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[Report No. 110-193]

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 22, 2007

Mrs. BOXER (for herself, Mr. SMITH, Mr. DURBIN, Mr. BROWN, Ms. STABENOW, Mrs. MURRAY, Mrs. CLINTON, Mr. BINGAMAN, Mr. MENENDEZ, Ms. CANTWELL, Mr. LEVIN, Mr. SANDERS, Mr. JOHNSON, and Mr. LAUTENBERG) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

OCTOBER 9, 2007

Reported, under authority of the order of the Senate of October 4, 2007, by
Mr. BIDEN, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Stop Tuberculosis
3 (TB) Now Act of 2007”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Tuberculosis is one of the greatest infec-
7 tious causes of death of adults worldwide, killing 1.6
8 million people per year—one person every 15 sec-
9 onds.

10 (2) One-third of the world’s population is in-
11 fected with the tuberculosis bacterium and an esti-
12 mated 8.8 million individuals develop active tuber-
13 culosis each year.

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

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

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

1 (6) Driven by the HIV/AIDS pandemic, inci-
2 dence rates of tuberculosis in Africa have more than
3 doubled on average since 1990, making it the only
4 region in the world in which tuberculosis rates are
5 not currently stabilized or declining. The problem is
6 so pervasive that in August 2005, African Health
7 Ministers and the World Health Organization
8 (WHO) declared tuberculosis to be an emergency in
9 Africa.

10 (7) The wide extent of drug resistance, includ-
11 ing both multi-drug resistant tuberculosis (MDR-
12 TB) and extensively drug resistant tuberculosis
13 (XDR-TB), represents both a critical challenge to
14 the global control of tuberculosis and a serious
15 worldwide public health threat. XDR-TB, which is
16 characterized as being MDR-TB with additional re-
17 sistance to multiple second-line anti-tuberculosis
18 drugs, is associated with worst treatment outcomes
19 of any form of tuberculosis. XDR-TB is converging
20 with the HIV epidemic, undermining gains in HIV
21 prevention and treatment programs and requires ur-
22 gent interventions. Drug resistance surveillance re-
23 ports have confirmed the serious scale and spread of
24 tuberculosis with XDR-TB strains confirmed on six
25 continents. Demonstrating the lethality of XDR-TB,

1 an initial outbreak in Tugela Ferry, South Africa
2 killed 52 of 53 patients with hundreds more cases
3 reported since. Of the world's regions, sub-Saharan
4 Africa faces the greatest gap in capacity to prevent,
5 find, and treat XDR-TB.

6 (8) With more than 50 percent of tuberculosis
7 cases in the United States attributable to foreign-
8 born individuals and with the increase in inter-
9 national travel, commerce, and migration, elimi-
10 nation of tuberculosis in the United States depends
11 on efforts to control the disease in developing coun-
12 tries. Recent research has shown that to invest in
13 tuberculosis control abroad, where treatment and
14 program costs are significantly cheaper than in the
15 United States, would be a cost-effective strategy to
16 reduce tuberculosis-related morbidity and mortality
17 domestically.

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

24 (10) DOTS (Directly Observed Treatment
25 Short-course) is one of the most cost-effective health

1 interventions available today and is a core compo-
2 nent of the new Stop TB Strategy.

3 (11) The Stop TB Strategy, developed by the
4 World Health Organization, builds on the success of
5 DOTS and ongoing challenges so as to serve all
6 those in need and reach targets for prevalence, mor-
7 tality, and incidence reduction. The Stop TB Strat-
8 egy includes six components:

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

11 (B) Implementing tuberculosis and HIV
12 collaborative activities, preventing and control-
13 ling multi-drug resistant tuberculosis, and ad-
14 dressing other special challenges.

15 (C) Contributing to the strengthening of
16 health systems.

17 (D) Engaging all health care providers, in-
18 cluding promotion of the International Stand-
19 ards for Tuberculosis Care.

