

116TH CONGRESS
1ST SESSION

H. R. 3460

IN THE SENATE OF THE UNITED STATES

DECEMBER 4, 2019

Received; read twice and referred to the Committee on Foreign Relations

AN ACT

To facilitate effective research on and treatment of neglected tropical diseases through coordinated international efforts.

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 “End Neglected Trop-
3 ical Diseases Act”.

4 **SEC. 2. TABLE OF CONTENTS.**

5 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. Statement of policy.

Sec. 4. Findings.

Sec. 5. Definition.

Sec. 6. Rule of construction.

Sec. 7. Expansion of United States Agency for International Development Ne-
glected Tropical Diseases Program.

Sec. 8. Actions by Department of State.

Sec. 9. Multilateral development and health institutions.

6 **SEC. 3. STATEMENT OF POLICY.**

7 It is the policy of the United States to support a
8 broad range of implementation and research and develop-
9 ment activities that work toward the achievement of cost-
10 effective and sustainable treatment, control, and, where
11 possible, elimination of neglected tropical diseases for the
12 economic and social well-being of all people.

13 **SEC. 4. FINDINGS.**

14 Congress finds the following:

15 (1) The World Health Organization (WHO) has
16 identified 17 neglected tropical diseases (NTDs).
17 Approximately 2 billion people, almost one-third of
18 the world’s population, are at risk of contracting an
19 NTD, and more than 1.4 billion people are currently
20 afflicted with 1 or more NTDs.

1 (2) In 2013, WHO adopted a comprehensive
2 resolution on NTDs recognizing that increased na-
3 tional and international investments in prevention
4 and control of neglected tropical diseases have suc-
5 ceeded in improving health and social well-being in
6 many countries.

7 (3) NTDs have an enormous impact in terms of
8 disease burden and quality of life. NTDs cause the
9 loss of up to 534,000 lives and 57 million disability-
10 adjusted life-years each year. NTDs surpass both
11 malaria and tuberculosis in causing greater loss of
12 life-years to disability and premature death. Many
13 NTDs cause disfigurement and disability, leading to
14 stigma, social discrimination, and societal
15 marginalization.

16 (4) NTDs create an economic burden of billions
17 of dollars through the loss of productivity and high
18 costs of health care required for treatment. People
19 afflicted by NTDs are less productive than their
20 healthy counterparts. NTDs jeopardize the ability of
21 people to attend work and school, or to produce at
22 full capacity. For example, controlling one NTD,
23 hookworm, in children can result in a 43-percent in-
24 crease in future wage earnings.

1 (5) The social, economic, and health burden of
2 NTDs falls primarily on low- and middle-income
3 countries, where access to safe water, sanitation,
4 and health care is limited. At least 100 countries
5 face 2 endemic NTD burdens, and 30 countries
6 carry 6 or more endemic NTDs.

7 (6) NTDs are not confined to the developing
8 world, however. Several NTD outbreaks have been
9 reported in the United States and other developed
10 countries, especially among the poor. In the United
11 States, NTDs disproportionately affect people living
12 in poverty, and especially minorities, including up to
13 2.8 million African Americans with toxocariasis and
14 300,000 or more people, mostly Hispanic Americans,
15 with Chagas disease.

16 (7) Many NTDs can be controlled, prevented,
17 and even eliminated using low-cost, effective, and
18 feasible solutions. Understanding the economic bur-
19 den of NTDs on productivity and health care costs
20 can help to assure governments and donors that the
21 resources directed toward NTDs represent a good
22 investment.

23 (8) Research and development efforts are imme-
24 diately needed for all NTDs, especially those for
25 which limited or no treatment currently exists.

1 (9) Critical to developing robust NTD control
2 strategies are epidemiological data that identify at-
3 risk populations, ensure appropriate treatment fre-
4 quency, and inform decisions about when treatment
5 can be reduced or stopped.

6 (10) Of the 14 most common NTDs, roughly
7 80 percent of infections are caused by soil-trans-
8 mitted helminths (STH) and schistosomiasis. STH
9 are a group of 3 parasitic worms (roundworms,
10 whipworms, and hookworms) that afflict more than
11 1 billion people worldwide, including 600 million
12 school-age children, of whom more than 300 million
13 suffer from severe morbidity. Schistosomiasis is an-
14 other helminth infection affecting at least 200 mil-
15 lion people in developing countries, but some esti-
16 mates indicate that the true number of people af-
17 fected may be double or even triple that number.

18 (11) The benefits of deworming are immediate
19 and enduring. A rigorous randomized controlled trial
20 has shown school-based deworming treatment to re-
21 duce school absenteeism by 25 percent. School-based
22 deworming also benefits young siblings and other
23 children who live nearby but are too young to be
24 treated, leading to large cognitive improvements
25 equivalent to half a year of schooling.

