

117TH CONGRESS  
1ST SESSION

# H. R. 391

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

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2021

Mr. CONNOLLY (for himself, Mr. CHABOT, Mrs. WAGNER, Mr. BERA, Mr. FITZPATRICK, Mr. LARSEN of Washington, Ms. BASS, Mrs. BEATTY, Mr. BEYER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Mr. CARTWRIGHT, Mr. CASE, Mr. CASTEN, Mr. CICILLINE, Mr. CLEAVER, Mr. COLE, Mr. COOPER, Mr. COSTA, Ms. DEAN, Mr. DEFazio, Mr. DEUTCH, Mr. ESPAILLAT, Ms. LOIS FRANKEL of Florida, Mr. VICENTE GONZALEZ of Texas, Mr. HASTINGS, Mrs. HAYES, Ms. HOULAHAN, Ms. JACKSON LEE, Mr. KEATING, Mr. KHANNA, Mr. KILMER, Mr. LANGEVIN, Mr. LEVIN of Michigan, Mr. LIEU, Mr. LYNCH, Mr. MALINOWSKI, Mr. MCGOVERN, Ms. MENG, Ms. NORTON, Mr. PHILLIPS, Mr. RUSH, Mr. SEAN PATRICK MALONEY of New York, Ms. SEWELL, Mr. SHERMAN, Mr. SIRES, Mr. SOTO, Ms. SPANBERGER, Mr. SUOZZI, Ms. TITUS, Mr. TONKO, Mrs. TRAHAN, Mr. TRONE, Mrs. WATSON COLEMAN, Ms. WEXTON, Mr. WILSON of South Carolina, and Ms. SÁNCHEZ) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Global Health Security  
3 Act of 2021”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

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

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

24 (3) In 2015, the United Nations adopted the  
25 Sustainable Development Goals (SDGs), which in-  
26 clude specific reference to the importance of global

1 health security as part of SDG 3 “ensure healthy  
2 lives and promote well-being for all at all ages” as  
3 follows: “strengthen the capacity of all countries, in  
4 particular developing countries, for early warning,  
5 risk reduction and management of national and  
6 global health risks”.

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

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

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

1           (7) In September 2018, President Trump re-  
2           leased the National Biodefense Strategy, which in-  
3           cludes objectives to “strengthen global health secu-  
4           rity capacities to prevent local bioincidents from be-  
5           coming epidemics”, and “strengthen international  
6           preparedness to support international response and  
7           recovery capabilities”.

8           **SEC. 3. STATEMENT OF POLICY.**

9           It is the policy of the United States to—

10           (1) promote global health security as a core na-  
11           tional security interest;

12           (2) advance the aims of the Global Health Se-  
13           curity Agenda;

14           (3) collaborate with other countries to detect  
15           and mitigate outbreaks early to prevent the spread  
16           of disease;

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

19           (5) strengthen global health security across the  
20           intersection of human and animal health to prevent  
21           infectious disease outbreaks and combat the growing  
22           threat of antimicrobial resistance.

1 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY**  
2 **REVIEW COUNCIL.**

3 (a) ESTABLISHMENT.—The President shall establish  
4 a Global Health Security Agenda Interagency Review  
5 Council (in this section referred to as the “Council”) to  
6 perform the general responsibilities described in sub-  
7 section (c) and the specific roles and responsibilities de-  
8 scribed in subsection (e).

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

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

14 (1) Provide policy-level recommendations to  
15 participating agencies on Global Health Security  
16 Agenda (GHSA) goals, objectives, and implementa-  
17 tion.

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

20 (3) Provide a forum for raising and working to  
21 resolve interagency disagreements concerning the  
22 GHSA.

23 (4)(A) Review the progress toward and work to  
24 resolve challenges in achieving United States com-  
25 mitments under the GHSA, including commitments

1 to assist other countries in achieving the GHSA tar-  
2 gets.

3 (B) The Council shall consider, among other  
4 issues, the following:

5 (i) The status of United States financial  
6 commitments to the GHSA in the context of  
7 commitments by other donors, and the con-  
8 tributions of partner countries to achieve the  
9 GHSA targets.

10 (ii) The progress toward the milestones  
11 outlined in GHSA national plans for those  
12 countries where the United States Government  
13 has committed to assist in implementing the  
14 GHSA and in annual work-plans outlining  
15 agency priorities for implementing the GHSA.

