110TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPT. 110–381
Part 1

STOP TUBERCULOSIS (TB) NOW ACT OF 2007

OCTOBER 15, 2007.—Ordered to be printed

Mr. LANTOS, from the Committee on Foreign Affairs, submitted the following

R E P O R T

[To accompany H.R. 1567]

[Including cost estimate of the Congressional Budget Office]

The Committee on Foreign Affairs, to whom was referred the bill (H.R. 1567) to amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

TABLE OF CONTENTS

AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stop Tuberculosis (TB) Now Act of 2007".

SEC. 2. FINDINGS.

Congress finds the following:

(1) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 1.6 million people per year—one person every 20 seconds.

(2) One-third of the world's population is infected with the tuberculosis bacterium and an estimated 8.8 million individuals develop active tuberculosis each year.

(3) Tuberculosis is the leading infectious killer among individuals who are HIV-positive due to their weakened immune systems, and it is estimated that one-third of people with HIV infection have tuberculosis.

(4) Today, tuberculosis is a leading killer of women of reproductive age.

(5) There are 22 countries that account for 80 percent of the world's burden of tuberculosis. The People's Republic of China and India account for 36 percent of all estimated new tuberculosis cases each year.

(6) Driven by the HIV/AIDS pandemic, incidence rates of tuberculosis in Africa have more than doubled on average since 1990. The problem is so pervasive that in August 2005, African Health Ministers and the World Health Organization (WHO) declared tuberculosis to be an emergency in Africa.

(7) The wide extent of drug resistance, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat. XDR–TB, which is characterized as being MDR–TB with additional resistance to multiple second-line anti-tuberculosis drugs, is associated with worst treatment outcomes of any form of tuberculosis. XDR–TB is converging with the HIV epidemic, undermining gains in HIV prevention and treatment programs and requires urgent interventions. Drug resistance surveillance reports have confirmed the serious scale and spread of tuberculosis with XDR–TB strains confirmed on six continents. Demonstrating the lethality of XDR–TB, an initial outbreak in Tugela Ferry, South Africa, in 2006 killed 52 of 53 patients with hundreds more cases reported since that time. Of the world's regions, sub-Saharan Africa, faces the greatest gap in capacity to prevent, find, and treat XDR–TB.

(8) With more than 50 percent of tuberculosis cases in the United States attributable to foreign-born individuals and with the increase in international travel, commerce, and migration, elimination of tuberculosis in the United States depends on efforts to control the disease in developing countries. Recent research has shown that to invest in tuberculosis control abroad, where treatment and program costs are significantly cheaper than in the United States, would be a cost-effective strategy to reduce tuberculosis-related morbidity and mortality domestically.

(9) The threat that tuberculosis poses for Americans derives from the global spread of tuberculosis and the emergence and spread of strains of multi-drug resistant tuberculosis and extensively drug resistant tuberculosis, which are far more deadly, and more difficult and costly to treat.

(10) DOTS (Directly Observed Treatment Short-course) is one of the most cost-effective health interventions available today and is a core component of the new Stop TB Strategy.

(11) The Stop TB Strategy, developed by the World Health Organization, builds on the success of DOTS and ongoing challenges so as to serve all those in need and reach targets for prevalence, mortality, and incidence reduction. The Stop TB Strategy includes six components:

(A) Pursuing high-quality expansion and enhancement of DOTS coverage.

(B) Implementing tuberculosis and HIV collaborative activities, preventing and controlling multi-drug resistant tuberculosis, and addressing other special challenges.

(C) Contributing to the strengthening of health systems.

(D) Engaging all health care providers, including promotion of the International Standards for Tuberculosis Care.

(E) Empowering individuals with tuberculosis and communities.

(F) Enabling and promoting research to develop new diagnostics, drugs, vaccines, and program-based operational research relating to tuberculosis.

(12) The Global Plan to Stop TB 2006–2015: Actions for Life is a comprehensive plan developed by the Stop TB Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2015 and thus eliminate tuberculosis as a global health problem by 2050.

