

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 8654
OFFERED BY MR. BERA OF CALIFORNIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “End Tuberculosis Now
3 Act of 2022”.

4 SEC. 2. FINDINGS.

5 Congress makes the following findings:

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

13 (2) In 2019 alone, an estimated 10,000,000
14 people became ill with TB, 10 percent of whom were
15 children, and 1,400,000 of whom died. In order to
16 achieve by 2035 the goals of the Political Declara-
17 tion of the High-Level Meeting of the General As-
18 sembly on the Fight Against Tuberculosis, adopted

1 by the United Nations General Assembly October
2 10, 2018, and of the World Health Organization
3 End TB Strategy, adopted by the World Health As-
4 sembly in 2014, new and existing tools must be de-
5 veloped and scaled-up.

6 (3) More than $\frac{1}{3}$ of people who become ill
7 with TB may be undiagnosed or misdiagnosed, re-
8 sulting in unnecessary illness, communicable infec-
9 tions, and increased mortality.

10 (4) Since March 2020, the COVID–19 pan-
11 demic has severely disrupted TB responses in low-
12 and middle-income countries, stalling and reversing
13 years of progress made against TB. According to the
14 World Health Organization, between 2019 and
15 2020—

16 (A) global detection of TB dropped by 18
17 percent;

18 (B) an estimated 1,300,000 fewer people
19 were diagnosed and enrolled on TB treatment;
20 and

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

24 (5) Failure to properly diagnose and treat TB
25 can lead to death and can exacerbate antimicrobial

1 resistance, a key contributor to rising cases of multi-
2 drug-resistant TB and extensively drug-resistant
3 TB, and increasing the probability of the introduc-
4 tion of resistant TB into new geographic areas.

5 (6) TB programs have played a central role in
6 responding to COVID–19, including through
7 leveraging the expertise of medical staff with exper-
8 tise in TB and lung diseases, the repurposing of TB
9 hospitals, and the use of the TB rapid molecular
10 testing platforms and X-Ray equipment for multiple
11 purposes, including COVID–19.

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

18 (8) Globally, only about $\frac{1}{2}$ of the
19 \$13,000,000,000 required annually, as outlined in
20 the Stop TB Partnership’s Global Plan to End TB,
21 is currently available.

22 (9) On September 26, 2018, the United Na-
23 tions convened the first High-Level Meeting of the
24 General Assembly on the Fight Against Tuber-
25 culosis, during which 120 countries—

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

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

18 (10) The United States Government continues
19 to be a lead funder of global TB research and devel-
20 opment, contributing 44 percent of the total
21 \$915,000,000 in global funding in 2020, and can
22 catalyze more investments from other countries.

23 (11) Working with governments and partners
24 around the world, USAID’s TB programming has

1 saved 66,000,000 lives, demonstrating the effective-
2 ness of United States programs and activities.

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

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

17 **SEC. 3. UNITED STATES GOVERNMENT ACTIONS TO END**
18 **TUBERCULOSIS.**

19 Section 104B of the Foreign Assistance Act of 1961
20 (22 U.S.C. 2151b–3) is amended to read as follows:

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

22 **“(a) FINDINGS.—**Congress makes the following find-
23 ings:

24 **“(1)** The international spread of tuberculosis
25 (referred to in this section as ‘TB’), and the deadly

1 impact of TB's existence constitutes a continuing
2 challenge.

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

5 “(3) Effectively resourced TB programs can
6 serve as a critical platform for preventing and re-
7 sponding to future infectious respiratory disease
8 pandemics.

9 “(4) Investments in primary health care and
10 health system strengthening efforts are key to ef-
11 forts to eventually eliminate TB.

12 “(b) POLICY.—

13 “(1) IN GENERAL.—It is a major objective of
14 the foreign assistance program of the United States
15 to help end the TB public health emergency through
16 accelerated actions to—

17 “(A) support the diagnosis and treatment
18 of all adults and children with all forms of TB;

19 “(B) to prevent new TB infections from
20 occurring; and

21 “(C) to integrate TB response activities
22 into primary health care and health system
23 strengthening efforts.