16 (iii) The external evaluations of United  
17 States and partner country capabilities to ad-  
18 dress infectious disease threats, including the  
19 ability to achieve the targets outlined within the  
20 WHO Joint External Evaluation (JEE) tool, as  
21 well as gaps identified by such external evalua-  
22 tions.

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

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

22 (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

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

1 (A) make the GHSA and its implementa-  
2 tion a high priority within their respective agen-  
3 cies, and include GHSA-related activities within  
4 their respective agencies' strategic planning and  
5 budget processes;

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

8 (C) designate, in accordance with sub-  
9 section (d), an appropriate representative at the  
10 Assistant Secretary level or higher to partici-  
11 pate on the Council;

12 (D) keep the Council apprised of GHSA-  
13 related activities undertaken within their re-  
14 spective agencies;

15 (E) maintain responsibility for agency-re-  
16 lated programmatic functions in coordination  
17 with host governments, country teams, and  
18 GHSA in-country teams, and in conjunction  
19 with other relevant agencies;

20 (F) coordinate with other agencies that are  
21 identified in this section to satisfy pro-  
22 grammatic goals, and further facilitate coordi-  
23 nation of country teams, implementers, and do-  
24 nors in host countries; and



1 (G) coordinate across GHSA national  
2 plans and with GHSA partners to which the  
3 United States is providing assistance.

4 (2) ADDITIONAL ROLES AND RESPONSIBIL-  
5 ITIES.—In addition to the roles and responsibilities  
6 described in paragraph (1), the heads of agencies de-  
7 scribed in subsection (d) shall carry out their respec-  
8 tive roles and responsibilities described in sub-  
9 sections (b) through (i) of section 3 of Executive  
10 Order No. 13747 (81 Fed. Reg. 78701; relating to  
11 Advancing the Global Health Security Agenda to  
12 Achieve a World Safe and Secure from Infectious  
13 Disease Threats), as in effect on the day before the  
14 date of the enactment of this Act.

15 **SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL**  
16 **HEALTH SECURITY.**

17 (a) IN GENERAL.—The President shall appoint an in-  
18 dividual to the position of United States Coordinator for  
19 Global Health Security, who shall be responsible for the  
20 coordination of the interagency process for responding to  
21 global health security emergencies. As appropriate, the  
22 designee shall coordinate with the President’s Special Co-  
23 ordinator for International Disaster Assistance.

24 (b) CONGRESSIONAL BRIEFING.—Not less frequently  
25 than twice each year, the employee designated under this

1 section shall provide to the appropriate congressional com-  
2 mittees a briefing on the responsibilities and activities of  
3 the individual under this section.

4 **SEC. 6. SENSE OF CONGRESS.**

5 It is the sense of the Congress that, given the complex  
6 and multisectoral nature of global health threats to the  
7 United States, the President—

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

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

18 (A) coordinate, through a whole-of-govern-  
19 ment approach, the efforts of relevant Federal  
20 departments and agencies to implement the  
21 strategy;

22 (B) seek to fully utilize the unique capa-  
23 bilities of each relevant Federal department and  
24 agency while collaborating with and leveraging  
25 the contributions of other key stakeholders; and

1 (C) utilize open and streamlined solicita-  
2 tions to allow for the participation of a wide  
3 range of implementing partners through the  
4 most appropriate procurement mechanisms,  
5 which may include grants, contracts, coopera-  
6 tive agreements, and other instruments as nec-  
7 essary and appropriate.

8 **SEC. 7. STRATEGY AND REPORTS.**

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

14 (1) set specific and measurable goals, bench-  
15 marks, timetables, performance metrics, and moni-  
16 toring and evaluation plans that reflect international  
17 best practices relating to transparency, account-  
18 ability, and global health security;

19 (2) support and be aligned with country-owned  
20 global health security policy and investment plans  
21 developed with input from key stakeholders, as ap-  
22 propriate;

23 (3) facilitate communication and collaboration,  
24 as appropriate, among local stakeholders in support

1 of a multi-sectoral approach to global health secu-  
2 rity;

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

6 (5) develop community resilience to infectious  
7 disease threats and emergencies;

8 (6) leverage resources and expertise through  
9 partnerships with the private sector, health organi-  
10 zations, civil society, nongovernmental organizations,  
11 and health research and academic institutions; and

12 (7) support collaboration, as appropriate, be-  
13 tween United States universities, and public and pri-  
14 vate institutions in target countries and communities  
15 to promote health security and innovation.

