

116TH CONGRESS
1ST SESSION

H. R. 3460

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 25, 2019

Mr. SMITH of New Jersey (for himself, Mr. McCAUL, Ms. BASS, Mr. SHERMAN, Mr. MEEKS, and Mr. CICILLINE) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “End Neglected Trop-
5 ical Diseases Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

- 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 Neglected Tropical Diseases Program.

Sec. 8. Actions by Department of State.

Sec. 9. Multilateral development and health institutions.

1 **SEC. 3. STATEMENT OF POLICY.**

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

8 **SEC. 4. FINDINGS.**

9 Congress finds the following:

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

16 (2) In 2013, WHO adopted a comprehensive
17 resolution on NTDs recognizing that increased na-
18 tional and international investments in prevention
19 and control of neglected tropical diseases have suc-
20 ceeded in improving health and social well-being in
21 many countries.

22 (3) NTDs have an enormous impact in terms of
23 disease burden and quality of life. NTDs cause the
24 loss of up to 534,000 lives and 57 million disability-

1 adjusted life-years each year. NTDs surpass both
2 malaria and tuberculosis in causing greater loss of
3 life-years to disability and premature death. Many
4 NTDs cause disfigurement and disability, leading to
5 stigma, social discrimination, and societal
6 marginalization.

7 (4) NTDs create an economic burden of billions
8 of dollars through the loss of productivity and high
9 costs of health care required for treatment. People
10 afflicted by NTDs are less productive than their
11 healthy counterparts. NTDs jeopardize the ability of
12 people to attend work and school, or to produce at
13 full capacity. For example, controlling one NTD,
14 hookworm, in children can result in a 43-percent in-
15 crease in future wage earnings.

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

22 (6) NTDs are not confined to the developing
23 world, however. Several NTD outbreaks have been
24 reported in the United States and other developed
25 countries, especially among the poor. In the United

1 States, NTDs disproportionately affect people living
2 in poverty, and especially minorities, including up to
3 2.8 million African Americans with toxocariasis and
4 300,000 or more people, mostly Hispanic Americans,
5 with Chagas disease.

6 (7) Many NTDs can be controlled, prevented,
7 and even eliminated using low-cost, effective, and
8 feasible solutions. Understanding the economic bur-
9 den of NTDs on productivity and health care costs
10 can help to assure governments and donors that the
11 resources directed toward NTDs represent a good
12 investment.

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

16 (9) Critical to developing robust NTD control
17 strategies are epidemiological data that identify at-
18 risk populations, ensure appropriate treatment fre-
19 quency, and inform decisions about when treatment
20 can be reduced or stopped.

21 (10) Of the 14 most common NTDs, roughly
22 80 percent of infections are caused by soil-trans-
23 mitted helminths (STH) and schistosomiasis. STH
24 are a group of 3 parasitic worms (roundworms,
25 whipworms, and hookworms) that afflict more than

1 1 billion people worldwide, including 600 million
2 school-age children, of whom more than 300 million
3 suffer from severe morbidity. Schistosomiasis is an-
4 other helminth infection affecting at least 200 mil-
5 lion people in developing countries, but some esti-
6 mates indicate that the true number of people af-
7 fected may be double or even triple that number.

8 (11) The benefits of deworming are immediate
9 and enduring. A rigorous randomized controlled trial
10 has shown school-based deworming treatment to re-
11 duce school absenteeism by 25 percent. School-based
12 deworming also benefits young siblings and other
13 children who live nearby but are too young to be
14 treated, leading to large cognitive improvements
15 equivalent to half a year of schooling.