24 “(2) SUPPORT FOR GLOBAL PLANS AND OBJEC-
25 TIVES.—In countries in which the United States

1 Government has established foreign assistance pro-
2 grams under this Act, particularly in countries with
3 the highest burden of TB and other countries with
4 high rates of infection and transmission of TB, it is
5 the policy of the United States to—

6 “(A) support the objectives of the World
7 Health Organization End TB Strategy, includ-
8 ing its goals to—

9 “(i) reduce TB deaths by 95 percent
10 by 2035;

11 “(ii) reduce the TB incidence rate by
12 90 percent by 2035; and

13 “(iii) reduce the number of families
14 facing catastrophic health costs due to TB
15 by 100 percent by 2035;

16 “(B) continue to support the Stop TB
17 Partnership’s Global Plan to End TB 2018–
18 2022, and successor plans, as appropriate, in-
19 cluding by providing support for—

20 “(i) developing and using innovative
21 new technologies and therapies to increase
22 active case finding and rapidly diagnose
23 and treat children and adults with all
24 forms of TB, alleviate suffering, and en-
25 sure TB treatment completion;

1 “(ii) expanding diagnosis and treat-
2 ment in line with the goals established by
3 the Political Declaration of the High-Level
4 Meeting of the General Assembly on the
5 Fight Against Tuberculosis, including—

6 “(I) successfully treating
7 40,000,000 people with active TB by
8 2023 including 3,500,000 children,
9 and 1,500,000 people with drug-re-
10 sistant TB; and

11 “(II) diagnosing and treating la-
12 tent tuberculosis infection, in support
13 of the global goal of providing preven-
14 tive therapy to at least 30,000,000
15 people by 2023, including 4,000,000
16 children under 5 years of age,
17 20,000,000 household contacts of peo-
18 ple affected by TB, and 6,000,000
19 people living with HIV;

20 “(iii) ensuring high quality TB care
21 by closing gaps in care cascades, imple-
22 menting continuous quality improvement
23 at all levels of care, and providing related
24 patient support; and

1 “(iv) sustainable procurements of TB
2 commodities to avoid interruptions in sup-
3 ply, the procurement of commodities of un-
4 known quality, or payment of excessive
5 commodity costs in countries impacted by
6 TB; and

7 “(C) ensure, to the greatest extent prac-
8 ticable, that United States funding supports ac-
9 tivities that simultaneously emphasize—

10 “(i) the development of comprehensive
11 person-centered programs, including diag-
12 nosis, treatment, and prevention strategies
13 to ensure that—

14 “(I) all people sick with TB re-
15 ceive quality diagnosis and treatment
16 through active case finding; and

17 “(II) people at high risk for TB
18 infection are found and treated with
19 preventive therapies in a timely man-
20 ner;

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

24 “(iii) the deployment of diagnostic
25 and treatment capacity—

1 “(I) in areas with the highest TB
2 burdens; and

3 “(II) for highly at-risk and im-
4 poverished populations, including pa-
5 tient support services;

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

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

22 “(vi) coordination with domestic agen-
23 cies and organizations to support an ag-
24 gressive research agenda to develop vac-

1 cines as well as new tools to diagnose,
2 treat, and prevent TB globally;

3 “(vii) linkages with the private sector
4 on—

5 “(I) research and development of
6 a vaccine, and on new tools for diag-
7 nosis and treatment of TB;

8 “(II) improving current tools for
9 diagnosis and treatment of TB; and

10 “(III) training healthcare profes-
11 sionals on use of the newest and most
12 effective diagnostic and therapeutic
13 tools;

14 “(viii) the reduction of barriers to
15 care, including stigma and treatment and
16 diagnosis costs, including through—

17 “(I) training health workers;

18 “(II) sensitizing policy makers;

19 “(III) requiring that all grants
20 and funding agreements include ac-
21 cess and affordability provisions;

22 “(IV) supporting education and
23 empowerment campaigns for TB pa-
24 tients regarding local TB services;

1 “(V) monitoring barriers to ac-
2 cessing TB services; and

3 “(VI) increasing support for pa-
4 tient-led and community-led TB out-
5 reach efforts;

6 “(ix) support for country-level, sus-
7 tainable accountability mechanisms and ca-
8 pacity to measure progress and ensure that
9 commitments made by governments and
10 relevant stakeholders are met; and

11 “(x) support for the integration of TB
12 response activities into primary health care
13 and health system strengthening efforts.