1 **SEC. 5. DEFINITION.**

2 In this Act, the term “neglected tropical diseases” or
3 “NTDs”—

4 (1) means infections caused by pathogens, in-
5 cluding viruses, bacteria, protozoa, and helminths
6 that disproportionately impact individuals living in
7 extreme poverty, especially in developing countries;
8 and

9 (2) includes—

10 (A) Buruli ulcer (*Mycobacterium Ulcerans*
11 infection);

12 (B) Chagas disease;

13 (C) dengue or severe dengue fever;

14 (D) dracunculiasis (Guinea worm disease);

15 (E) echinococcosis;

16 (F) foodborne trematodiasis;

17 (G) human African trypanosomiasis (sleep-
18 ing sickness);

19 (H) leishmaniasis;

20 (I) leprosy;

21 (J) lymphatic filariasis (elephantiasis);

22 (K) onchocerciasis (river blindness);

23 (L) scabies;

24 (M) schistosomiasis;

25 (N) soil-transmitted helminthiasis (STH)
26 (roundworm, whipworm, and hookworm);

- 1 (O) taeniasis/cysticercosis;
- 2 (P) trachoma; and
- 3 (Q) yaws (endemic treponematoses).

4 **SEC. 6. RULE OF CONSTRUCTION.**

5 Nothing in this Act shall be construed to increase au-
6 thorizations of appropriations for the United States Agen-
7 cy for International Development.

8 **SEC. 7. EXPANSION OF UNITED STATES AGENCY FOR**
9 **INTERNATIONAL DEVELOPMENT NEGLECTED**
10 **TROPICAL DISEASES PROGRAM.**

11 (a) FINDINGS.—Congress finds the following:

12 (1) Since fiscal year 2006, the United States
13 Government has been an essential leader in global
14 efforts to control seven targeted neglected tropical
15 diseases: lymphatic filariasis (elephantiasis),
16 onchocerciasis (river blindness), schistosomiasis, soil-
17 transmitted helminthiasis (roundworm, whipworm,
18 and hookworm), and trachoma. Additional informa-
19 tion suggests that such efforts could also produce
20 collateral benefits for at least three other neglected
21 tropical diseases: foodborne trematodiasis, scabies,
22 and yaws (endemic treponematoses).

23 (2) The United States Government is a partner
24 in the London Declaration on Neglected Tropical
25 Diseases (2012), which represents a new, coordi-

1 nated international push to accelerate progress to-
2 ward eliminating or controlling 10 NTDs by 2020.

3 (3) While many of the most common NTDs
4 have safe, easy to use, and effective treatments,
5 treatment options for the NTDs with the highest
6 death rates, including human African
7 trypanosomiasis (sleeping sickness), visceral leishma-
8 niasis, and Chagas disease, are extremely limited.

9 (4) The United States Agency for International
10 Development (USAID) Neglected Tropical Diseases
11 Program has made important and substantial con-
12 tributions to the global fight to control and eliminate
13 5 of the most common NTDs. Leveraging more than
14 \$15,700,000,000 in donated medicines, USAID has
15 supported the distribution of more than 1 billion
16 treatments in 31 countries across Africa, Asia, and
17 Latin America and the Caribbean.

18 (5) Since 2014, the USAID Neglected Tropical
19 Diseases Program has been investing in research
20 and development for the treatment of certain NTDs
21 to ensure that promising new breakthrough medi-
22 cines can be rapidly evaluated, registered, and made
23 available to patients.

24 (6) The USAID Neglected Tropical Diseases
25 Program is a clear example of a successful public-

1 private partnership between the Government and the
2 private sector and should be judiciously expanded, as
3 practicable and appropriate.

4 (b) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that the USAID Neglected Tropical Diseases Pro-
6 gram, as in effect on the date of the enactment of this
7 Act, should—

8 (1) provide integrated drug treatment packages
9 to as many individuals suffering from NTDs or at
10 risk of acquiring NTDs, including individuals dis-
11 placed by manmade and natural disasters, as
12 logistically feasible;

13 (2) better integrate NTD control and treatment
14 tools and approaches into complementary develop-
15 ment and global health programs by coordinating, to
16 the extent practicable and appropriate, across mul-
17 tiple sectors, including those relating to HIV/AIDS,
18 malaria, tuberculosis, education, nutrition, other in-
19 fectious diseases, maternal and child health, and
20 water, sanitation, and hygiene;

21 (3) establish low-cost, high-impact community-
22 and school-based NTD programs to reach large at-
23 risk populations, including school-age children, with
24 integrated drug treatment packages, as feasible;

1 (4) as opportunities emerge and resources
2 allow, engage in research and development of new
3 tools and approaches to reach the goals relating to
4 the elimination of NTDs as set forth by the 2012
5 World Health Organization publication “Accel-
6 erating Work to Overcome the Global Impact of Ne-
7 glected Tropical Diseases: A Roadmap for Imple-
8 mentation”, including for Chagas disease, Guinea
9 worm, human African trypanosomiasis (sleeping
10 sickness), leprosy, and visceral leishmaniasis; and

11 (5) monitor research on and developments in
12 the prevention and treatment of other NTDs so
13 breakthroughs can be incorporated into the USAID
14 Neglected Tropical Diseases Program, as practicable
15 and appropriate.

