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H. R. 6424

To provide additional authorities for the leadership of the United States Agency for International Development in health technology innovation for global health in low-resource settings, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2023

Mr. FITZPATRICK (for himself, Ms. HOULAHAN, and Ms. SALAZAR) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To provide additional authorities for the leadership of the United States Agency for International Development in health technology innovation for global health in low-resource settings, 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 “Supporting Innovative
5 Global Health Technologies Act of 2023” or the “SIGHT
6 Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) The United States Agency for International
2 Development has a unique role in the research and
3 development of health technologies for global health
4 that complements the work of other departments
5 and agencies of the United States Government, hav-
6 ing both an advantage and unique mandate for de-
7 velopment of health technologies for use in low-re-
8 source settings.

9 (2) It is in the national interest of the United
10 States to build greater country capacity for research
11 and development of new health technologies in low
12 and middle-income countries.

13 (3) Investments by the United States Govern-
14 ment in global health research and development
15 should be coordinated with and leverage investments
16 from partner country governments, other govern-
17 ment donors, and the private sector.

18 (4) Human immunodeficiency virus, tuber-
19 culosis, malaria, neglected tropical diseases, emerg-
20 ing infectious diseases (such as COVID–19, Ebola,
21 and Zika), and many other health conditions (such
22 as complications in pregnancy) have a dispropor-
23 tionate public health burden in low- and middle-in-
24 come countries.

1 (5) Health technologies that were developed for
2 use in high-income countries often cannot be imple-
3 mented in low-resource settings in low- and middle-
4 income countries or require adaptation to be effec-
5 tive.

6 (6) Due to poverty or to low incidence, many
7 neglected tropical diseases and emerging infectious
8 diseases either lack or have limited commercial mar-
9 kets to drive health technology innovation.

10 (7) Achieving the ambitious goals set through
11 initiatives such as the President’s Emergency Plan
12 for AIDS Relief (commonly referred to as
13 “PEPFAR”) and the President’s Malaria Initiative
14 (commonly referred to as “PMI”) will not be pos-
15 sible without the development and scale-up of new
16 health technologies designed for use in low-resource
17 settings, which are needed to address both long-
18 standing endemic diseases and prepare for potential
19 pandemic threats.

20 (8) Public funding has proven highly successful
21 at incentivizing the development of health tech-
22 nologies for global health that are high-impact, ac-
23 cessible, and cost-saving.

1 (9) COVID–19 has demonstrated the impor-
2 tance of global access to health technologies de-
3 signed for low-resource settings.

4 (10) Support for the development of accessible
5 health technologies for low-resource settings can
6 have reciprocal value and produce tools that reduce
7 health care costs, improve public health, and
8 strengthen health security for the United States.

9 (11) For decades, the United States Agency for
10 International Development has been a catalyst in the
11 global health innovation ecosystem. While other Fed-
12 eral departments and agencies, including the Na-
13 tional Institutes of Health, the Centers for Disease
14 Control and Prevention, and the Department of De-
15 fense, provide support for global health technologies,
16 the United States Agency for International Develop-
17 ment is the only Federal agency that provides broad
18 support for the late-stage development of new health
19 technologies to combat neglected tropical diseases
20 and emerging infectious diseases and other health
21 conditions for low-resource settings specifically.

22 (12) While the need for new tools to tackle dis-
23 ease threats has grown, in recent years, investments
24 by the United States Agency for International De-
25 velopment in research and development have shrunk

1 as a proportion of its overall global health spending,
2 squeezed by both stagnant budgets and growing
3 needs.

4 (13) Innovation at the United States Agency
5 for International Development is primarily supported
6 from siloed disease- and population-specific appro-
7 priations accounts, resulting in the limitation of its
8 ability to seek shared value across health sectors or
9 health threats.

10 (14) The United States Agency for Inter-
11 national Development is compelled to prioritize sup-
12 port for immediate program needs with imperfect
13 tools at the expense of support for technologies that
14 can improve clinical effectiveness, increase access to
15 care, save costs, and build capacity and ownership
16 by partner countries.