20 (E) Empowering individuals with tuber-
21 culosis and communities.

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

1 (12) The Global Plan to Stop TB 2006–2015:
2 Actions for Life is a comprehensive plan developed
3 by the Stop TB Partnership that sets out the ac-
4 tions necessary to achieve the millennium develop-
5 ment goal of cutting tuberculosis deaths and disease
6 burden in half by 2015 and thus eliminate tuber-
7 culosis as a global health problem by 2050.

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

14 (14) As the global resource investment in fight-
15 ing tuberculosis increases, partner nations and inter-
16 national institutions must commit to a cor-
17 responding increase in the technical and program as-
18 sistance necessary to ensure that the most effective
19 and efficient tuberculosis treatments are provided.

20 (15) The Global Fund to Fight AIDS, Tuber-
21 culosis and Malaria is an important global partner-
22 ship established to combat these three infectious dis-
23 eases that together kill millions of people a year. Ex-
24 pansion of effective tuberculosis treatment programs
25 constitutes a major component of Global Fund in-

1 vestment, along with integrated efforts to address
2 HIV and tuberculosis in areas of high prevalence.

3 ~~(16)~~ The Centers for Disease Control and Pre-
4 vention (CDC) is actively involved with global tuber-
5 culosis control efforts since the global tuberculosis
6 epidemic directly impacts tuberculosis in the United
7 States, and because Congress has strongly urged the
8 CDC each year to increase its involvement with
9 international tuberculosis control efforts.

10 ~~(17)~~ The CDC is assisting countries with a high
11 burden of tuberculosis to—

12 ~~(A)~~ implement the World Health Organiza-
13 tion-recommended control strategies by improv-
14 ing the capacity to diagnose and cure individ-
15 uals with tuberculosis;

16 ~~(B)~~ improve the capacity to diagnose,
17 treat, and prevent tuberculosis in HIV-infected
18 individuals and individuals with multi-drug re-
19 sistant tuberculosis and extensively drug resist-
20 ant tuberculosis; and

21 ~~(C)~~ conduct programmatically-relevant
22 clinical and operational research to identify and
23 evaluate new diagnostics, treatment regimes,
24 and interventions to control tuberculosis.

1 **SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.**

2 (a) **POLICY.**—Section 104B(b) of the Foreign Assist-
 3 ance Act of 1961 (22 U.S.C. 2151b-3(b)) is amended to
 4 read as follows:

5 “(b) **POLICY.**—It is a major objective of the foreign
 6 assistance program of the United States to control tuber-
 7 culosis. In all countries in which the Government of the
 8 United States has established development programs, par-
 9 ticularly in countries with the highest burden of tuber-
 10 culosis and other countries with high rates of tuberculosis,
 11 the United States Government should prioritize the
 12 achievement of the following goals by not later than De-
 13 cember 31, 2015:

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

16 “(2) Sustain or exceed the detection of at least
 17 70 percent of sputum smear-positive cases of tuber-
 18 culosis and the cure of at least 85 percent of those
 19 cases detected.”.

20 (b) **AUTHORIZATION.**—Section 104B(e) of the For-
 21 eign Assistance Act of 1961 (22 U.S.C. 2151b-3(e)) is
 22 amended—

23 (1) in the heading, by striking “**AUTHORIZA-**
 24 **TION**” and inserting “**ASSISTANCE REQUIRED**”; and

25 (2) by striking “is authorized to” and inserting
 26 “shall”.

