “(2) direct, high-quality integrated services for  
9 all forms of TB, as described by the World Health  
10 Organization, which call for the coordination of ac-  
11 tive case finding, treatment of all forms of TB dis-  
12 ease and infection, patient support, and TB preven-  
13 tion;

14               “(3) individuals co-infected with HIV and other  
15 co-morbidities, and other individuals with TB who  
16 may be at risk of stigma;

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

21               “(5) research and development of innovative  
22 diagnostics, drug therapies, and vaccines, and pro-  
23 gram-based research;

24               “(6) the Stop Tuberculosis Partnership’s Global  
25 Drug Facility, and the Global Alliance for Tuber-



1       culosis Drug Development, and other organizations  
2       promoting the development of new products and  
3       drugs for TB; and

4             “(7) ensuring TB programs can serve as key  
5       platforms for supporting national respiratory pan-  
6       demic response against existing and new infectious  
7       respiratory disease.

8       “(h) ASSISTANCE FOR THE WORLD HEALTH ORGA-  
9       NIZATION AND THE STOP TUBERCULOSIS PARTNER-  
10      SHIP.—In carrying out this section, the President, acting  
11      through the Administrator of the United States Agency  
12      for International Development, is authorized to provide re-  
13      sources to the World Health Organization and the Stop  
14      Tuberculosis Partnership to improve the capacity of coun-  
15      tries with high burdens or rates of TB and other affected  
16      countries to implement the End TB Strategy, the Stop  
17      TB Global Plan to End TB, their own national strategies  
18      and plans, other global efforts to control MDR–TB and  
19      XDR–TB, and, to leverage the contributions of other do-  
20      nors for such activities.

21       “(i) ANNUAL REPORT ON TB ACTIVITIES.—Not later  
22      than December 15 of each year until the goals specified  
23      in subsection (b)(1) are met, the President shall submit  
24      an annual report to the appropriate congressional commit-

1   tees that describes United States foreign assistance to  
2   control TB and the impact of such efforts, including—

3           “(1) the number of individuals with active TB  
4       disease that were diagnosed and treated, including  
5       the rate of treatment completion and the number re-  
6       ceiving patient support;

7           “(2) the number of persons with MDR–TB and  
8       XDR–TB that were diagnosed and treated, includ-  
9       ing the rate of completion, in countries receiving  
10      United States bilateral foreign assistance for TB  
11      control programs;

12          “(3) the numbers of people trained by the  
13      United States Government in TB surveillance and  
14      control;

15          “(4) the number of individuals with active TB  
16      disease identified as a result of engagement with the  
17      private sector and other nongovernmental partners  
18      in countries receiving United States bilateral foreign  
19      assistance for TB control programs;

20          “(5) a description of the collaboration and co-  
21      ordination of United States anti-TB efforts with the  
22      World Health Organization, the Stop TB Partner-  
23      ship, the Global Fund to Fight AIDS, Tuberculosis  
24      and Malaria, and other major public and private en-  
25      tities;

1           “(6) a description of the collaboration and co-  
2           ordination among the United States Agency for  
3           International Development and other United States  
4           offices and agencies, including the Centers for Dis-  
5           ease Control and Prevention and the Office of the  
6           Global AIDS Coordinator, for the purposes of com-  
7           bating TB;

8           “(7) the constraints on implementation of pro-  
9           grams posed by health workforce shortages, health  
10          system limitations, other challenges to successful im-  
11          plementation and strategies to address such con-  
12          straints;

13          “(8) a breakdown of expenditures for patient  
14          services supporting TB diagnosis, treatment, and  
15          prevention, including procurement of drugs and  
16          other commodities, drug management, training in di-  
17          agnosis and treatment, health systems strengthening  
18          that directly impacts the provision of TB services,  
19          and research; and

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

24                 “(A) a description of progress toward the  
25                 adoption and implementation of the most recent

1 World Health Organization guidelines to im-  
2 prove diagnosis, treatment, and prevention of  
3 TB for adults and children, disaggregated by  
4 sex, including the proportion of health facilities  
5 that have adopted the latest World Health Or-  
6 ganization guidelines on strengthening moni-  
7 toring systems and preventative, diagnostic, and  
8 therapeutic methods, including the use of rapid  
9 diagnostic tests and orally administered TB  
10 treatment regimens;

11 “(B) the number of individuals screened  
12 for TB disease and the number evaluated for  
13 TB infection using active case finding outside  
14 of health facilities;