17 **SEC. 3. STATEMENT OF POLICY.**

18 It is the policy of the United States that—

19 (1) research and development for new health
20 technologies is essential for the success of the global
21 health programs of the United States Government,
22 by providing for the improved effectiveness, cost-ef-
23 fectiveness, and sustainability of such programs; and

24 (2) funding and other support for global health
25 research and development under this Act shall be

1 additional and complementary to, and may not re-
2 place, displace, or otherwise compromise, funding
3 otherwise provided for existing and ongoing global
4 health research and development of the United
5 States Government or activities relating to the im-
6 plementation of the global health programs of the
7 United States Government.

8 **SEC. 4. CHIEF INNOVATION OFFICER FOR HEALTH.**

9 (a) ESTABLISHMENT.—There is established within
10 the Bureau for Global Health of the Agency the position
11 of Chief Innovation Officer for Health. Such position is
12 at the level of Deputy Assistant Administrator or equiva-
13 lent.

14 (b) APPOINTMENT.—The Administrator shall appoint
15 the Chief Innovation Officer for Health from among such
16 individuals as the Administrator determines have relevant
17 experience within private sector industry and an expert
18 understanding of health finance and of the research, devel-
19 opment, testing, evaluation, deployment, and implementa-
20 tion of new health technology.

21 (c) RELATIONSHIP TO ASSISTANT ADMINISTRATOR
22 FOR GLOBAL HEALTH.—The Chief Innovation Officer for
23 Health shall—

24 (1) serve as the principal advisor to the Assist-
25 ant Administrator for Global Health on global health

1 research and development necessary to meet the re-
2 quirements of the United States Government and
3 the governments of partner countries for improving
4 global health; and

5 (2) report directly to the Assistant Adminis-
6 trator for Global Health.

7 (d) DUTIES.—The Chief Innovation Officer for
8 Health shall be responsible for the following:

9 (1) Ensuring cross-sector, Agency-wide coopera-
10 tion, support, and programming for global health re-
11 search and development, for the purpose of increas-
12 ing the effectiveness of international development
13 programs of the Agency and supporting the foreign
14 policy and development goals of the United States
15 Government.

16 (2) Drawing on the expertise of other depart-
17 ments and agencies of the United States Govern-
18 ment and of nongovernmental organizations (includ-
19 ing affected communities and institutions in low- or
20 middle-income countries, businesses, health and
21 science research organizations, and institutions of
22 higher education) that pursue global health-related
23 research and development, to identify the most
24 pressing requirements for the development of health

1 technologies to improve global health and programs
2 of the Agency relating to global health.

3 (3) Leveraging research and investments by
4 other elements of the Agency, other departments
5 and agencies of the United States Government, and
6 nongovernmental organizations (including busi-
7 nesses, health and science research organizations, in-
8 stitutions of higher education, and governments or
9 other institutions of partner countries) to support
10 the research and development of new health tech-
11 nologies by the Chief Innovation Officer of Health.

12 (4) Administering the processes for the award
13 of grants, entry into partnerships, and joint estab-
14 lishment of other arrangements, to support global
15 health research and development (including by ad-
16 ministering the grant program under section 7).

17 (5) Serving as the Chairperson of the Global
18 Health Research and Development Advisory Council
19 established under section 5.

20 (e) AUTHORITIES.—The Assistant Administrator for
21 Global Health shall take such steps as may be necessary
22 to ensure that the Chief Innovation Officer for Health has
23 sufficient authority within the Bureau for Global Health
24 to carry out the duties under subsection (d).

1 **SEC. 5. GLOBAL HEALTH RESEARCH AND DEVELOPMENT**

2 **ADVISORY COUNCIL.**

3 (a) **ESTABLISHMENT.**—The Administrator shall es-
4 tablish an advisory council to be known as the “Global
5 Health Research and Development Advisory Council” (in
6 this section referred to as the “Council”).

