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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. CONNOLLY introduced the following bill; which was referred to the Committee on _____

A BILL

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Health Security
5 Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In December 2009, President Obama re-
2 leased the National Strategy for Countering Biologi-
3 cal Threats, which listed as one of seven objectives
4 “Promote global health security: Increase the avail-
5 ability of and access to knowledge and products of
6 the life sciences that can help reduce the impact
7 from outbreaks of infectious disease whether of nat-
8 ural, accidental, or deliberate origin”.

9 (2) In February 2014, the United States and
10 nearly 30 other nations launched the Global Health
11 Security Agenda (GHSA) to address several high-
12 priority, global infectious disease threats. The
13 GHSA is a multi-faceted, multi-country initiative in-
14 tended to accelerate partner countries’ measurable
15 capabilities to achieve specific targets to prevent, de-
16 tect, and respond to infectious disease threats,
17 whether naturally occurring, deliberate, or acci-
18 dental.

19 (3) In 2015, the United Nations adopted the
20 Sustainable Development Goals (SDGs), which in-
21 clude specific reference to the importance of global
22 health security as part of SDG 3 “ensure healthy
23 lives and promote well-being for all at all ages” as
24 follows: “strengthen the capacity of all countries, in
25 particular developing countries, for early warning,

1 risk reduction and management of national and
2 global health risks”.

3 (4) On November 4, 2016, President Obama
4 signed Executive Order No. 13747, “Advancing the
5 Global Health Security Agenda to Achieve a World
6 Safe and Secure from Infectious Disease Threats”.

7 (5) In October 2017 at the GHSA Ministerial
8 Meeting in Uganda, the United States and more
9 than 40 GHSA member countries supported the
10 “Kampala Declaration” to extend the GHSA for an
11 additional 5 years to 2024.

12 (6) In December 2017, President Trump re-
13 leased the National Security Strategy, which in-
14 cludes the priority action: “Detect and contain bio-
15 threats at their source: We will work with other
16 countries to detect and mitigate outbreaks early to
17 prevent the spread of disease. We will encourage
18 other countries to invest in basic health care systems
19 and to strengthen global health security across the
20 intersection of human and animal health to prevent
21 infectious disease outbreaks”.

22 (7) In September 2018, President Trump re-
23 leased the National Biodefense Strategy, which in-
24 cludes objectives to “strengthen global health secu-
25 rity capacities to prevent local bioincidents from be-

1 coming epidemics”, and “strengthen international
2 preparedness to support international response and
3 recovery capabilities”.

4 **SEC. 3. STATEMENT OF POLICY.**

5 It is the policy of the United States to—

6 (1) promote global health security as a core na-
7 tional security interest;

8 (2) advance the aims of the Global Health Se-
9 curity Agenda;

10 (3) collaborate with other countries to detect
11 and mitigate outbreaks early to prevent the spread
12 of disease;

13 (4) encourage other countries to invest in basic
14 resilient and sustainable health care systems; and

15 (5) strengthen global health security across the
16 intersection of human and animal health to prevent
17 infectious disease outbreaks and combat the growing
18 threat of antimicrobial resistance.

19 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY
20 REVIEW COUNCIL.**

21 (a) ESTABLISHMENT.—The President shall establish
22 a Global Health Security Agenda Interagency Review
23 Council (in this section referred to as the “Council”) to
24 perform the general responsibilities described in sub-

1 section (c) and the specific roles and responsibilities de-
2 scribed in subsection (e).

3 (b) MEETINGS.—The Council shall meet not less than
4 four times per year to advance its mission and fulfill its
5 responsibilities.

6 (c) GENERAL RESPONSIBILITIES.—The Council shall
7 be responsible for the following activities:

8 (1) Provide policy-level recommendations to
9 participating agencies on Global Health Security
10 Agenda (GHSA) goals, objectives, and implementa-
11 tion.

12 (2) Facilitate interagency, multi-sectoral en-
13 gagement to carry out GHSA implementation.