(13) While innovations such as the Global Tuberculosis Drug Facility have enabled low-income countries to treat a standard case of tuberculosis with drugs that cost as little as $16 for a full course of treatment, there are still millions of individuals with no access to effective treatment.

(14) As the global resource investment in fighting tuberculosis increases, partner nations and international institutions must commit to a corresponding increase in the technical and program assistance necessary to ensure that the most effective and efficient tuberculosis treatments are provided.

(15) The Global Fund to Fight AIDS, Tuberculosis and Malaria is an important global partnership established to combat these three infectious diseases that together kill millions of people a year. Expansion of effective tuberculosis treatment programs constitutes a major component of Global Fund investment, along with integrated efforts to address HIV and tuberculosis in areas of high prevalence.

(16) The United States Agency for International Development and the Centers for Disease Control and Prevention are actively involved with global tuberculosis control efforts. Because the global tuberculosis epidemic directly impacts tuberculosis in the United States, Congress has urged the Centers for Disease Control and Prevention each year to increase its involvement with international tuberculosis control efforts.

(17) The United States Agency for International Development is the lead United States Government agency for international tuberculosis efforts, working in close partnership with the Centers for Disease Control and Prevention and with the President's Emergency Plan for HIV/AIDS Relief. The goal of the United States Agency for International Development is to contribute to the global reduction of morbidity and mortality associated with tuberculosis by building country capacity to prevent and cure tuberculosis and achieve global targets of 70 percent case detection and 85 percent treatment success rates. The United States Agency for International Development provides support for tuberculosis programs in countries that have a high burden of tuberculosis, a high prevalence of tuberculosis and HIV, and a high risk of MDR–TB.

SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) POLICY.—Subsection (b) of section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is amended to read as follows:

"(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:

"(1) Reduce by half the tuberculosis death and disease burden from the 1990 baseline.

"(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of those cases detected.".

(b) AUTHORIZATION.—Subsection (c) of such section is amended—

(1) in the heading, by striking "AUTHORIZATION" and inserting "ASSISTANCE REQUIRED"; and

(2) by striking "is authorized to" and inserting "shall".

(c) PRIORITY TO STOP TB STRATEGY.—Subsection (e) of such section is amended—

(1) in the heading, to read as follows: "PRIORITY TO STOP TB STRATEGY.—";

(2) in the first sentence, by striking "In furnishing" and all that follows through ", including funding" and inserting the following:

"(1) PRIORITY.—In furnishing assistance under subsection (c), the President shall give priority to—

"(A) activities described in the Stop TB Strategy, including expansion and enhancement of DOTS coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR–TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

"(B) funding"; and

(3) in the second sentence—

(A) by striking "In order to" and all that follows through "not less than" and inserting the following:

"(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

"(A) shall ensure that not less than";

(B) by striking "for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS–Plus," and inserting "to implement the Stop TB Strategy; and"; and

(C) by striking "including" and all that follows and inserting the following:

"(B) should ensure that not less than $15,000,000 of the amount made available to carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.".

(d) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—Such section is further amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following new subsection:

"(f) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB).".

(e) DEFINITIONS.—Subsection (g) of such section, as redesignated by subsection (d)(1), is amended—

(1) in paragraph (1), by adding at the end before the period the following: ", including low cost and effective diagnosis and evaluation of treatment regimes, vaccines, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems"; and

(2) by adding after paragraph (5) the following new paragraph:

"(6) STOP TB STRATEGY.—The term 'Stop TB Strategy' means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.".

(f) ANNUAL REPORT.—Clause (iii) of section 104A(e)(2)(C) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)(2)(C)) is amended by adding at the end before the semicolon the following: ", including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO)".

(g) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There are authorized to be appropriated to the President not more than $400,000,000 for fiscal year 2008 and not more than $550,000,000 for fiscal year 2009 to carry out section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3), as amended by subsections (a) through (e) of this section.