1 (e) ~~PRIORITY TO STOP TB STRATEGY.~~—Section
 2 104B(e) of the Foreign Assistance Act of 1961 (22 U.S.C.
 3 ~~2151b-3(e)~~) is amended—

4 (1) in the heading, to read as follows: “~~PRI-~~
 5 ~~ORITY TO STOP TB STRATEGY.~~—”;

6 (2) in the first sentence, by striking “In fur-
 7 nishing” and all that follows through “, including
 8 funding” and inserting the following:

9 “(1) ~~PRIORITY.~~—In furnishing assistance under
 10 subsection (e), the President shall give priority to—

11 “(A) activities described in the Stop TB
 12 Strategy, including expansion and enhancement
 13 of DOTS coverage, treatment for individuals in-
 14 fected with both tuberculosis and HIV and
 15 treatment for individuals with multi-drug resist-
 16 ant tuberculosis (~~MDR-TB~~), strengthening of
 17 health systems, use of the International Stand-
 18 ards for Tuberculosis Care by all providers, em-
 19 powering individuals with tuberculosis, and ena-
 20 bling and promoting research to develop new
 21 diagnostics, drugs, and vaccines, and program-
 22 based operational research relating to tuber-
 23 culosis; and

24 “(B) funding”; and

25 (3) in the second sentence—

1 (A) by striking “In order to” and all that
2 follows through “not less than” and inserting
3 the following:

4 “(2) AVAILABILITY OF AMOUNTS.—In order to
5 meet the requirements of paragraph (1), the Presi-
6 dent—

7 “(A) shall ensure that not less than”;

8 (B) by striking “for Directly Observed
9 Treatment Short-course (DOTS) coverage and
10 treatment of multi-drug resistant tuberculosis
11 using DOTS-Plus,” and inserting “to imple-
12 ment the Stop TB Strategy; and”; and

13 (C) by striking “including” and all that
14 follows and inserting the following:

15 “(B) should ensure that not less than
16 \$15,000,000 of the amount made available to
17 carry out this section for a fiscal year is used
18 to make a contribution to the Global Tuber-
19 culosis Drug Facility.”.

20 (d) ASSISTANCE FOR WHO AND THE STOP TUBER-
21 CULOSIS PARTNERSHIP.—Section 104B of the Foreign
22 Assistance Act of 1961 (22 U.S.C. 2151b-3) is amend-
23 ed—

24 (1) by redesignating subsection (f) as sub-
25 section (g); and

1 (2) by inserting after subsection (e) the fol-
2 lowing new subsection:

3 “~~(f) ASSISTANCE FOR WHO AND THE STOP TUBER-~~
4 ~~CULOSIS PARTNERSHIP.—~~In carrying out this section, the
5 President, acting through the Administrator of the United
6 States Agency for International Development, is author-
7 ized to provide increased resources to the World Health
8 Organization (WHO) and the Stop Tuberculosis Partner-
9 ship to improve the capacity of countries with high rates
10 of tuberculosis and other affected countries to implement
11 the Stop TB Strategy and specific strategies related to
12 addressing extensively drug resistant tuberculosis (~~XDR-~~
13 ~~TB~~).”.

14 ~~(e) DEFINITIONS.—~~Section 104B(g) of the Foreign
15 Assistance Act of 1961, as redesignated by subsection
16 ~~(d)(1)~~, is amended—

17 ~~(1)~~ in paragraph ~~(1)~~, by adding at the end be-
18 fore the period the following: “, including low cost
19 and effective diagnosis, treatment, and monitoring of
20 tuberculosis, as well as a reliable drug supply, and
21 a management strategy for public health systems,
22 with health system strengthening, promotion of the
23 use of the International Standards for Tuberculosis
24 Care by all care providers, bacteriology under an ex-
25 ternal quality assessment framework, short-course

1 chemotherapy, and sound reporting and recording
2 systems”;

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

5 “(6) STOP TB STRATEGY.—The term ‘Stop TB
6 Strategy’ means the six-point strategy to reduce tu-
7 berculosis developed by the World Health Organiza-
8 tion. The strategy is described in the Global Plan to
9 Stop TB 2007–2016: Actions for Life, a comprehen-
10 sive plan developed by the Stop Tuberculosis Part-
11 nership that sets out the actions necessary to
12 achieve the millennium development goal of cutting
13 tuberculosis deaths and disease burden in half by
14 2016.”.

