

error. I am glad that it will. I appreciate the support, and for all of these reasons I urge my colleagues to join me in supporting this good, bipartisan bill.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. DEUTCH) that the House suspend the rules and pass the bill, H.R. 4018, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

**SUPPORT FOR THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS (TB), MALARIA, AND ITS SIXTH REPLENISHMENT**

Mr. Sires. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 517) supporting the Global Fund to fight AIDS, tuberculosis (TB), malaria, and its Sixth Replenishment, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 517

Whereas the Global Fund to fight AIDS, tuberculosis (TB), and malaria is an effective partnership of governments, the private sector, civil society, and affected communities to transform the response to these epidemics;

Whereas since the Global Fund's creation in 2002, and in close cooperation with the President's Emergency Plan for AIDS Relief (PEPFAR), more than 32,000,000 lives have been saved in countries where the Global Fund invests;

Whereas the Global Fund has contributed to extraordinary improvements in global health, including by helping to reduce by half the number of AIDS-related deaths since 2005, contributing to a 37-percent decline in TB deaths from 2000 to 2016, and a 60-percent decline in the number of malaria deaths since 2000;

Whereas the Global Fund and its partners work to uphold a steadfast commitment to transparency and accountability, receiving high marks in multilateral aid reviews and by independent watchdogs;

Whereas despite progress achieved to date in combating AIDS, TB, and malaria, significant challenges threaten future progress, including drug and insecticide resistance, reaching marginalized and vulnerable populations, and complacency in the fight against infectious diseases;

Whereas United States leadership has been critical to the Global Fund's success as its largest donor and through its oversight role on the Board of the Global Fund;

Whereas the Global Fund amplifies and supports the results of United States bilateral health programs, including the PEPFAR, the President's Malaria Initiative, and the United States Agency for International Development TB program;

Whereas a statutory cap on United States contributions to the Global Fund has successfully leveraged increased contributions from other donors in prior Global Fund replenishments;

Whereas the United Kingdom and Japan, for example, already have pledged significant

increases to the Global Fund for the Sixth Replenishment;

Whereas the Global Fund's requirements for cofinancing have spurred domestic investments, with recipient countries committing 41 percent more of their own funding to fight AIDS, TB, and malaria for 2018 to 2020 compared to 2015 to 2017;

Whereas recipient countries are expected to increase their co-financing by 48 percent, growing to \$46,000,000,000 from 2021 to 2023; and

Whereas with these resources secured, the Global Fund projects it will reduce the number of deaths due to AIDS, TB, and malaria by nearly 50 percent, avert 234,000,000 infections or disease cases, and save an additional 16,000,000 lives; Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) encourages the Global Fund and its partners to continue their valuable contributions to end the epidemics of AIDS, TB, and malaria;

(2) affirms previous commitments of the United States to providing 33 percent of the budget to the Global Fund, including for the Sixth Global Fund Replenishment held on October 10, 2019, in Lyon, France, as demonstrated by the \$1,560,000,000 provided by H.R. 2839 in the 116th Congress (providing FY2020 appropriations for the Department of State, foreign operations, and related programs), as passed by the House of Representatives;

(3) urges donor countries to step up the fight and increase their pledges for the Sixth Global Fund Replenishment and supports continued diplomatic engagement to improve burden sharing;

(4) urges Global Fund recipient countries to continue to make and meet ambitious co-financing commitments to sustain progress in ending the epidemics of AIDS, TB, and malaria; and

(5) encourages United States bilateral aid programs to continue their collaboration with the Global Fund to maximize the life-saving impact of global health investments.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. Sires) and the gentleman from New Jersey (Mr. Smith) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. Sires).

□ 1615

GENERAL LEAVE

Mr. Sires. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H. Res. 517.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. Sires. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there is no better example of American interests and values intersecting in our foreign policy than global health issues.

On the one hand, global health challenges are strategic challenges. Countries and communities with poor access to healthcare are less productive, less stable, less able to act as strong partners. Unchecked, pandemics can blow across borders and make their way to our own shores, threatening the American people, so we have a real interest

in working to tackle global health problems.

At the same time, we, as Americans, want to see people everywhere lead healthy, happy lives, and access to healthcare allows more people to pursue greater opportunity.

That is why, over the last two decades, the Global Fund has been such a remarkable foreign policy initiative. It has helped reduce by half the number of AIDS-related deaths worldwide since 2005. From 2000 to 2016, it contributed to a 37 percent decline in tuberculosis deaths. Since the year 2000, the Global Fund has helped reduce the number of deaths from malaria by 60 percent.