14 (3) Provide a forum for raising and working to
15 resolve interagency disagreements concerning the
16 GHSA.

17 (4)(A) Review the progress toward and work to
18 resolve challenges in achieving United States com-
19 mitments under the GHSA, including commitments
20 to assist other countries in achieving the GHSA tar-
21 gets.

22 (B) The Council shall consider, among other
23 issues, the following:

24 (i) The status of United States financial
25 commitments to the GHSA in the context of

1 commitments by other donors, and the con-
2 tributions of partner countries to achieve the
3 GHSA targets.

4 (ii) The progress toward the milestones
5 outlined in GHSA national plans for those
6 countries where the United States Government
7 has committed to assist in implementing the
8 GHSA and in annual work-plans outlining
9 agency priorities for implementing the GHSA.

10 (iii) The external evaluations of United
11 States and partner country capabilities to ad-
12 dress infectious disease threats, including the
13 ability to achieve the targets outlined within the
14 WHO Joint External Evaluation (JEE) tool, as
15 well as gaps identified by such external evalua-
16 tions.

17 (d) PARTICIPATION.—The Council shall consist of
18 representatives, serving at the Assistant Secretary level or
19 higher, from the following agencies:

20 (1) The Department of State.

21 (2) The Department of Defense.

22 (3) The Department of Justice.

23 (4) The Department of Agriculture.

24 (5) The Department of Health and Human
25 Services.

- 1 (6) The Department of Labor.
- 2 (7) The Department of Homeland Security.
- 3 (8) The Office of Management and Budget.
- 4 (9) The United States Agency for International
5 Development.
- 6 (10) The Environmental Protection Agency.
- 7 (11) The Centers for Disease Control and Pre-
8 vention.
- 9 (12) The Office of Science and Technology Pol-
10 icy.
- 11 (13) The National Institutes of Health.
- 12 (14) The National Institute of Allergy and In-
13 fectious Diseases.
- 14 (15) Such other agencies as the Council deter-
15 mines to be appropriate.

16 (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

17 (1) IN GENERAL.—The heads of agencies de-
18 scribed in subsection (d) shall—

19 (A) make the GHSA and its implementa-
20 tion a high priority within their respective agen-
21 cies, and include GHSA-related activities within
22 their respective agencies' strategic planning and
23 budget processes;

24 (B) designate a senior-level official to be
25 responsible for the implementation of this Act;

1 (C) designate, in accordance with sub-
2 section (d), an appropriate representative at the
3 Assistant Secretary level or higher to partici-
4 pate on the Council;

5 (D) keep the Council apprised of GHSA-
6 related activities undertaken within their re-
7 spective agencies;

8 (E) maintain responsibility for agency-re-
9 lated programmatic functions in coordination
10 with host governments, country teams, and
11 GHSA in-country teams, and in conjunction
12 with other relevant agencies;

13 (F) coordinate with other agencies that are
14 identified in this section to satisfy pro-
15 grammatic goals, and further facilitate coordi-
16 nation of country teams, implementers, and do-
17 nors in host countries; and

18 (G) coordinate across GHSA national
19 plans and with GHSA partners to which the
20 United States is providing assistance.

21 (2) ADDITIONAL ROLES AND RESPONSIBIL-
22 ITIES.—In addition to the roles and responsibilities
23 described in paragraph (1), the heads of agencies de-
24 scribed in subsection (d) shall carry out their respec-
25 tive roles and responsibilities described in sub-

1 sections (b) through (i) of section 3 of Executive
2 Order No. 13747 (81 Fed. Reg. 78701; relating to
3 Advancing the Global Health Security Agenda to
4 Achieve a World Safe and Secure from Infectious
5 Disease Threats), as in effect on the day before the
6 date of the enactment of this Act.

7 **SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL**
8 **HEALTH SECURITY.**

9 (a) IN GENERAL.—The President shall appoint an in-
10 dividual to the position of United States Coordinator for
11 Global Health Security, who shall be responsible for the
12 coordination of the interagency process for responding to
13 global health security emergencies. As appropriate, the
14 designee shall coordinate with the President’s Special Co-
15 ordinator for International Disaster Assistance.