15 (f) ANNUAL REPORT.—Section 104A(e)(2)(C)(iii) of
16 the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-
17 2(e)(2)(C)(iii)) is amended by adding at the end before
18 the semicolon the following: “, including the percentage
19 of such United States foreign assistance provided for diag-
20 nosis and treatment of individuals with tuberculosis in
21 countries with the highest burden of tuberculosis, as deter-
22 mined by the World Health Organization (WHO)”.

23 (g) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to the President not less
25 than \$330,000,000 for fiscal year 2008 and not less than

1 ~~\$450,000,000~~ for fiscal year 2009 to carry out section
 2 104B of the Foreign Assistance Act of 1961 (22 U.S.C.
 3 ~~2151b-3~~), as amended by subsections (a) through (e) of
 4 this section.

5 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS FOR GLOB-**
 6 **AL TUBERCULOSIS ACTIVITIES OF THE CEN-**
 7 **TERS FOR DISEASE CONTROL AND PREVEN-**
 8 **TION.**

9 For the purpose of carrying out global tuberculosis
 10 activities through the Centers for Disease Control and
 11 Prevention, there are authorized to be appropriated
 12 ~~\$70,000,000~~ for fiscal year 2008 and ~~\$100,000,000~~ for
 13 fiscal year 2009. Such authorization of appropriations is
 14 in addition to other authorizations of appropriations that
 15 are available for such purposes. Amounts appropriated
 16 pursuant to the authorization of appropriations under this
 17 section shall remain available until expended.

18 **SECTION 1. SHORT TITLE.**

19 *This Act may be cited as the “Stop Tuberculosis (TB)*
 20 *Now Act of 2007”.*

21 **SEC. 2. FINDINGS.**

22 *Congress finds the following:*

23 *(1) Tuberculosis is one of the greatest infectious*
 24 *causes of death of adults worldwide, killing 1.6 mil-*
 25 *lion people per year—one person every 20 seconds.*

1 (2) *One-third of the world's population is in-*
2 *fectured with the tuberculosis bacterium and an esti-*
3 *mated 8.8 million individuals develop active tuber-*
4 *culosis each year.*

5 (3) *Tuberculosis is the leading infectious killer*
6 *among individuals who are HIV-positive due to their*
7 *weakened immune systems, and it is estimated that*
8 *one-third of people with HIV infection have tuber-*
9 *culosis.*

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

12 (5) *There are 22 countries that account for 80*
13 *percent of the world's burden of tuberculosis. The Peo-*
14 *ple's Republic of China and India account for 36 per-*
15 *cent of all estimated new tuberculosis cases each year.*

16 (6) *Driven by the HIV/AIDS pandemic, inci-*
17 *dence rates of tuberculosis in Africa have more than*
18 *doubled on average since 1990. The problem is so per-*
19 *vasive that in August 2005, African Health Ministers*
20 *and the World Health Organization (WHO) declared*
21 *tuberculosis to be an emergency in Africa.*

22 (7) *The wide extent of drug resistance, including*
23 *both multi-drug resistant tuberculosis (MDR-TB)*
24 *and extensively drug resistant tuberculosis (XDR-*
25 *TB), represents both a critical challenge to the global*

1 *control of tuberculosis and a serious worldwide public*
2 *health threat. XDR-TB, which is characterized as*
3 *being MDR-TB with additional resistance to mul-*
4 *tipl second-line anti-tuberculosis drugs, is associated*
5 *with worst treatment outcomes of any form of tuber-*
6 *culosis. XDR-TB is converging with the HIV epi-*
7 *demic, undermining gains in HIV prevention and*
8 *treatment programs and requires urgent interven-*
9 *tions. Drug resistance surveillance reports have con-*
10 *firmed the serious scale and spread of tuberculosis*
11 *with XDR-TB strains confirmed on six continents.*
12 *Demonstrating the lethality of XDR-TB, an initial*
13 *outbreak in Tugela Ferry, South Africa killed 52 of*
14 *53 patients with hundreds more cases reported since.*
15 *Of the world's regions, sub-Saharan Africa faces the*
16 *greatest gap in capacity to prevent, find, and treat*
17 *XDR-TB.*