16 (c) PROGRAM PRIORITIES.—The Administrator of
17 USAID should incorporate the following priorities into the
18 USAID Neglected Tropical Diseases Program (as in effect
19 on the date of the enactment of this Act):

20 (1) Planning for and conducting robust moni-
21 toring and evaluation of program investments in
22 order to accurately measure impact, identify and
23 share lessons learned, and inform future NTD con-
24 trol and elimination strategies.

1 (2) Coordinating program activities with com-
2 plementary USAID development and global health
3 programs, including programs relating to water,
4 sanitation, and hygiene, food and nutrition security,
5 and education (both primary and secondary), in
6 order to advance the goals of the London Declara-
7 tion on Neglected Tropical Diseases (2012).

8 (3) Including morbidity management in treat-
9 ment plans for high-burden NTDs.

10 (4) Incorporating NTDs included in the Global
11 Burden of Disease Study 2010 into the program as
12 opportunities emerge, to the extent practicable and
13 appropriate.

14 (5) Continuing investments in the research and
15 development of new tools and approaches that com-
16 plement existing research investments and ensure
17 that new discoveries make it through the pipeline
18 and become available to individuals who need them
19 most.

20 **SEC. 8. ACTIONS BY DEPARTMENT OF STATE.**

21 (a) OFFICE OF THE GLOBAL AIDS COORDINATOR.—
22 It is the sense of Congress that the Coordinator of United
23 States Government Activities to Combat HIV/AIDS Glob-
24 ally should fully consider evolving research on the impact
25 of NTDs on efforts to control HIV/AIDS when making

1 future programming decisions, as necessary and appro-
2 priate.

3 (b) GLOBAL PROGRAMMING.—

4 (1) IN GENERAL.—The Secretary of State
5 should encourage the Global Fund to take into con-
6 sideration evolving research on the impact of NTDs
7 on efforts to control HIV/AIDS when making pro-
8 gramming decisions, particularly with regard to fe-
9 male genital schistosomiasis, which studies suggest
10 may be one of the most significant cofactors in the
11 AIDS epidemic in Africa, as necessary and appro-
12 priate.

13 (2) GLOBAL FUND.—In this subsection, the
14 term “Global Fund” means the public-private part-
15 nership known as the Global Fund to Fight AIDS,
16 Tuberculosis and Malaria established pursuant to
17 Article 80 of the Swiss Civil Code.

18 (c) G-20 COUNTRIES.—The Secretary of State, act-
19 ing through the Office of Global Health Diplomacy, should
20 encourage G-20 countries to significantly increase their
21 role in the control and elimination of NTDs.

22 **SEC. 9. MULTILATERAL DEVELOPMENT AND HEALTH INSTI-**
23 **TUTIONS.**

24 (a) CONGRESSIONAL FINDING.—Congress finds that
25 the treatment of NTDs, including community- and school-

1 based deworming programs, can be a highly cost-effective
2 intervention, and schools can serve as an effective delivery
3 mechanism for reaching large numbers of children with
4 safe treatment for soil-transmitted helminthiasis
5 (roundworm, whipworm, and hookworm) in particular.

6 (b) UNITED NATIONS.—The President should direct
7 the United States permanent representative to the United
8 Nations to use the voice, vote, and influence of the United
9 States to urge the World Health Organization and the
10 United Nations Development Programme to—

11 (1) ensure the dissemination of best practices
12 and programming on NTDs to governments and
13 make data accessible to practitioners in an open and
14 timely fashion;

15 (2) highlight impacts of community- and school-
16 based deworming programs on children's health and
17 education, emphasizing the cost-effectiveness of such
18 programs;

19 (3) encourage governments to implement
20 deworming campaigns at the national level;

21 (4) consider the designation of a portion of
22 grant funds of the institutions to deworming initia-
23 tives and cross-sectoral collaboration with water,
24 sanitation, and hygiene efforts and nutrition or edu-
25 cation programming, as practicable and appropriate;

Attest: CHERYL L. JOHNSON,
Clerk.