16 (b) CONGRESSIONAL BRIEFING.—Not less frequently
17 than twice each year, the employee designated under this
18 section shall provide to the appropriate congressional com-
19 mittees a briefing on the responsibilities and activities of
20 the individual under this section.

21 **SEC. 6. SENSE OF CONGRESS.**

22 It is the sense of the Congress that, given the complex
23 and multisectoral nature of global health threats to the
24 United States, the President—

1 (1) should consider appointing an individual
2 with significant background and expertise in public
3 health or emergency response management to the
4 position of United States Coordinator for Global
5 Health Security, as required by section 5(a), who is
6 an employee of the National Security Council at the
7 level of Deputy Assistant to the President or higher;
8 and

9 (2) in providing assistance to implement the
10 strategy required under section 7(a), should—

11 (A) coordinate, through a whole-of-govern-
12 ment approach, the efforts of relevant Federal
13 departments and agencies to implement the
14 strategy;

15 (B) seek to fully utilize the unique capa-
16 bilities of each relevant Federal department and
17 agency while collaborating with and leveraging
18 the contributions of other key stakeholders; and

19 (C) utilize open and streamlined solicita-
20 tions to allow for the participation of a wide
21 range of implementing partners through the
22 most appropriate procurement mechanisms,
23 which may include grants, contracts, coopera-
24 tive agreements, and other instruments as nec-
25 essary and appropriate.

1 **SEC. 7. STRATEGY AND REPORTS.**

2 (a) STRATEGY.—The United States Coordinator for
3 Global Health Security (appointed under section 5(a))
4 shall coordinate the development and implementation of
5 a strategy to implement the policy aims described in sec-
6 tion 3, which shall—

7 (1) set specific and measurable goals, bench-
8 marks, timetables, performance metrics, and moni-
9 toring and evaluation plans that reflect international
10 best practices relating to transparency, account-
11 ability, and global health security;

12 (2) support and be aligned with country-owned
13 global health security policy and investment plans
14 developed with input from key stakeholders, as ap-
15 propriate;

16 (3) facilitate communication and collaboration,
17 as appropriate, among local stakeholders in support
18 of a multi-sectoral approach to global health secu-
19 rity;

20 (4) support the long-term success of programs
21 by building the capacity of local organizations and
22 institutions in target countries and communities;

23 (5) develop community resilience to infectious
24 disease threats and emergencies;

25 (6) leverage resources and expertise through
26 partnerships with the private sector, health organi-

1 zations, civil society, nongovernmental organizations,
2 and health research and academic institutions; and

3 (7) support collaboration, as appropriate, be-
4 tween United States universities, and public and pri-
5 vate institutions in target countries and communities
6 to promote health security and innovation.

7 (b) COORDINATION.—The President, acting through
8 the United States Coordinator for Global Health Security,
9 shall coordinate, through a whole-of-government approach,
10 the efforts of relevant Federal departments and agencies
11 in the implementation of the strategy required under sub-
12 section (a) by—

13 (1) establishing monitoring and evaluation sys-
14 tems, coherence, and coordination across relevant
15 Federal departments and agencies; and

16 (2) establishing platforms for regular consulta-
17 tion and collaboration with key stakeholders and the
18 appropriate congressional committees.

19 (c) STRATEGY SUBMISSION.—

20 (1) IN GENERAL.—Not later than 180 days
21 after the date of the enactment of this Act, the
22 President, in consultation with the head of each rel-
23 evant Federal department and agency, shall submit
24 to the appropriate congressional committees the
25 strategy required under subsection (a) that provides

1 a detailed description of how the United States in-
2 tends to advance the policy set forth in section 3 and
3 the agency-specific plans described in paragraph (2).