(2) FUNDING FOR CDC.—Of the amounts appropriated pursuant to the authorization of appropriations under paragraph (1), not more than $70,000,000 for fiscal year 2008 and not more than $100,000,000 for fiscal year 2009 shall be made available for the purpose of carrying out global tuberculosis activities through the Centers for Disease Control and Prevention.

(3) ADDITIONAL PROVISIONS.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) and amounts made available pursuant to paragraph (2)—

(A) are in addition amounts otherwise made available for such purposes; and

(B) are authorized to remain available until expended.

SUMMARY

The Stop Tuberculosis (TB) Now Act of 2007 amends the Foreign Assistance Act of 1961 to require the President to furnish assistance for tuberculosis (TB) prevention, treatment, and elimination. The Act gives priority to activities described in the Stop TB Strategy of the World Health Organization (WHO), and revises related fund use provisions. The Act authorizes the President, through the United States Agency for International Development (USAID), to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high TB rates and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB). It also authorizes appropriations for Centers for Disease Control and Prevention (CDC) TB activities.

BACKGROUND AND PURPOSE FOR THE LEGISLATION

The Stop TB Act responds to the global tuberculosis crisis that has the potential to kill millions of individuals worldwide and introduce new strains of resistant tuberculosis in the United States. Worldwide, tuberculosis has one of the highest death rates for adults who contract an infectious disease, killing 1.6 million people per year—one person every 15 seconds. One-third of the world's population is infected with the tuberculosis bacterium and an estimated 8.8 million individuals develop active tuberculosis each year.

The emergence of both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat. Demonstrating the lethality of XDR–TB, an initial outbreak in Tugela Ferry, South Africa killed 52 of 53 patients, with hundreds more cases reported since. Between October 2006 and May 2007, KwaZulu-Natal province in South Africa had at least 1,000 diagnosed XDR–TB patients with the death rate of 100 percent. Now, MDR–TB has been reported in all regions of the world and, according to the WHO, over 400,000 cases are emerging every year due to under investment in basic TB control, poor management of anti-TB drugs and to transmission of drug-resistant strains.

One of the Committee's greatest concerns is the coinfection of tuberculosis and HIV/AIDS. Studies worldwide have shown that tuberculosis is the leading infectious killer among individuals who are HIV-positive. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), about 42 million people are HIV-infected and almost one-third are also infected with TB. In many African countries, more than 50 percent of patients with active TB disease are also HIV-positive. Persons infected with both HIV and TB are 30 times more likely to progress to active TB disease. Also, recent studies have shown that infection with TB enhances replication of HIV and may accelerate the progression of HIV infection to AIDS.

The U.S. Government has invested heavily through the President's Emergency Plan for AIDS Relief (PEPFAR) in prevention, treatment, and care programs to address the HIV/AIDS pandemic. In FY2006, Congress provided almost $3.4 billion for the PEPFAR

programs targeting the 15 most heavily HIV/AIDS impacted countries in the world, primarily in Africa. While the PEPFAR program includes some funding to identify and treat HIV/AIDS patients with TB, its resources are not intended for broad tuberculosis testing and treatment. However, if the 1.1 million men, women, and children on antiretrovirals through PEPFAR live in households and communities that do not have access to tuberculosis services, their chances of contracting the disease and dying are greatly increased, thereby reversing the substantial efforts of the U.S. Government.

The threat that the global tuberculosis crisis poses for Americans is very real. In May 2007, alarm spread across the United States as health investigators looked for an airline passenger who had traveled on an international commercial fight with a rare form of drug-resistant tuberculosis. With more than 50 percent of tuberculosis cases in the United States attributable to foreign-born individuals and with the increase in international travel, commerce, and migration, elimination of tuberculosis in the United States depends heavily on efforts to control the disease abroad. Recent research has shown that to invest in tuberculosis control in developing countries, where treatment and program costs are significantly cheaper than in the United States, would be a cost-effective strategy to reduce tuberculosis-related morbidity and mortality domestically.

