

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 2166
OFFERED BY MR. CONNOLLY OF VIRGINIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Global Health Security
3 Act of 2020”.

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-

1 tended to accelerate partner countries' measurable
2 capabilities to achieve specific targets to prevent, de-
3 tect, and respond to infectious disease threats,
4 whether naturally occurring, deliberate, or acci-
5 dental.

6 (3) In 2015, the United Nations adopted the
7 Sustainable Development Goals (SDGs), which in-
8 clude specific reference to the importance of global
9 health security as part of SDG 3 “ensure healthy
10 lives and promote well-being for all at all ages” as
11 follows: “strengthen the capacity of all countries, in
12 particular developing countries, for early warning,
13 risk reduction and management of national and
14 global health risks”.

15 (4) On November 4, 2016, President Obama
16 signed Executive Order 13747, “Advancing the
17 Global Health Security Agenda to Achieve a World
18 Safe and Secure from Infectious Disease Threats”.

19 (5) In October 2017 at the GHSA Ministerial
20 Meeting in Uganda, the United States and more
21 than 40 GHSA member countries supported the
22 “Kampala Declaration” to extend the GHSA for an
23 additional 5 years to 2024.

24 (6) In December 2017, President Trump re-
25 leased the National Security Strategy, which in-

1 cludes the priority action: “Detect and contain bio-
2 threats at their source: We will work with other
3 countries to detect and mitigate outbreaks early to
4 prevent the spread of disease. We will encourage
5 other countries to invest in basic health care systems
6 and to strengthen global health security across the
7 intersection of human and animal health to prevent
8 infectious disease outbreaks”.

9 (7) In September 2018, President Trump re-
10 leased the National Biodefense Strategy, which in-
11 cludes objectives to “strengthen global health secu-
12 rity capacities to prevent local bioincidents from be-
13 coming epidemics”, and “strengthen international
14 preparedness to support international response and
15 recovery capabilities”.

16 **SEC. 3. STATEMENT OF POLICY.**

17 It is the policy of the United States to—

18 (1) promote global health security as a core na-
19 tional security interest;

20 (2) advance the aims of the Global Health Se-
21 curity Agenda;

22 (3) collaborate with other countries to detect
23 and mitigate outbreaks early to prevent the spread
24 of disease;

1 (4) encourage other countries to invest in basic
2 resilient and sustainable health care systems; and
3 (5) strengthen global health security across the
4 intersection of human and animal health to prevent
5 infectious disease outbreaks and combat the growing
6 threat of antimicrobial resistance.

7 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY**

8 **REVIEW COUNCIL.**

9 (a) ESTABLISHMENT.—The President shall establish
10 a Global Health Security Agenda Interagency Review
11 Council (in this section referred to as the “Council”) to
12 perform the general responsibilities described in sub-
13 section (c) and the specific roles and responsibilities de-
14 scribed in subsection (e).

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

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

20 (1) Provide policy-level recommendations to
21 participating agencies on Global Health Security
22 Agenda (GHSA) goals, objectives, and implemen-
23 tation.

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

1 (3) Provide a forum for raising and working to
2 resolve interagency disagreements concerning the
3 GHSA.

4 (4)(A) Review the progress toward and work to
5 resolve challenges in achieving United States com-
6 mitments under the GHSA, including commitments
7 to assist other countries in achieving the GHSA tar-
8 gets.

9 (B) The Council shall consider, among other
10 issues, the following:

11 (i) The status of United States financial
12 commitments to the GHSA in the context of
13 commitments by other donors, and the con-
14 tributions of partner countries to achieve the
15 GHSA targets.

16 (ii) The progress toward the milestones
17 outlined in GHSA national plans for those
18 countries where the United States Government
19 has committed to assist in implementing the
20 GHSA and in annual work-plans outlining
21 agency priorities for implementing the GHSA.