16 (b) COORDINATION.—The President, acting through  
17 the United States Coordinator for Global Health Security,  
18 shall coordinate, through a whole-of-government approach,  
19 the efforts of relevant Federal departments and agencies  
20 in the implementation of the strategy required under sub-  
21 section (a) by—

22 (1) establishing monitoring and evaluation sys-  
23 tems, coherence, and coordination across relevant  
24 Federal departments and agencies; and

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

4           (c) STRATEGY SUBMISSION.—

5           (1) IN GENERAL.—Not later than 180 days  
6           after the date of the enactment of this Act, the  
7           President, in consultation with the head of each rel-  
8           evant Federal department and agency, shall submit  
9           to the appropriate congressional committees the  
10          strategy required under subsection (a) that provides  
11          a detailed description of how the United States in-  
12          tends to advance the policy set forth in section 3 and  
13          the agency-specific plans described in paragraph (2).

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

18                 (A) the anticipated contributions of the de-  
19                 partment or agency, including technical, finan-  
20                 cial, and in-kind contributions, to implement  
21                 the strategy; and

22                 (B) the efforts of the department or agen-  
23                 cy to ensure that the activities and programs  
24                 carried out pursuant to the strategy are de-

1 signed to achieve maximum impact and long-  
2 term sustainability.

3 (d) REPORT.—

4 (1) IN GENERAL.—Not later than 1 year after  
5 the date on which the strategy required under sub-  
6 section (a) is submitted to the appropriate congress-  
7 sional committees under subsection (c), and not later  
8 than October 1 of each year thereafter, the Presi-  
9 dent shall submit to the appropriate congressional  
10 committees a report that describes the status of the  
11 implementation of the strategy.

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

14 (A) identify any substantial changes made  
15 in the strategy during the preceding calendar  
16 year;

17 (B) describe the progress made in imple-  
18 menting the strategy;

19 (C) identify the indicators used to establish  
20 benchmarks and measure results over time, as  
21 well as the mechanisms for reporting such re-  
22 sults in an open and transparent manner;

23 (D) contain a transparent, open, and de-  
24 tailed accounting of expenditures by relevant  
25 Federal departments and agencies to implement

1 the strategy, including, to the extent prac-  
2 ticable, for each Federal department and agen-  
3 cy, the statutory source of expenditures,  
4 amounts expended, partners, targeted popu-  
5 lations, and types of activities supported;

6 (E) describe how the strategy leverages  
7 other United States global health and develop-  
8 ment assistance programs;

9 (F) assess efforts to coordinate United  
10 States global health security programs, activi-  
11 ties, and initiatives with key stakeholders;

12 (G) incorporate a plan for regularly review-  
13 ing and updating strategies, partnerships, and  
14 programs and sharing lessons learned with a  
15 wide range of stakeholders, including key stake-  
16 holders, in an open, transparent manner; and

17 (H) describe the progress achieved and  
18 challenges concerning the United States Gov-  
19 ernment's ability to advance the Global Health  
20 Security Agenda across priority countries, in-  
21 cluding data disaggregated by priority country  
22 using indicators that are consistent on a year-  
23 to-year basis and recommendations to resolve,  
24 mitigate, or otherwise address the challenges  
25 identified therein.

1 (e) FORM.—The strategy required under subsection  
2 (a) and the report required under subsection (d) shall be  
3 submitted in unclassified form but may contain a classi-  
4 fied annex.

5 **SEC. 8. COMPLIANCE WITH THE FOREIGN AID TRANS-**  
6 **PARENCY AND ACCOUNTABILITY ACT OF**  
7 **2016.**

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

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

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

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

16 “(E) the Global Health Security Act of  
17 2021.”.

18 **SEC. 9. DEFINITIONS.**

19 In this Act:

20 (1) **APPROPRIATE CONGRESSIONAL COMMIT-**  
21 **TEES.**—The term “appropriate congressional com-  
22 mittees” means—

23 (A) the Committee on Foreign Affairs and  
24 the Committee on Appropriations of the House  
25 of Representatives; and



1 (B) the Committee on Foreign Relations  
2 and the Committee on Appropriations of the  
3 Senate.

4 (2) GLOBAL HEALTH SECURITY.—The term  
5 “global health security” means activities supporting  
6 epidemic and pandemic preparedness and capabili-  
7 ties at the country and global levels in order to mini-  
8 mize vulnerability to acute public health events that  
9 can endanger the health of populations across geo-  
10 graphical regions and international boundaries.

11 **SEC. 10. SUNSET.**

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

○