15 “(C) the number of individuals with active  
16 TB disease that were diagnosed and treated, in-  
17 cluding the rate of treatment completion and  
18 the number receiving patient support;

19 “(D) the number of adults and children,  
20 including people with HIV and close contacts,  
21 who are evaluated for TB infection, the number  
22 of adults and children started on treatment for  
23 TB infection, and the number of adults and  
24 children completing such treatment,

1 disaggregated by sex and, as possible, income or  
2 wealth quintile;

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

6 “(F) a description of progress in imple-  
7 menting measures to reduce TB incidence, in-  
8 cluding actions—

9 “(i) to expand active case finding and  
10 contact tracing to reach vulnerable groups;  
11 and

12 “(ii) to expand TB preventive ther-  
13 apy, engagement of the private sector, and  
14 diagnostic capacity;

15 “(G) a description of progress to expand  
16 diagnosis, prevention, and treatment for all  
17 forms of TB, including in pregnant women,  
18 children, and individuals and groups at greater  
19 risk of TB, including migrants, prisoners, min-  
20 ers, people exposed to silica, and people living  
21 with HIV/AIDS, disaggregated by sex;

22 “(H) the rate of successful completion of  
23 TB treatment for adults and children,  
24 disaggregated by sex, and the number of indi-

1           viduals receiving support for treatment comple-  
2           tion;

3           “(I) the number of people, disaggregated  
4           by sex, receiving treatment for MDR–TB, the  
5           proportion of those treated with the latest regi-  
6           mens endorsed by the World Health Organiza-  
7           tion, factors impeding scale up of such treat-  
8           ment, and a description of progress to expand  
9           community-based MDR–TB care;

10          “(J) a description of TB commodity pro-  
11          curement challenges, including shortages,  
12          stockouts, or failed tenders for TB drugs or  
13          other commodities;

14          “(K) the proportion of health facilities  
15          with specimen referral linkages to quality diag-  
16          nostic networks, including established testing  
17          sites and reference labs, to ensure maximum ac-  
18          cess and referral for second line drug resistance  
19          testing, and a description of the turnaround  
20          time for test results;

21          “(L) the number of people trained by the  
22          United States Government to deliver high-qual-  
23          ity TB diagnostic, preventative, monitoring,  
24          treatment, and care services;

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

3                   “(i) country national TB plans and  
4                   strategies; and

5                   “(ii) TB control efforts supported by  
6                   the Global Fund to Fight AIDS, Tuber-  
7                   culosis, and Malaria, and other inter-  
8                   national assistance programs and funds,  
9                   including in the areas of program develop-  
10                  ment and implementation; and

11                  “(N) 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 TB, including  
15                  whether there has been the development and  
16                  implementation of a comprehensive plan to en-  
17                  sure TB activities recover from diversion of re-  
18                  sources, the continued use of bidirectional TB–  
19                  COVID testing, and progress on increased diag-  
20                  nosis and treatment of active TB.

21                  “(j) ANNUAL REPORT ON TB RESEARCH AND DE-  
22                  VELOPMENT.—The President, acting through the Admin-  
23                  istrator of the United States Agency for International De-  
24                  velopment, and in coordination with the National Insti-  
25                  tutes of Health, the Centers for Disease Control and Pre-

1 vention, the Biomedical Advanced Research and Develop-  
2 ment Authority, the Food and Drug Administration, the  
3 National Science Foundation, and the Office of the Global  
4 AIDS Coordinator, shall submit an annual report to Con-  
5 gress that—

6           “(1) describes current progress and challenges  
7       to the development of new tools for the purpose of  
8       TB prevention, treatment, and control;

9           “(2) identifies critical gaps and emerging prior-  
10      ities for research and development, including for  
11      rapid and point-of-care diagnostics, shortened treat-  
12      ments and prevention methods, and vaccines; and

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

15      “(k) EVALUATION REPORT.—Not later than 2 years  
16      after the date of the enactment of the End Tuberculosis  
17      Now Act of 2022, and every 5 years thereafter until 2035,  
18      the Comptroller General of the United States shall submit  
19      a report to the appropriate congressional committees that  
20      evaluates the performance and impact on TB prevention,  
21      diagnosis, treatment, and care efforts that are supported  
22      by United States bilateral assistance funding, including  
23      recommendations for improving such programs.”.

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