14 “(c) DEFINITIONS.—In this section:

15 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
16 TEES.—The term ‘appropriate congressional com-
17 mittees’ means the Committee on Foreign Relations
18 of the Senate and the Committee on Foreign Affairs
19 of the House of Representatives.

20 “(2) END TB STRATEGY.—The term ‘End TB
21 Strategy’ means the strategy to eliminate TB that
22 was approved by the World Health Assembly in May
23 2014, and is described in The End TB Strategy:
24 Global Strategy and Targets for Tuberculosis Pre-
25 vention, Care and Control after 2015.

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

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

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

14 “(6) STOP TUBERCULOSIS PARTNERSHIP.—The
15 term ‘Stop Tuberculosis Partnership’ means the
16 partnership of 1,600 organizations (including inter-
17 national and technical organizations, government
18 programs, research and funding agencies, founda-
19 tions, nongovernmental organizations, civil society
20 and community groups, and the private sector), do-
21 nors including the United States, high TB burden
22 countries, multilateral agencies, and nongovern-
23 mental and technical agencies, which is governed by
24 the Stop TB Partnership Coordinating Board and
25 hosted by a United Nations entity, committed to

1 short- and long-term measures required to control
2 and eventually eliminate TB as a public health prob-
3 lem in the world.

4 “(7) XDR-TB.—The term ‘XDR-TB’ means ex-
5 tensively drug-resistant TB.

6 “(d) AUTHORIZATION.—To carry out this section, the
7 President is authorized, consistent with section 104(c), to
8 furnish assistance, on such terms and conditions as the
9 President may determine, for the prevention, treatment,
10 control, and elimination of TB, including as part of pri-
11 mary health care and health system strengthening efforts.

12 “(e) GOALS.—In consultation with the appropriate
13 congressional committees, the President shall establish
14 goals, based on the policy and indicators described in sub-
15 section (b), for United States TB programs to detect,
16 cure, and prevent all forms of TB globally for the period
17 between 2023 and 2030 that are aligned with the End
18 TB Strategy’s 2030 targets, by updating the United
19 States Government Tuberculosis Strategy (2015–2019)
20 and the National Action Plan for Combating Multidrug-
21 Resistant Tuberculosis.

22 “(f) COORDINATION.—

23 “(1) IN GENERAL.—In carrying out this sec-
24 tion, the President shall coordinate with the World
25 Health Organization, the Stop TB Partnership, the

1 Global Fund to Fight AIDS, Tuberculosis, and Ma-
2 laria, and other organizations with respect to the de-
3 velopment and implementation of a comprehensive
4 global TB response program and primary health
5 care and health system strengthening.

6 “(2) BILATERAL ASSISTANCE.—In providing bi-
7 lateral assistance under this section, the President,
8 acting through the Administrator of the United
9 States Agency for International Development,
10 shall,—

11 “(A) catalyze support for research and de-
12 velopment of new tools to prevent, diagnose,
13 treat, and control TB worldwide, particularly to
14 reduce the incidence of, and mortality from, all
15 forms of drug-resistant TB;

16 “(B) ensure United States programs and
17 activities focus on finding individuals with ac-
18 tive TB disease and provide quality diagnosis
19 and treatment, and reaching those at high risk
20 with preventive therapy; and

21 “(C) ensure coordination among relevant
22 United States Government agencies, including
23 the Department of State, the Centers for Dis-
24 ease Control and Prevention, the National In-
25 stitutes of Health, the Biomedical Advanced

1 Research and Development Authority, the Food
2 and Drug Administration, the National Science
3 Foundation, the Department of Defense
4 (through its Congressionally Directed Medical
5 Research Program), and other Federal agencies
6 that engage in international TB activities to—

7 “(i) ensure accountability and trans-
8 parency;

9 “(ii) reduce duplication of efforts; and

10 “(iii) ensure appropriate integration
11 and coordination of TB services into other
12 United States-supported health programs.