16 **SEC. 5. DEFINITION.**

17 In this Act, the term “neglected tropical diseases” or
18 “NTDs”—

19 (1) means infections caused by pathogens, in-
20 cluding viruses, bacteria, protozoa, and helminths
21 that disproportionately impact individuals living in
22 extreme poverty, especially in developing countries;
23 and

24 (2) includes—

- 1 (A) Buruli ulcer (*Mycobacterium Ulcerans*
2 infection);
- 3 (B) Chagas disease;
- 4 (C) dengue or severe dengue fever;
- 5 (D) dracunculiasis (Guinea worm disease);
- 6 (E) echinococcosis;
- 7 (F) foodborne trematodiasis;
- 8 (G) human African trypanosomiasis (sleep-
9 ing sickness);
- 10 (H) leishmaniasis;
- 11 (I) leprosy;
- 12 (J) lymphatic filariasis (elephantiasis);
- 13 (K) onchocerciasis (river blindness);
- 14 (L) scabies;
- 15 (M) schistosomiasis;
- 16 (N) soil-transmitted helminthiasis (STH)
17 (roundworm, whipworm, and hookworm);
- 18 (O) taeniasis/cysticercosis;
- 19 (P) trachoma; and
- 20 (Q) yaws (endemic treponematoses).

21 **SEC. 6. RULE OF CONSTRUCTION.**

22 Nothing in this Act shall be construed to increase au-
23 thorizations of appropriations for the United States Agen-
24 cy for International Development.

1 **SEC. 7. EXPANSION OF UNITED STATES AGENCY FOR**
2 **INTERNATIONAL DEVELOPMENT NEGLECTED**
3 **TROPICAL DISEASES PROGRAM.**

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

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

16 (2) The United States Government is a partner
17 in the London Declaration on Neglected Tropical
18 Diseases (2012), which represents a new, coordi-
19 nated international push to accelerate progress to-
20 ward eliminating or controlling 10 NTDs by 2020.

21 (3) While many of the most common NTDs
22 have safe, easy to use, and effective treatments,
23 treatment options for the NTDs with the highest
24 death rates, including human African
25 trypanosomiasis (sleeping sickness), visceral leishma-
26 niasis, and Chagas disease, are extremely limited.

1 (4) The United States Agency for International
2 Development (USAID) Neglected Tropical Diseases
3 Program has made important and substantial con-
4 tributions to the global fight to control and eliminate
5 5 of the most common NTDs. Leveraging more than
6 \$15,700,000,000 in donated medicines, USAID has
7 supported the distribution of more than 1 billion
8 treatments in 31 countries across Africa, Asia, and
9 Latin America and the Caribbean.

10 (5) Since 2014, the USAID Neglected Tropical
11 Diseases Program has been investing in research
12 and development for the treatment of certain NTDs
13 to ensure that promising new breakthrough medi-
14 cines can be rapidly evaluated, registered, and made
15 available to patients.

16 (6) The USAID Neglected Tropical Diseases
17 Program is a clear example of a successful public-
18 private partnership between the Government and the
19 private sector and should be judiciously expanded, as
20 practicable and appropriate.

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

1 (1) provide integrated drug treatment packages
2 to as many individuals suffering from NTDs or at
3 risk of acquiring NTDs, including individuals dis-
4 placed by manmade and natural disasters, as
5 logistically feasible;

6 (2) better integrate NTD control and treatment
7 tools and approaches into complementary develop-
8 ment and global health programs by coordinating, to
9 the extent practicable and appropriate, across mul-
10 tiple sectors, including those relating to HIV/AIDS,
11 malaria, tuberculosis, education, nutrition, other in-
12 fectious diseases, maternal and child health, and
13 water, sanitation, and hygiene;

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

18 (4) as opportunities emerge and resources
19 allow, engage in research and development of new
20 tools and approaches to reach the goals relating to
21 the elimination of NTDs as set forth by the 2012
22 World Health Organization publication “Accel-
23 erating Work to Overcome the Global Impact of Ne-
24 glected Tropical Diseases: A Roadmap for Imple-
25 mentation”, including for Chagas disease, Guinea

1 worm, human African trypanosomiasis (sleeping
2 sickness), leprosy, and visceral leishmaniasis; and

3 (5) monitor research on and developments in
4 the prevention and treatment of other NTDs so
5 breakthroughs can be incorporated into the USAID
6 Neglected Tropical Diseases Program, as practicable
7 and appropriate.