Consideration of this legislation followed the adoption of an amendment to the Fiscal Year 2008 Foreign Operations bill in the House of Representatives which would increase funding for anti-TB programs by $50 million.

HEARINGS

The Committee on Foreign Affairs held a Full Committee Hearing on "PEPFAR: An Assessment of Progress and Challenges" on April 24, 2007. Testimony was heard from Mark R. Dybul, U.S. Global AIDS Coordinator.

COMMITTEE CONSIDERATION

The Committee marked up H.R. 1567 on July 31, 2007, and favorably reported the bill to the House, by voice vote, a quorum being present.

VOTES OF THE COMMITTEE

There were no recorded votes held on H.R. 1567.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 3(c) (2) of House Rule XIII is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 7, 2007.

Hon. TOM LANTOS, *Chairman,*
Committee on Foreign Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1567, the Stop Tuberculosis (TB) Now Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte, who can be reached at 226–2840.

Sincerely,

PETER R. ORSZAG.

Enclosure

cc: Honorable Ileana Ros-Lehtinen
Ranking Member

H.R. 1567—Stop Tuberculosis (TB) Now Act of 2007

H.R. 1567 would authorize the appropriation of $400 million in 2008 and $550 million in 2009 for programs working to control the global spread of tuberculosis. CBO estimates that implementing the bill would cost $93 million in 2008 and about $900 million over the 2008–2012 period, assuming that the authorized amounts are appropriated and that outlays will follow historical spending patterns for those programs. Enacting the bill would not affect direct spending or revenues.

The estimated budgetary impact of H.R. 1567 is shown in the following table. The costs of this legislation fall within budget functions 150 (international affairs) and 550 (health).

By Fiscal Year, in Millions of Dollars

	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
International Assistance					
Authorization Level	330	450	0	0	0
Estimated Outlays	66	239	264	113	52
Centers for Disease Control and Prevention					
Authorization Level	70	100	0	0	0
Estimated Outlays	27	68	52	16	5
Total Changes					
Authorization Level	400	550	0	0	0
Estimated Outlays	93	307	316	129	57

H.R. 1567 would authorize the appropriation of $400 million in 2008 and $550 million in 2009 for foreign assistance to improve the

detection of tuberculosis, to reduce the number of tuberculosis-related deaths in other countries, and to provide funds for those purposes to international organizations. Of those amounts, $70 million in 2008 and $100 million in 2009 would be earmarked for global antituberculosis programs of the Centers for Disease Control and Prevention.

H.R. 1567 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Sunita D'Monte, who can be reached at 226–2840. This estimate was approved by Peter H. Fontaine, Assistant Director for Budget Analysis.

INTERGOVERNMENTAL AND PRIVATE SECTOR IMPACT

H.R. 1567 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments

PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause (3)(c) of House rule XIII, upon enactment of this legislation, assistance will be increased for the prevention, treatment and control of TB.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d) (1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article I, section 8 of the Constitution.

NEW ADVISORY COMMITTEES

H.R. 567 does not establish or authorize any new advisory committees.

CONGRESSIONAL ACCOUNTABILITY ACT

H.R. 1567 does not apply to the Legislative Branch.

EARMARK IDENTIFICATION

H.R. 1567 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

SECTION-BY-SECTION ANALYSIS AND DISCUSSION

Section 1. Short Title.

This section states that this Act may be cited as the "Stop Tuberculosis (TB) Now Act of 2007."

Section 2. Findings.

This section presents a number of findings that stress the urgency of new initiatives to combat the global spread of tuberculosis. The findings note that tuberculosis represents one of the greatest causes of deaths among adults worldwide and is a leading killer of women of reproductive age. The findings also note the virulent new form of XDR–TB that came to our attention when the disease

began to surge throughout South Africa. The Committee is concerned that this strain of TB could undo all of the achievements gained to date in lives saved through treatment and care programs funded by the PEPFAR.