America's contributions to the Global Fund have helped to fund these vital programs, and our leadership has helped drive billions in additional investments from other donors and recipient states. In October, the Global Fund received pledges of more than \$14 billion for the next 3 years from 75 donors. Sixteen million people will benefit from this lifesaving assistance.

This is work that we should all be proud of. It has helped advance core American interests around the world. It has shown the character of our country, our spirit of generosity and compassion.

It is essential that the Global Fund's work continues. That is why I am proud to support this measure from Foreign Affairs Committee Chairman ENGEL and Ranking Member McCaul. This resolution puts the House on the record reaffirming our support for the Global Fund, reiterating how important its work is. It says that the funding the House already approved for next year shall go forward because the Global Fund's future success depends on American involvement.

The Global Fund has built a tremendous record of success. We need to keep that record going so that we can continue to help people around the world withstand life-threatening but preventable diseases.

Mr. Speaker, I reserve the balance of my time.

Mr. Smith of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H. Res. 517, a resolution by Chairman ENGEL and Ranking Member McCaul, supporting the Global Fund to fight AIDS, tuberculosis, and malaria.

The Global Fund is a financing partnership of governments, private donors, and civil societies that have a shared purpose of ending HIV/AIDS, TB, and malaria. Since its founding in 2002, the Global Fund is credited with saving millions of lives.

Nor is our contribution to combat these diseases limited to the Global Fund. As my colleagues know, since its inception in 2002, the Global Fund has worked with U.S. programs, such as the President's Emergency Plan for AIDS Relief, or PEPFAR, which has radically and positively changed the course of health outcomes.

President Bush initiated the PEPFAR program, which has been transformative in so many countries, particularly in sub-Saharan Africa. According to PEPFAR's latest data, over 18 million lives have been saved due to PEPFAR's intervention.

I would note the success in blocking mother-to-child transmission of AIDS during pregnancy. At the end of September 2019, Mr. Speaker, over 2.6 million babies born of HIV-infected mothers have been born HIV free.

In addition to President Bush's extraordinary leadership, we should also note the lasting reforms and contributions of Mark Dybul. Mark served as the U.S. Global AIDS Coordinator from 2006 to 2009, implementing PEPFAR during that critical period. He then went on to serve as the executive director of the Global Fund, instituting reforms such that we stand here today recognizing the critical role that the Global Fund is playing in the fight against HIV/AIDS.

Among other things, Mark insisted on the key role that faith-based organizations play in the fight against the spread of HIV. Africa, in particular, is a faith-based continent, and to neglect the role of the churches, as some had advocated at the time, would be to neglect the single most important grassroots institution in the lives of the people on the continent.

Mark also spearheaded risk avoidance strategies, including keeping adolescent girls in school, which has proven critical in delaying the onset of sexual activity and reducing the transmission of AIDS.

Mr. Speaker, the American people allocate \$6 billion a year to the President's Emergency Plan for AIDS Relief, or PEPFAR, which Congress extended for another 5 years via legislation that I authored with Democrat BARBARA LEE and that President Trump signed into law on December 11 last year.

Along with funds we dedicate in USAID's global health account to combat AIDS, TB, and malaria, our contributions to PEPFAR and the Global Fund make our global leadership unparalleled in the entire world. And it is not just simply providing funds. It is the leadership and commitment to excellence demonstrated by people such as our Global AIDS Coordinator today, Deborah Birx, and her team, which makes our commitment so impactful.

Yet, to sustain its progress, the Global Fund needs at least \$14 billion over the next 3 years. To help the fund reach its goal, the U.S. commitment would need to be \$1.56 billion. I am happy to say, 2 months ago, the Global Fund held its replenishment meeting, where pledge amounts for the next 3 years were submitted. The United States Government pledged \$1.56 billion, with other donors coming to the table to help the Global Fund raise the critically needed money.

Mr. Speaker, I reserve the balance of my time.

Mr. Sires. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. Mr. Speaker, I thank the gentleman for yielding and for his leadership, and also Chairman ENGEL as well as Mr. SMITH for their commitment on this and so many issues.

Mr. Speaker, I rise in strong support of H. Res. 517. This important resolution reaffirms our commitment to ending AIDS and calls on our government to maintain its historic contribution to the Global Fund.