18 (8) *With more than 50 percent of tuberculosis*
19 *cases in the United States attributable to foreign-born*
20 *individuals and with the increase in international*
21 *travel, commerce, and migration, elimination of tu-*
22 *berculosis in the United States depends on efforts to*
23 *control the disease in developing countries. Recent re-*
24 *search has shown that to invest in tuberculosis control*
25 *abroad, where treatment and program costs are sig-*

1 *nificantly cheaper than in the United States, would*
2 *be a cost-effective strategy to reduce tuberculosis-re-*
3 *lated morbidity and mortality domestically.*

4 (9) *The threat that tuberculosis poses for Ameri-*
5 *cans derives from the global spread of tuberculosis*
6 *and the emergence and spread of strains of multi-*
7 *drug resistant tuberculosis and extensively drug re-*
8 *sistant tuberculosis, which are far more deadly, and*
9 *more difficult and costly to treat.*

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

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

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

22 (B) *Implementing tuberculosis and HIV col-*
23 *laborative activities, preventing and controlling*
24 *multi-drug resistant tuberculosis, and addressing*
25 *other special challenges.*

1 (C) *Contributing to the strengthening of*
2 *health systems.*

3 (D) *Engaging all health care providers, in-*
4 *cluding promotion of the International Stand-*
5 *ards for Tuberculosis Care.*

6 (E) *Empowering individuals with tuber-*
7 *culosis and communities.*

8 (F) *Enabling and promoting research to de-*
9 *velop new diagnostics, drugs, vaccines, and pro-*
10 *gram-based operational research relating to tu-*
11 *berculosis.*

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

19 (13) *While innovations such as the Global Tuber-*
20 *culosis Drug Facility have enabled low-income coun-*
21 *tries to treat a standard case of tuberculosis with*
22 *drugs that cost as little as \$16 for a full course of*
23 *treatment, there are still millions of individuals with*
24 *no access to effective treatment.*

1 (14) *As the global resource investment in fighting*
2 *tuberculosis increases, partner nations and inter-*
3 *national institutions must commit to a corresponding*
4 *increase in the technical and program assistance nec-*
5 *essary to ensure that the most effective and efficient*
6 *tuberculosis treatments are provided.*

7 (15) *The Global Fund to Fight AIDS, Tubercu-*
8 *losis and Malaria is an important global partner-*
9 *ship established to combat these three infectious dis-*
10 *eases that together kill millions of people a year. Ex-*
11 *pansion of effective tuberculosis treatment programs*
12 *constitutes a major component of Global Fund invest-*
13 *ment, along with integrated efforts to address HIV*
14 *and tuberculosis in areas of high prevalence.*

15 (16) *The United States Agency for International*
16 *Development (USAID) and the Centers for Disease*
17 *Control and Prevention (CDC) are actively involved*
18 *with global tuberculosis control efforts. Because the*
19 *global tuberculosis epidemic directly impacts tuber-*
20 *culosis in the United States, Congress has urged the*
21 *CDC each year to increase its involvement with inter-*
22 *national tuberculosis control efforts.*

23 (17) *USAID is the lead United States Govern-*
24 *ment agency involved in international efforts to pre-*
25 *vent, treat, and control tuberculosis, working in close*

1 *partnership with the CDC and with the President's*
2 *Emergency Plan for HIV/AIDS Relief. USAID's goal*
3 *is to contribute to the global reduction of morbidity*
4 *and mortality associated with tuberculosis by build-*
5 *ing country capacity to prevent and cure the disease*
6 *and achieve global targets of 70 percent case detection*
7 *and 85 percent treatment success rates. USAID pro-*
8 *vides support for tuberculosis programs in countries*
9 *that have a high burden of tuberculosis, high TB/HIV*
10 *prevalence, or have high risk of MDR-TB.*

