

116TH CONGRESS
1ST SESSION

H. R. 2166

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

APRIL 9, 2019

Mr. CONNOLLY (for himself, Mr. CHABOT, Mr. BERA, Mr. FITZPATRICK, Mr. LARSEN of Washington, and Mrs. WAGNER) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committees on Armed Services, and Intelligence (Permanent Select), for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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 2019”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In 2005, each of the 196 World Health Or-
2 ganization member states signed the International
3 Health Regulations to improve the world’s ability to
4 prevent, detect, and respond to public health events.

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

13 (3) In September 2011, the United States and
14 the World Health Organization signed a memo-
15 randum of understanding to help developing coun-
16 tries strengthen their capabilities to meet the Inter-
17 national Health Regulations.

18 (4) In February 2014, the United States and
19 nearly 30 other nations launched the Global Health
20 Security Agenda (GHSA) to address several high-
21 priority, global infectious disease threats. The
22 GHSA is a multi-faceted, multi-country initiative in-
23 tended to accelerate partner countries’ measurable
24 capabilities to achieve specific targets to prevent, de-
25 tect, and respond to infectious disease threats,

1 whether naturally occurring, deliberate, or acci-
2 dental.

3 (5) The GHSA was funded with a
4 \$1,000,000,000, one-time, 5-year supplemental ap-
5 propriation that expires at the end of fiscal year
6 2019.

7 (6) As of 2014, approximately 67 percent of na-
8 tions have not fully implemented the International
9 Health Regulations and built appropriate core ca-
10 pacities to detect, assess, report, and respond to
11 public health emergencies.

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

21 (8) On November 4, 2016, President Obama
22 signed Executive Order 13747, “Advancing the
23 Global Health Security Agenda to Achieve a World
24 Safe and Secure from Infectious Disease Threats”.

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

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

16 (11) In February 2018, the Director of Na-
17 tional Intelligence, Daniel R. Coats, released the
18 Worldwide Threat Assessment of the U.S. Intel-
19 ligence Community, which said “The increase in fre-
20 quency and diversity of reported disease outbreaks—
21 such as dengue and Zika—probably will continue
22 through 2018, including the potential for a severe
23 global health emergency that could lead to major
24 economic and societal disruptions, strain govern-

1 mental and international resources, and increase
2 calls on the United States for support”.

3 (12) In the Consolidated Appropriations Act,
4 2018 (Public Law 115–141), Congress provided
5 \$172,600,000 for global health security and required
6 the President to submit a global health security
7 strategy to Congress not later than 180 days after
8 the date of the enactment of that Act.

9 (13) In September 2018, President Trump re-
10 released 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 (14) In December 2018, President Trump re-
17 released the National Strategy for Countering Weap-
18 ons of Mass Destruction Terrorism, which states
19 that “Although securing dangerous biological agents,
20 controlled chemical precursors, and nuclear and ra-
21 diological materials is principally the responsibility
22 of the states that hold them, it is manifestly in the
23 United States interest that these states have both
24 the political will and the ability to discharge this re-
25 sponsibility. Consequently, we will work with partner

1 nations and international organizations to improve
2 their capacity to secure dangerous materials, in par-
3 ticular by sharing expertise to establish effective and
4 sustainable infrastructure, human capital, and regu-
5 latory frameworks to counter the WMD threat.”.

6 **SEC. 3. STATEMENT OF POLICY; SENSE OF CONGRESS.**

7 (a) STATEMENT OF POLICY.—It is the policy of the
8 United States to—

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

11 (2) advance the Global Health Security Agenda;

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

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

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

21 (b) SENSE OF CONGRESS.—It is the sense of the
22 Congress that the President, in providing assistance to im-
23 plement the strategy required under section 6(a), should—

1 (1) coordinate, through a whole-of-government
2 approach, the efforts of relevant Federal depart-
3 ments and agencies to implement the strategy;

4 (2) seek to fully utilize the unique capabilities
5 of each relevant Federal department and agency
6 while collaborating with and leveraging the contribu-
7 tions of other key stakeholders; and

8 (3) utilize open and streamlined solicitations to
9 allow for the participation of a wide range of imple-
10 menting partners through the most appropriate pro-
11 curement mechanisms, which may include grants,
12 contracts, cooperative agreements, and other instru-
13 ments as necessary and appropriate.