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

16 “(1) building and strengthening TB programs
17 to increase diagnosis and treatment of everyone who
18 is sick with TB, and ensuring such individuals have
19 access to quality diagnosis and treatment;

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

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

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

8 “(5) research and development of innovative
9 diagnostics, drug therapies, and vaccines, and pro-
10 gram-based research;

11 “(6) the Stop Tuberculosis Partnership’s Global
12 Drug Facility, and the Global Alliance for Tuber-
13 culosis Drug Development, and other organizations
14 promoting the development of new products and
15 drugs for TB; and

16 “(7) ensuring TB programs can serve as key
17 platforms for supporting national respiratory pan-
18 demic response against existing and new infectious
19 respiratory disease.

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

1 “(1) provide resources to the World Health Or-
2 ganization and the Stop Tuberculosis Partnership to
3 improve the capacity of countries with high burdens
4 or rates of TB and other affected countries to imple-
5 ment the End TB Strategy, the Stop TB Global
6 Plan to End TB, their own national strategies and
7 plans, other global efforts to control MDR–TB and
8 XDR–TB; and

9 “(2) leverage the contributions of other donors
10 for activities described in paragraph (1).

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

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

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

1 “(3) the numbers of people trained by the
2 United States Government in TB surveillance and
3 control;

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

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

15 “(6) a description of the collaboration and co-
16 ordination among the United States Agency for
17 International Development and other United States
18 offices and agencies, including the Centers for Dis-
19 ease Control and Prevention and the Office of the
20 Global AIDS Coordinator, for the purposes of com-
21 bating TB and integrating TB response activities
22 into primary health care and health system strength-
23 ening efforts;

24 “(7) the constraints on implementation of pro-
25 grams posed by health workforce shortages, health

1 system limitations, other challenges to successful im-
2 plementation and strategies to address such con-
3 straints;

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

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

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

1 diagnostic tests and orally administered TB
2 treatment regimens;

3 “(B) the number of individuals screened
4 for TB disease and the number evaluated for
5 TB infection using active case finding outside
6 of health facilities;

7 “(C) the number of individuals with active
8 TB disease that were diagnosed and treated, in-
9 cluding the rate of treatment completion and
10 the number receiving patient support;

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

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

22 “(F) a description of progress in imple-
23 menting measures to reduce TB incidence, in-
24 cluding actions—

1 “(i) to expand active case finding and
2 contact tracing to reach vulnerable groups;
3 and

4 “(ii) to expand TB preventive ther-
5 apy, engagement of the private sector, and
6 diagnostic capacity;

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

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

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

1 “(J) a description of TB commodity pro-
2 curement challenges, including shortages,
3 stockouts, or failed tenders for TB drugs or
4 other commodities;

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

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

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

18 “(i) country national TB plans and
19 strategies; and

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

1 “(N) for the first 3 years of the report re-
2 quired under this subsection, a description of
3 the progress in recovering from the negative im-
4 pact of COVID–19 on TB, including—

5 “(i) whether there has been the devel-
6 opment and implementation of a com-
7 prehensive plan to ensure TB activities re-
8 cover from diversion of resources;

9 “(ii) the continued use of bidirectional
10 TB–COVID testing; and

11 “(iii) progress on increased diagnosis
12 and treatment of active TB.

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

23 “(1) describes current progress and challenges
24 to the development of new tools for the purpose of
25 TB prevention, treatment, and control;

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

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

7 “(k) EVALUATION REPORT.—Not later than 2 years
8 after the date of the enactment of the End Tuberculosis
9 Now Act of 2022, and every 5 years thereafter until 2035,
10 the Comptroller General of the United States shall submit
11 a report to the appropriate congressional committees that
12 evaluates—

13 “(1) the performance and impact of TB preven-
14 tion, diagnosis, treatment, and care efforts that are
15 supported by United States bilateral assistance
16 funding, including recommendations for improving
17 such programs; and

18 “(2) progress on the integration of activities de-
19 scribed in paragraph (1) into primary health care
20 and health system strengthening efforts, including
21 recommendations for accelerating such progress.”.