This section also highlights the DOTS (Directly Observed Treatment Short-Course) program that has been determined to be one of the most cost-effective and patient-friendly ways to treat TB in poor countries. DOTS is part of the new Stop TB Strategy developed by the WHO.

Section 3. Assistance to Combat Tuberculosis.

This section establishes as a U.S. policy objective the control of tuberculosis, particularly in countries where the United States has established development programs, and should achieve the following, no later than December 31, 2015—

- reduce by half the tuberculosis death and disease burden from the 1990 baseline; and
- sustain or exceed the detection of at last 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of those cases detected.

This section also requires assistance to adhere to the Stop TB Strategy, including expansion of DOTS.

In addition, this section authorizes not less than $15,000,000 to the Global Tuberculosis Drug Facility. It further authorizes through USAID up to $330,000,000 for Fiscal Year 2008 and up to $450,000,000 for fiscal year 2009 to support the WHO and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis to implement the Stop TB Strategy. This section also authorizes an appropriation of up to $70,000,000 for fiscal year 2008 and up to $100,000,000 for fiscal year 2009 to carry out global TB activities through the CDC. The appropriations shall remain available until expended.

The Committee expects USAID and the CDC to ensure fully that all such TB funding increases authorized under this section or endorsed by the House in an amendment to the FY 2008 Foreign Operations bill in June 2007 are expended in a transparent and efficient manner. All U.S. funded anti-TB programs should be results-driven and should expand upon or complement, but not duplicate, other international and indigenous efforts. The Committee further asserts that the Stop Tuberculosis Partnership, a multilateral effort which is to receive increased funding pursuant to this section, also must be held to the highest standard of transparency in terms of planning, procurement and implementation. The Committee intends to conduct rigorous oversight of these programs as they expand and develop over the next two years. This Section also requires an annual report that includes the percentage of U.S. foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by WHO.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omit-

ted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

FOREIGN ASSISTANCE ACT OF 1961

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PART I

CHAPTER 1—POLICY; DEVELOPMENT ASSISTANCE AUTHORIZATIONS

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SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

(a) * * *

* * * * * * *

(e) ANNUAL REPORT.—

(1) * * *

(2) REPORT ELEMENTS.—Each report shall include—

(A) * * *

* * * * * * *

(C) a detailed assessment of the impact of programs established pursuant to such sections, including—

(i) * * *

* * * * * * *

(iii) with respect to tuberculosis, the increase in the number of people treated and the increase in number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes*, including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO)*; and

* * * * * * *

SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) * * *

[(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.**]**

(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:

(1) Reduce by half the tuberculosis death and disease burden from the 1990 baseline.

(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of those cases detected.

(c) [AUTHORIZATION] *ASSISTANCE REQUIRED*.—To carry out this section and consistent with section 104(c), the President [is authorized to] *shall* furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

* * * * * * *

(e) [PRIORITY TO DOTS COVERAGE.—In furnishing assistance under subsection (c), the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis where needed using DOTS-Plus, including funding] *PRIORITY TO STOP TB STRATEGY.—*

(1) PRIORITY.—In furnishing assistance under subsection (c), the President shall give priority to—

(A) activities described in the Stop TB Strategy, including expansion and enhancement of DOTS coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR–TB), strengthening of health systems, use of the International Standards for Tuberculosis Care by all providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

(B) funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. [In order to meet the requirement of the preceding sentence, the President should ensure that not less than]

(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

(A) shall ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment [for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS–Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.] *to implement the Stop TB Strategy; and*

(B) should ensure that not less than $15,000,000 of the amount made available to carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.

(f) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of

tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB).

[(f)] *(g)* DEFINITIONS.—In this section:

(1) DOTS.—The term "DOTS" or "Directly Observed Treatment Short-course" means the World Health Organization-recommended strategy for treating tuberculosis*, including low cost and effective diagnosis and evaluation of treatment regimes, vaccines, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems*.

* * * * * * *

(6) STOP TB STRATEGY.—The term "Stop TB Strategy" means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.

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