14 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY**
15 **REVIEW COUNCIL.**

16 (a) **ESTABLISHMENT.**—The President shall establish
17 a Global Health Security Agenda Interagency Review
18 Council (in this section referred to as the “Council”) to
19 perform the general responsibilities described in sub-
20 section (d) and the specific roles and responsibilities de-
21 scribed in subsection (f).

22 (b) **CHAIR.**—The President shall appoint an employee
23 of the National Security Council, serving at the senior di-
24 rector level or higher, to serve as Chair for the Council.

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

4 (d) GENERAL RESPONSIBILITIES.—

5 (1) IN GENERAL.—The Council shall be respon-
6 sible for the following activities:

7 (A) Provide policy-level recommendations
8 to participating agencies on Global Health Se-
9 curity Agenda (GHSA) goals, objectives, and
10 implementation.

11 (B) Facilitate interagency, multi-sectoral
12 engagement to carry out GHSA implementa-
13 tion.

14 (C) Provide a forum for raising and work-
15 ing to resolve interagency disagreements con-
16 cerning the GHSA.

17 (D)(i) Review the progress toward and
18 work to resolve challenges in achieving United
19 States commitments under the GHSA, includ-
20 ing commitments to assist other countries in
21 achieving the GHSA targets.

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

24 (I) The status of United States finan-
25 cial commitments to the GHSA in the con-

1 text of commitments by other donors, and
2 the contributions of partner countries to
3 achieve the GHSA targets.

4 (II) The progress toward the mile-
5 stones outlined in GHSA national plans for
6 those countries where the United States
7 Government has committed to assist in im-
8 plementing the GHSA and in annual work-
9 plans outlining agency priorities for imple-
10 menting the GHSA.

11 (III) The external evaluations of
12 United States and partner country capa-
13 bilities to address infectious disease
14 threats, including the ability to achieve the
15 targets outlined within the WHO Joint Ex-
16 ternal Evaluation (JEE) tool, as well as
17 gaps identified by such external evalua-
18 tions.

19 (E) Develop a report on an annual basis
20 regarding the progress achieved and challenges
21 concerning the United States Government's
22 ability to advance the GHSA across priority
23 countries. The data included in the report shall
24 be disaggregated by priority country using indi-
25 cators that are consistent on a year-to-year

1 basis. The report shall include recommendations
2 to resolve, mitigate, or otherwise address the
3 challenges identified therein. The report shall
4 be transmitted to the President and the appro-
5 priate congressional committees and, to the ex-
6 tent possible, made publicly available.

7 (F) Conduct an overall review of the
8 GHSA for submission to the President and the
9 appropriate congressional committees by not
10 later than 180 days after the date of the enact-
11 ment of this Act. The review should include an
12 evaluation of the progress achieved during the
13 first 5 years of this initiative, as well as any
14 challenges faced. The report should also provide
15 recommendations on the future direction of the
16 initiative.

17 (2) FORM.—The report required under para-
18 graph (1)(E) and the review required under para-
19 graph (1)(F) shall be submitted in unclassified form
20 but may contain a classified annex.

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

24 (1) The Department of State.

25 (2) The Department of Defense.

1 (3) The Department of Justice.

2 (4) The Department of Agriculture.

3 (5) The Department of Health and Human
4 Services.

5 (6) The Department of Labor.

6 (7) The Department of Homeland Security.

7 (8) The Office of Management and Budget.

8 (9) The United States Agency for International
9 Development.

10 (10) The Environmental Protection Agency.

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

13 (12) The Office of Science and Technology Pol-
14 icy.

15 (13) The National Institutes of Health.

16 (14) The National Institute of Allergy and In-
17 fectionous Diseases.

18 (15) Such other agencies as the Chair for the
19 Council determines to be appropriate.

20 (f) SPECIFIC ROLES AND RESPONSIBILITIES.—

21 (1) IN GENERAL.—The heads of agencies de-
22 scribed in subsection (e) shall—

23 (A) make the GHSA and its implementa-
24 tion a high priority within their respective agen-
25 cies, and include GHSA-related activities within

1 their respective agencies' strategic planning and
2 budget processes;

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

5 (C) designate, in accordance with sub-
6 section (e), an appropriate representative at the
7 Assistant Secretary level or higher to partici-
8 pate on the Council;

9 (D) keep the Council apprised of GHSA-
10 related activities undertaken within their re-
11 spective agencies;

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

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

22 (G) coordinate across GHSA national
23 plans and with GHSA partners to which the
24 United States is providing assistance.