22 (iii) The external evaluations of United
23 States and partner country capabilities to ad-
24 dress infectious disease threats, including the
25 ability to achieve the targets outlined within the

1 WHO Joint External Evaluation (JEE) tool, as
2 well as gaps identified by such external evalua-
3 tions.

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

7 (1) The Department of State.

8 (2) The Department of Defense.

9 (3) The Department of Justice.

10 (4) The Department of Agriculture.

11 (5) The Department of Health and Human
12 Services.

13 (6) The Department of Labor.

14 (7) The Department of Homeland Security.

15 (8) The Office of Management and Budget.

16 (9) The United States Agency for International
17 Development.

18 (10) The Environmental Protection Agency.

19 (11) The Centers for Disease Control and Pre-
20 vention.

21 (12) The Office of Science and Technology Pol-
22 icy.

23 (13) The National Institutes of Health.

24 (14) The National Institute of Allergy and In-
25 fectious Diseases.

(15) Such other agencies as the Council determines to be appropriate.

3 (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

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

(E) maintain responsibility for agency-related programmatic functions in coordination with host governments, country teams, and GHSA in-country teams, and in conjunction with other relevant agencies;

1 (F) coordinate with other agencies that are
2 identified in this section to satisfy pro-
3 grammatic goals, and further facilitate coordi-
4 nation of country teams, implementers, and do-
5 nors in host countries; and

6 (G) coordinate across GHSA national
7 plans and with GHSA partners to which the
8 United States is providing assistance.

(2) ADDITIONAL ROLES AND RESPONSIBILITIES.—In addition to the roles and responsibilities described in paragraph (1), the heads of agencies described in subsection (d) shall carry out their respective roles and responsibilities described in subsections (b) through (i) of section 3 of Executive Order 13747 (81 Fed. Reg. 78701; relating to Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats), as in effect on the day before the date of the enactment of this Act.

20 SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL
21 HEALTH SECURITY.

22 (a) IN GENERAL.—The President shall appoint an in-
23 dividual to the position of United States Coordinator for
24 Global Health Security, who shall be responsible for the
25 coordination of the interagency process for responding to

1 global health security emergencies. As appropriate, the
2 designee shall coordinate with the President's Special Co-
3 ordinator for International Disaster Assistance.

4 (b) CONGRESSIONAL BRIEFING.—Not less frequently
5 than twice each year, the employee designated under this
6 section shall provide to the appropriate congressional com-
7 mittees a briefing on the responsibilities and activities of
8 the individual under this section.

9 (c) APPROPRIATE CONGRESSIONAL COMMITTEES DE-
10 FINED.—In this subsection, the term “appropriate con-
11 gressional committees” has the meaning given such term
12 in section 8 of the Global Health Security Act of 2019.

13 **SEC. 6. SENSE OF CONGRESS.**

14 It is the sense of the Congress that, given the complex
15 and multisectoral nature of global health threats to the
16 United States, the President—

17 (1) should consider appointing an individual to
18 the position of United States Coordinator for Global
19 Health Security, as required by section 5(a), who is
20 an employee of the National Security Council at the
21 level of Deputy Assistant to the President or higher;
22 and

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

16 SEC. 7. STRATEGY AND REPORTS.

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

22 (1) set specific and measurable goals, bench-
23 marks, timetables, performance metrics, and moni-
24 toring and evaluation plans that reflect international

1 best practices relating to transparency, account-
2 ability, and global health security;

3 (2) support and be aligned with country-owned
4 global health security policy and investment plans
5 developed with input from key stakeholders, as ap-
6 propriate;

7 (3) facilitate communication and collaboration,
8 as appropriate, among local stakeholders in support
9 of a multi-sectoral approach to global health secu-
10 rity;

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

14 (5) develop community resilience to infectious
15 disease threats and emergencies;

16 (6) leverage resources and expertise through
17 partnerships with the private sector, health organi-
18 zations, civil society, nongovernmental organizations,
19 and health research and academic institutions; and

20 (7) support collaboration, as appropriate, be-
21 tween United States universities, and public and pri-
22 vate institutions in target countries and communities
23 to promote health security and innovation.