4 (2) AGENCY-SPECIFIC PLANS.—The strategy re-
5 quired under subsection (a) shall include specific im-
6 plementation plans from each relevant Federal de-
7 partment and agency that describes—

8 (A) the anticipated contributions of the de-
9 partment or agency, including technical, finan-
10 cial, and in-kind contributions, to implement
11 the strategy; and

12 (B) the efforts of the department or agen-
13 cy to ensure that the activities and programs
14 carried out pursuant to the strategy are de-
15 signed to achieve maximum impact and long-
16 term sustainability.

17 (d) REPORT.—

18 (1) IN GENERAL.—Not later than 1 year after
19 the date on which the strategy required under sub-
20 section (a) is submitted to the appropriate congres-
21 sional committees under subsection (c), and not later
22 than October 1 of each year thereafter, the Presi-
23 dent shall submit to the appropriate congressional
24 committees a report that describes the status of the
25 implementation of the strategy.

1 (2) CONTENTS.—The report required under
2 paragraph (1) shall—

3 (A) identify any substantial changes made
4 in the strategy during the preceding calendar
5 year;

6 (B) describe the progress made in imple-
7 menting the strategy;

8 (C) identify the indicators used to establish
9 benchmarks and measure results over time, as
10 well as the mechanisms for reporting such re-
11 sults in an open and transparent manner;

12 (D) contain a transparent, open, and de-
13 tailed accounting of expenditures by relevant
14 Federal departments and agencies to implement
15 the strategy, including, to the extent prac-
16 ticable, for each Federal department and agen-
17 cy, the statutory source of expenditures,
18 amounts expended, partners, targeted popu-
19 lations, and types of activities supported;

20 (E) describe how the strategy leverages
21 other United States global health and develop-
22 ment assistance programs;

23 (F) assess efforts to coordinate United
24 States global health security programs, activi-
25 ties, and initiatives with key stakeholders;

1 (G) incorporate a plan for regularly review-
2 ing and updating strategies, partnerships, and
3 programs and sharing lessons learned with a
4 wide range of stakeholders, including key stake-
5 holders, in an open, transparent manner; and

6 (H) describe the progress achieved and
7 challenges concerning the United States Gov-
8 ernment's ability to advance the Global Health
9 Security Agenda across priority countries, in-
10 cluding data disaggregated by priority country
11 using indicators that are consistent on a year-
12 to-year basis and recommendations to resolve,
13 mitigate, or otherwise address the challenges
14 identified therein.

15 (e) FORM.—The strategy required under subsection
16 (a) and the report required under subsection (d) shall be
17 submitted in unclassified form but may contain a classi-
18 fied annex.

19 **SEC. 8. COMPLIANCE WITH THE FOREIGN AID TRANS-**
20 **PARENCY AND ACCOUNTABILITY ACT OF**
21 **2016.**

22 Section 2(3) of the Foreign Aid Transparency and
23 Accountability Act of 2016 (Public Law 114–191; 22
24 U.S.C. 2394c note) is amended—

1 (1) in subparagraph (C), by striking “and” at
2 the end;

3 (2) in subparagraph (D), by striking the period
4 at the end and inserting “; and”; and

5 (3) by adding at the end the following:

6 “(E) the Global Health Security Act of
7 2021.”.

8 **SEC. 9. DEFINITIONS.**

9 In this Act:

10 (1) APPROPRIATE CONGRESSIONAL COMMIT-
11 TEES.—The term “appropriate congressional com-
12 mittees” means—

13 (A) the Committee on Foreign Affairs and
14 the Committee on Appropriations of the House
15 of Representatives; and

16 (B) the Committee on Foreign Relations
17 and the Committee on Appropriations of the
18 Senate.

19 (2) GLOBAL HEALTH SECURITY.—The term
20 “global health security” means activities supporting
21 epidemic and pandemic preparedness and capabili-
22 ties at the country and global levels in order to mini-
23 mize vulnerability to acute public health events that
24 can endanger the health of populations across geo-
25 graphical regions and international boundaries.

1 **SEC. 10. SUNSET.**

2 This Act, and the amendments made by this Act,
3 (other than section 5) shall cease to be effective on Decem-
4 ber 31, 2025.