11 *(18) The CDC is assisting countries with a high*
12 *burden of tuberculosis to—*

13 *(A) implement the World Health Organiza-*
14 *tion-recommended control strategies by improv-*
15 *ing the capacity to diagnose and cure individ-*
16 *uals with tuberculosis;*

17 *(B) improve the capacity to diagnose, treat,*
18 *and prevent tuberculosis in HIV-infected indi-*
19 *viduals and individuals with multi-drug resist-*
20 *ant tuberculosis and extensively drug resistant*
21 *tuberculosis; and*

22 *(C) conduct programmatically-relevant clin-*
23 *ical and operational research to identify and*
24 *evaluate new diagnostics, treatment regimes, and*
25 *interventions to control tuberculosis.*

1 **SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.**

2 (a) *POLICY.*—Section 104B(b) of the Foreign Assist-
 3 *ance Act of 1961 (22 U.S.C. 2151b–3(b)) is amended to read*
 4 *as follows:*

5 “(b) *POLICY.*—It is a major objective of the foreign as-
 6 *sistance program of the United States to control tuber-*
 7 *culosis. In all countries in which the Government of the*
 8 *United States has established development programs, par-*
 9 *ticularly in countries with the highest burden of tuber-*
 10 *culosis and other countries with high rates of tuberculosis,*
 11 *the United States Government should prioritize the achieve-*
 12 *ment of the following goals by not later than December 31,*
 13 *2015:*

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

16 “(2) *Sustain or exceed the detection of at least*
 17 *70 percent of sputum smear-positive cases of tuber-*
 18 *culosis and the cure of at least 85 percent of those*
 19 *cases detected.”.*

20 (b) *AUTHORIZATION.*—Section 104B(c) of the Foreign
 21 *Assistance Act of 1961 (22 U.S.C. 2151b–3(c)) is amend-*
 22 *ed—*

23 (1) *in the heading, by striking “AUTHORIZA-*
 24 *TION” and inserting “ASSISTANCE REQUIRED”; and*

25 (2) *by striking “is authorized to” and inserting*
 26 *“shall”.*

1 (c) *PRIORITY TO STOP TB STRATEGY*.—Section
2 104B(e) of the Foreign Assistance Act of 1961 (22 U.S.C.
3 2151b–3(e)) is amended—

4 (1) in the heading, to read as follows: “*PRIORITY*
5 *TO STOP TB STRATEGY*.—”;

6 (2) in the first sentence, by striking “In fur-
7 nishing” and all that follows through “, including
8 funding” and inserting the following:

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

11 “(A) activities described in the Stop TB
12 Strategy, including expansion and enhancement
13 of DOTS coverage, treatment for individuals in-
14 fected with both tuberculosis and HIV and treat-
15 ment for individuals with multi-drug resistant
16 tuberculosis (MDR–TB), strengthening of health
17 systems, use of the International Standards for
18 Tuberculosis Care by all providers, empowering
19 individuals with tuberculosis, and enabling and
20 promoting research to develop new diagnostics,
21 drugs, and vaccines, and program-based oper-
22 ational research relating to tuberculosis; and

23 “(B) funding”; and

24 (3) in the second sentence—

1 (A) by striking “In order to” and all that
 2 follows through “not less than” and inserting the
 3 following:

4 “(2) AVAILABILITY OF AMOUNTS.—In order to
 5 meet the requirements of paragraph (1), the Presi-
 6 dent—

7 “(A) shall ensure that not less than”;

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

13 (C) by striking “including” and all that fol-
 14 lows and inserting the following:

15 “(B) should ensure that \$15,000,000 of the
 16 amount made available to carry out this section
 17 for a fiscal year is used to make a contribution
 18 to the Global Tuberculosis Drug Facility.”.