24 (b) COORDINATION.—The President, acting through
25 the United States Coordinator for Global Health Security,

1 shall coordinate, through a whole-of-government approach,
2 the efforts of relevant Federal departments and agencies
3 in the implementation of the strategy required under sub-
4 section (a) by—

5 (1) establishing monitoring and evaluation sys-
6 tems, coherence, and coordination across relevant
7 Federal departments and agencies; and

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

11 (c) STRATEGY SUBMISSION.—

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

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

- 1 (A) the anticipated contributions of the de-
2 partment or agency, including technical, finan-
3 cial, and in-kind contributions, to implement
4 the strategy; and
5 (B) the efforts of the department or agen-
6 cy to ensure that the activities and programs
7 carried out pursuant to the strategy are de-
8 signed to achieve maximum impact and long-
9 term sustainability.

10 (d) REPORT.—

11 (1) IN GENERAL.—Not later than 1 year after
12 the date on which the strategy required under sub-
13 section (a) is submitted to the appropriate congres-
14 sional committees under subsection (c), and not later
15 than October 1 of each year thereafter, the Presi-
16 dent shall submit to the appropriate congressional
17 committees a report that describes the status of the
18 implementation of the strategy.

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

- 21 (A) identify any substantial changes made
22 in the strategy during the preceding calendar
23 year;
- 24 (B) describe the progress made in imple-
25 menting the strategy;

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

(D) contain a transparent, open, and detailed accounting of expenditures by relevant Federal departments and agencies to implement the strategy, including, to the extent practicable, for each Federal department and agency, the statutory source of expenditures, amounts expended, partners, targeted populations, and types of activities supported;

13 (E) describe how the strategy leverages
14 other United States global health and develop-
15 ment assistance programs;

16 (F) assess efforts to coordinate United
17 States global health security programs, activi-
18 ties, and initiatives with key stakeholders;

19 (G) incorporate a plan for regularly review-
20 ing and updating strategies, partnerships, and
21 programs and sharing lessons learned with a
22 wide range of stakeholders, including key stake-
23 holders, in an open, transparent manner; and

24 (H) describe the progress achieved and
25 challenges concerning the United States Gov-

1 ernment's ability to advance the Global Health
2 Security Agenda across priority countries, in-
3 cluding data disaggregated by priority country
4 using indicators that are consistent on a year-
5 to-year basis and recommendations to resolve,
6 mitigate, or otherwise address the challenges
7 identified therein.

8 (e) FORM.—The strategy required under subsection
9 (a) and the report required under subsection (d) shall be
10 submitted in unclassified form but may contain a classi-
11 fied annex.

12 SEC. 8. COMPLIANCE WITH THE FOREIGN AID TRANS-
13 PARENCY AND ACCOUNTABILITY ACT OF
14 2016.

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

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

23 “(E) the Global Health Security Act of
24 2020.”.

1 **SEC. 9. DEFINITIONS.**

2 In this Act:

3 (1) APPROPRIATE CONGRESSIONAL COMMIT-
4 TEES.—The term “appropriate congressional com-
5 mittees” means—

6 (A) the Committee on Foreign Affairs and
7 the Committee on Appropriations of the House
8 of Representatives; and

9 (B) the Committee on Foreign Relations
10 and the Committee on Appropriations of the
11 Senate.

12 (2) GLOBAL HEALTH SECURITY.—The term
13 “global health security” means activities supporting
14 epidemic and pandemic preparedness and capabili-
15 ties at the country and global levels in order to mini-
16 mize vulnerability to acute public health events that
17 can endanger the health of populations across geo-
18 graphical regions and international boundaries.

19 **SEC. 10. SUNSET.**

20 This Act, and the amendments made by this Act,
21 (other than section 5) shall cease to be effective on Decem-
22 ber 31, 2024.