As one of the original authors of the Global Fund and as co-chair of the HIV/AIDS Caucus, I am pleased that we are moving this bill forward.

This legislation has one of the greatest impacts on lives of people around the world. Since 2002, the Global Fund and PEPFAR have saved 32 million lives. That is 32 million lives. That is unbelievable.

What is more, the Global Fund has cut the number of AIDS-related deaths in half since 2005 and helped to reduce TB deaths by 37 percent.

Mr. Speaker, our country's strong support of this program, which has been bipartisan, coupled with new scientific advances, has helped us turn the tide on achieving an AIDS-free generation.

Just this year, during the Global Fund's Sixth Replenishment Conference, the United States maintained its strong commitment to \$1.56 billion a year. That is a 33 percent contribution to this important fund.

I am glad that we are here today to reaffirm our commitment to the Global Fund and its sixth replenishment fund. The bipartisan and multilateral commitment to this program cannot be overstated.

Finally, Mr. Speaker, I want to close by lifting up the legacy of my predecessor, a great statesman, Congressman Ron Dellums, who inspired my legislation to establish the framework for the Global Fund.

Mr. Speaker, I thank my partner, Republican Congressman Jim Leach, for his spirit of bipartisanship in helping me get this bill through the Banking and Financial Services Committee; former President Bill Clinton, who signed the Global AIDS and TB Relief Act of 2000 to establish the Global Fund; and, of course, the late Kofi Annan, who served as Secretary General of the United Nations and who boldly took this idea to the U.N. and led the global effort for support.

Mr. Speaker, I urge my colleagues to vote "yes" on this resolution, vote "yes" to saving lives.

Mr. Speaker, again, I thank everyone for being here today. Sunday, of course, was World AIDS Day, and we led a delegation to the United Nations. We had high-level meetings, and everyone applauded the United States for its leadership.

Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may

consume to the gentleman from Texas (Mr. McCaul), the ranking member of the Foreign Affairs Committee.

Mr. McCaul. Mr. Speaker, I thank the gentlemen from New Jersey, Mr. SMITH and Mr. Sires, and Mr. ENGEL for their hard work on this important resolution that I support, the Global Fund to fight AIDS, tuberculosis, and malaria.

Over the last 17 years, 32 million lives have been saved as a result of the Global Fund partnering with U.S. programs to change the course of health outcomes. Yet, there is much more work to do. The Global Fund set a fundraising goal of \$14 billion over the next 3 years in order to save an additional 16 million lives.

Since 2003, the United States has been a longtime and consistent partner of the Global Fund and the largest bilateral donor. The U.S. has historically provided \$1 for every \$2 raised by other donors.

Our contributions have been an effective tool to leverage other donors and secure greater commitments. However, uncertainty over final spending bills has complicated the U.S. contribution. That is why my friend Chairman ENGEL and I introduced this resolution, to reaffirm our commitment to the Global Fund and assure our donors of this U.S. commitment.

In October, pledge amounts for the next 3 years were submitted, and I am pleased that this resolution played a role in affirming the U.S. commitment to the Global Fund and helped spur more donors to step up to the fight against AIDS, tuberculosis, and malaria.

Mr. Speaker, I urge my colleagues to support this important resolution, and I also hope that we can consider a final appropriation bill soon that provides the necessary \$1.56 billion over the next 3 years to the Global Fund.

Rarely, Mr. Speaker, in this Chamber do we pass laws and resolutions that have such a direct impact on the lives of others. That is the true calling, the true mission, that I think we share on both sides of the aisle, to make this world a better place. This resolution will certainly do that.

Mr. SMITH of New Jersey. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. Sires. Mr. Speaker, I yield myself as much time as I may consume for the purpose of closing.

Mr. Speaker, a lot of factors have come together over nearly 20 years to account for the success of the Global Fund, but in my view, the most crucial piece of the puzzle has been American leadership.

I worry about what has happened to American leadership in recent years. I worry when an American administration sends budget after budget to Capitol Hill asking us to slash our investments in diplomacy and development by a third. I worry about the message that sends to the rest of the world,

about the lives which could be lost if we reduce our commitment to the fund, and about what it could mean for all the success that efforts like the Global Fund have achieved.

Mr. Speaker, it is important today that the House send this message, that we express our clear support for the Global Fund and our support for bringing American leadership to bear on global health challenges.

Mr. Speaker, I urge all Members to support this measure, and I yield back the balance of my time.