8 (c) PROGRAM PRIORITIES.—The Administrator of
9 USAID should incorporate the following priorities into the
10 USAID Neglected Tropical Diseases Program (as in effect
11 on the date of the enactment of this Act):

12 (1) Planning for and conducting robust moni-
13 toring and evaluation of program investments in
14 order to accurately measure impact, identify and
15 share lessons learned, and inform future NTD con-
16 trol and elimination strategies.

17 (2) Coordinating program activities with com-
18plementary USAID development and global health
19 programs, including programs relating to water,
20 sanitation, and hygiene, food and nutrition security,
21 and education (both primary and secondary), in
22 order to advance the goals of the London Declara-
23 tion on Neglected Tropical Diseases (2012).

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

1 (4) Incorporating NTDs included in the Global
2 Burden of Disease Study 2010 into the program as
3 opportunities emerge, to the extent practicable and
4 appropriate.

5 (5) Continuing investments in the research and
6 development of new tools and approaches that com-
7 plement existing research investments and ensure
8 that new discoveries make it through the pipeline
9 and become available to individuals who need them
10 most.

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

12 (a) OFFICE OF THE GLOBAL AIDS COORDINATOR.—
13 It is the sense of Congress that the Coordinator of United
14 States Government Activities to Combat HIV/AIDS Glob-
15 ally should fully consider evolving research on the impact
16 of NTDs on efforts to control HIV/AIDS when making
17 future programming decisions, as necessary and appro-
18 priate.

19 (b) GLOBAL PROGRAMMING.—

20 (1) IN GENERAL.—The Secretary of State
21 should encourage the Global Fund to take into con-
22 sideration evolving research on the impact of NTDs
23 on efforts to control HIV/AIDS when making pro-
24 gramming decisions, particularly with regard to fe-
25 male genital schistosomiasis, which studies suggest

1 may be one of the most significant cofactors in the
2 AIDS epidemic in Africa, as necessary and appro-
3 priate.

4 (2) GLOBAL FUND.—In this subsection, the
5 term “Global Fund” means the public-private part-
6 nership known as the Global Fund to Fight AIDS,
7 Tuberculosis and Malaria established pursuant to
8 Article 80 of the Swiss Civil Code.

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

13 **SEC. 9. MULTILATERAL DEVELOPMENT AND HEALTH INSTI-**
14 **TUTIONS.**

15 (a) CONGRESSIONAL FINDING.—Congress finds that
16 the treatment of NTDs, including community- and school-
17 based deworming programs, can be a highly cost-effective
18 intervention, and schools can serve as an effective delivery
19 mechanism for reaching large numbers of children with
20 safe treatment for soil-transmitted helminthiases
21 (roundworm, whipworm, and hookworm) in particular.

22 (b) UNITED NATIONS.—The President should direct
23 the United States permanent representative to the United
24 Nations to use the voice, vote, and influence of the United

1 States to urge the World Health Organization and the
2 United Nations Development Programme to—

3 (1) ensure the dissemination of best practices
4 and programming on NTDs to governments and
5 make data accessible to practitioners in an open and
6 timely fashion;

7 (2) highlight impacts of community- and school-
8 based deworming programs on children’s health and
9 education, emphasizing the cost-effectiveness of such
10 programs;

11 (3) encourage governments to implement
12 deworming campaigns at the national level;

13 (4) consider the designation of a portion of
14 grant funds of the institutions to deworming initia-
15 tives and cross-sectoral collaboration with water,
16 sanitation, and hygiene efforts and nutrition or edu-
17 cation programming, as practicable and appropriate;

18 (5) encourage accurate monitoring and evalua-
19 tion of NTD programs, including deworming pro-
20 grams; and

21 (6) engage governments in cross-border initia-
22 tives for the treatment, control, prevention, and
23 elimination of NTDs, and assist in developing

- 1 transnational agreements, when and where nec-
- 2 essary.

○