1 (2) ADDITIONAL ROLES AND RESPONSIBIL-
2 ITIES.—In addition to the roles and responsibilities
3 described in paragraph (1), the heads of agencies de-
4 scribed in subsection (e) shall carry out their respec-
5 tive roles and responsibilities described in sub-
6 sections (b) through (i) of section 3 of Executive
7 Order 13747 (81 Fed. Reg. 78701; relating to Ad-
8 vancing the Global Health Security Agenda to
9 Achieve a World Safe and Secure from Infectious
10 Disease Threats), as in effect on the day before the
11 date of the enactment of this Act.

12 **SEC. 5. SPECIAL ADVISOR TO THE PRESIDENT FOR GLOBAL**
13 **HEALTH SECURITY.**

14 Section 101 of the National Security Act of 1947 (50
15 U.S.C. 3021) is amended—

16 (1) in subsection (b)—

17 (A) in paragraph (3), by striking “and” at
18 the end;

19 (B) in paragraph (4), by striking the pe-
20 riod and inserting “; and”; and

21 (C) by adding at the end the following new
22 paragraph:

23 “(5) coordinate, without assuming operational
24 authority, the United States Government response to
25 global health security emergencies.”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(i) SPECIAL ADVISOR TO THE PRESIDENT FOR
4 GLOBAL HEALTH SECURITY.—

5 “(1) IN GENERAL.—The President shall des-
6 ignate an employee of the National Security Council,
7 at the level of Deputy Assistant to the President or
8 higher, to be responsible for the coordination of the
9 interagency process for responding to global health
10 security emergencies.

11 “(2) CONGRESSIONAL BRIEFING.—Not less fre-
12 quently than twice each year, the employee des-
13 ignated under this subsection shall provide to the
14 appropriate congressional committees a briefing on
15 the responsibilities and activities of the individual
16 under this subsection.

17 “(3) APPROPRIATE CONGRESSIONAL COMMIT-
18 TEES DEFINED.—In this subsection, the term ‘ap-
19 propriate congressional committees’ has the meaning
20 given such term in section 9 of the Global Health
21 Security Act of 2019.”.

22 **SEC. 6. STRATEGY AND REPORTS.**

23 (a) STRATEGY.—The Special Advisor to the Presi-
24 dent for Global Health Security (designated under sub-
25 section (i) of section 101 of the National Security Act of

1 1947 (50 U.S.C. 3021), as added by section 6 of this Act)
2 shall coordinate the development and implementation of
3 a strategy to implement the policy described in section
4 3(a), which shall—

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

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

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

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

21 (5) develop community resilience to infectious
22 disease threats and emergencies;

23 (6) leverage resources and expertise through
24 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 Special Advisor for Global Health Security, shall co-
9 ordinate, through a whole-of-government approach, the ef-
10 forts of relevant Federal departments and agencies in the
11 implementation of the strategy required under subsection
12 (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(a)
3 and the agency-specific plans described in paragraph
4 (2).

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

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

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

18 (d) REPORT.—

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

1 committees a report that describes the status of the
2 implementation of the strategy.

3 (2) CONTENT.—The report required under
4 paragraph (1) shall—

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

8 (B) describe the progress made in imple-
9 menting the strategy;

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

14 (D) contain a transparent, open, and de-
15 tailed accounting of expenditures by relevant
16 Federal departments and agencies to implement
17 the strategy, including, for each Federal depart-
18 ment and agency, the statutory source of ex-
19 penditures, amounts expended, implementing
20 partners, targeted beneficiaries, and activities
21 supported;

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

1 (F) assess efforts to coordinate United
 2 States global health security programs, activi-
 3 ties, and initiatives with key stakeholders; and

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

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

13 **SEC. 7. COMPLIANCE WITH THE FOREIGN AID TRANS-**
 14 **PARENCY AND ACCOUNTABILITY ACT OF**
 15 **2016.**

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

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

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

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

24 “(E) the Global Health Security Act of
 25 2018.”.

1 **SEC. 8. 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. 9. SUNSET.**

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

○