Ms. JOHNSON of Texas. Mr. Speaker, today, I rise in support of H. Res. 517, which I have proudly cosponsored. This resolution reaffirms our nation's commitment to fight AIDS, tuberculosis, and malaria. Amid the worldwide progress that has been made to counter these diseases, it is critical that we maintain our financial contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As the first registered nurse elected to Congress, I wholeheartedly support the funding of efforts to prevent and eradicate infectious diseases. The Global Fund is the world's largest supporter of prevention, treatment, and care programs for AIDS, tuberculosis, and malaria. With these investments, it has decreased the number of AIDS-related deaths by half since 2005, contributed to a 37 percent decline in tuberculosis deaths from 2000 to 2016, and facilitated a 60 percent decline in the number of malaria deaths since 2000.

On behalf of families and young children across the world, it is our duty to advance the resources needed to address health in all our communities. We must maintain our long-standing commitment to the Global Fund. This is a critical commitment to saving lives, averting new cases, and increasing the ability of people around the world to withstand life-threatening but preventable diseases.

The SPEAKER pro tempore (Mr. MALINOWSKI). The question is on the motion offered by the gentleman from New Jersey (Mr. Sires) that the House suspend the rules and agree to the resolution, H. Res. 517, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

#### END NEGLECTED TROPICAL DISEASES ACT

Mr. Sires. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3460) to facilitate effective research on and treatment of neglected tropical diseases through coordinated international efforts.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3460

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “End Neglected Tropical Diseases Act”.

#### 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.

#### SEC. 3. STATEMENT OF POLICY.

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

#### SEC. 4. FINDINGS.

Congress finds the following:

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

(2) In 2013, WHO adopted a comprehensive resolution on NTDs recognizing that increased national and international investments in prevention and control of neglected tropical diseases have succeeded in improving health and social well-being in many countries.

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

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

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

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

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

(8) Research and development efforts are immediately needed for all NTDs, especially those for which limited or no treatment currently exists.

(9) Critical to developing robust NTD control strategies are epidemiological data that

identify at-risk populations, ensure appropriate treatment frequency, and inform decisions about when treatment can be reduced or stopped.

(10) Of the 14 most common NTDs, roughly 80 percent of infections are caused by soil-transmitted helminths (STH) and schistosomiasis. STH are a group of 3 parasitic worms (roundworms, whipworms, and hookworms) that afflict more than 1 billion people worldwide, including 600 million school-age children, of whom more than 300 million suffer from severe morbidity. Schistosomiasis is another helminth infection affecting at least 200 million people in developing countries, but some estimates indicate that the true number of people affected may be double or even triple that number.

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

#### SEC. 5. DEFINITION.

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

(1) means infections caused by pathogens, including viruses, bacteria, protozoa, and helminths that disproportionately impact individuals living in extreme poverty, especially in developing countries; and

(2) includes—

- (A) Buruli ulcer (*Mycobacterium Ulcerans* infection);
- (B) Chagas disease;
- (C) dengue or severe dengue fever;
- (D) dracunculiasis (Guinea worm disease);
- (E) echinococcosis;
- (F) foodborne trematodiases;
- (G) human African trypanosomiasis (sleeping sickness);
- (H) leishmaniasis;
- (I) leprosy;
- (J) lymphatic filariasis (elephantiasis);
- (K) onchocerciasis (river blindness);
- (L) scabies;
- (M) schistosomiasis;
- (N) soil-transmitted helminthiases (STH) (roundworm, whipworm, and hookworm);
- (O) taeniasis/cysticercosis;
- (P) trachoma; and
- (Q) yaws (endemic treponematoses).

#### SEC. 6. RULE OF CONSTRUCTION.

Nothing in this Act shall be construed to increase authorizations of appropriations for the United States Agency for International Development.

#### SEC. 7. EXPANSION OF UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT NEGLECTED TROPICAL DISEASES PROGRAM.

(a) FINDINGS.—Congress finds the following:

(1) Since fiscal year 2006, the United States Government has been an essential leader in global efforts to control seven targeted neglected tropical diseases: lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis, soil-transmitted helminthiases (roundworm, whipworm, and hookworm), and trachoma. Additional information suggests that such efforts could also produce collateral benefits for at least three other neglected tropical diseases: foodborne trematodiases, scabies, and yaws (endemic treponematoses).

(2) The United States Government is a partner in the London Declaration on Neglected Tropical Diseases (2012), which represents a new, coordinated international push to accelerate progress toward eliminating or controlling 10 NTDs by 2020.