19 (d) ASSISTANCE FOR WHO AND THE STOP TUBER-
 20 CULOSIS PARTNERSHIP.—Section 104B of the Foreign As-
 21 sistance Act of 1961 (22 U.S.C. 2151b–3) is amended—

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

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

1 “(f) *ASSISTANCE FOR WHO AND THE STOP TUBER-*
2 *CULOSIS PARTNERSHIP.*—*In carrying out this section, the*
3 *President, acting through the Administrator of the United*
4 *States Agency for International Development, is authorized*
5 *to provide increased resources to the World Health Organi-*
6 *zation (WHO) and the Stop Tuberculosis Partnership to*
7 *improve the capacity of countries with high rates of tuber-*
8 *culosis and other affected countries to implement the Stop*
9 *TB Strategy and specific strategies related to addressing*
10 *extensively drug resistant tuberculosis (XDR-TB).”.*

11 (e) *DEFINITIONS.*—*Section 104B(g) of the Foreign As-*
12 *sistance Act of 1961, as redesignated by subsection (d)(1),*
13 *is amended—*

14 (1) *in paragraph (1), by adding at the end be-*
15 *fore the period the following: “, including low cost*
16 *and effective diagnosis, treatment, and monitoring of*
17 *tuberculosis, as well as a reliable drug supply, and a*
18 *management strategy for public health systems, with*
19 *health system strengthening, promotion of the use of*
20 *the International Standards for Tuberculosis Care by*
21 *all care providers, bacteriology under an external*
22 *quality assessment framework, short-course chemo-*
23 *therapy, and sound reporting and recording systems”;*
24 *and*

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

3 “(6) *STOP TB STRATEGY.*—*The term ‘Stop TB*
4 *Strategy’ means the six-point strategy to reduce tu-*
5 *berculosis developed by the World Health Organiza-*
6 *tion. The strategy is described in the Global Plan to*
7 *Stop TB 2007–2016: Actions for Life, a comprehen-*
8 *sive plan developed by the Stop Tuberculosis Partner-*
9 *ship that sets out the actions necessary to achieve the*
10 *millennium development goal of cutting tuberculosis*
11 *deaths and disease burden in half by 2016.”.*

12 (f) *ANNUAL REPORT.*—*Section 104A(e)(2)(C)(iii) of*
13 *the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–*
14 *2(e)(2)(C)(iii)) is amended by adding at the end before the*
15 *semicolon the following: “, including the percentage of such*
16 *United States foreign assistance provided for diagnosis and*
17 *treatment of individuals with tuberculosis in countries with*
18 *the highest burden of tuberculosis, as determined by the*
19 *World Health Organization (WHO)”.*

20 (g) *AUTHORIZATION OF APPROPRIATIONS.*—

21 (1) *IN GENERAL.*—*There are authorized to be ap-*
22 *propriated to the President up to \$400,000,000 for*
23 *fiscal year 2008 and up to \$550,000,000 for fiscal*
24 *year 2009 to carry out section 104B of the Foreign*

1 *Assistance Act of 1961 (22 U.S.C. 2151b–3), as*
2 *amended by subsections (a) through (e) of this section.*

3 (2) *AVAILABILITY FOR CDC.—Of the amounts ap-*
4 *propriated pursuant to the authorization of appro-*
5 *priations under paragraph (1), up to \$70,000,000*
6 *may be available for fiscal year 2008 and up to*
7 *\$100,000,000 may be available for fiscal year 2009*
8 *for the Centers for Disease Control and Prevention for*
9 *the purpose of carrying out global tuberculosis activi-*
10 *ties.*

11 (3) *AVAILABILITY UNTIL EXPENDITURE.—*
12 *Amounts appropriated pursuant to the authorization*
13 *of appropriations under paragraph (1) shall remain*
14 *available until expended.*

Calendar No. 415

110TH CONGRESS
1ST Session

S. 968

[Report No. 110-193]

A BILL

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

OCTOBER 9, 2007

Reported with an amendment