7 (b) **MEMBERSHIP.**—The Council shall be composed of
8 the following:

9 (1) The Chief Innovation Officer for Health of
10 the Agency under section 4, who shall serve as the
11 Chairperson of the Council (in this section referred
12 to as the “Chairperson”).

13 (2) Not more than 8 other members appointed
14 by the Administrator from among individuals—

15 (A) recommended for such appointment by
16 the Chairperson; and

17 (B) who are scientists or other experts
18 with experience in global health research and
19 development through or on behalf of—

20 (i) the Agency;

21 (ii) any other department or agency of
22 the United States Government;

23 (iii) affected communities in low- or
24 middle-income countries; and

1 (iv) nongovernmental organizations,
2 including nonprofit organizations, busi-
3 nesses, and institutes of higher education.

4 (c) TERMS.—

5 (1) IN GENERAL.—Each member other than the
6 Chairperson shall be appointed for a term of 6
7 years.

8 (2) VACANCIES.—Any member appointed to fill
9 a vacancy occurring before the expiration of the
10 term for which the predecessor of the member was
11 appointed shall be appointed only for the remainder
12 of that term. A vacancy in the Council shall be filled
13 in the manner in which the original appointment was
14 made.

15 (d) COMPENSATION.—

16 (1) PROHIBITION OF COMPENSATION OF FED-
17 ERAL EMPLOYEES.—Except as provided in para-
18 graph (2), members of the Council who are full-time
19 officers or employees of the United States may not
20 receive additional pay, allowances, or benefits by rea-
21 son of their service on the Council.

22 (2) TRAVEL EXPENSES.—Each member of the
23 Council shall receive travel expenses, including per
24 diem in lieu of subsistence, in accordance with appli-

1 cable provisions under subchapter I of chapter 57 of
2 title 5, United States Code.

3 (e) MEETINGS.—The Council shall meet at the call
4 of the Chairperson.

5 (f) DUTIES.—The Council shall be responsible for ad-
6 vising the Administrator regarding the priorities and ob-
7 jectives for the Agency with respect to global health re-
8 search and development, including by providing such ad-
9 vice on an individual member basis or as a collective Coun-
10 cil, as the Chairperson may direct.

11 (g) NONAPPLICABILITY OF FEDERAL ADVISORY
12 COMMITTEE ACT.—Chapter 10 of title 5, United States
13 Code, shall not apply to the Council.

14 **SEC. 6. GLOBAL HEALTH RESEARCH AND DEVELOPMENT**
15 **PROGRAM AREA ACTIVITIES AND BUDGET.**

16 (a) IN GENERAL.—The Administrator shall carry out
17 global health research and development activities with re-
18 spect to new health technologies with the potential to ad-
19 vance the effectiveness and sustainability of the global
20 health programs of the Agency, including the potential to
21 advance—

22 (1) health technologies with characteristics
23 identified or otherwise prioritized by affected com-
24 munities and partner countries;

1 (2) health technologies with characteristics that
2 facilitate introduction and access of the respective
3 technology, to ensure use by those in need; and

4 (3) support for capacity-building within partner
5 countries and the transition by such countries to
6 greater country-level ownership, responsibility, and
7 decision-making with respect to global health.

8 (b) BUDGET.—The Administrator shall—

9 (1) not later than 90 days after the date of the
10 enactment of this Act, establish a single, separate
11 budget line for the activities under subsection (a),
12 under which funds authorized to be appropriated or
13 otherwise made available to the Administrator for
14 the purpose of carrying out such activities shall be
15 categorized; and

16 (2) include information regarding amounts ex-
17 pended and requested to be expended under such
18 budget line in the budget justification materials sub-
19 mitted in support of the budget of the President for
20 any fiscal year beginning on or after the date of
21 such establishment.

22 **SEC. 7. GRANT PROGRAM FOR EXPANDED USE OF GLOBAL**
23 **HEALTH RESEARCH AND DEVELOPMENT.**

24 (a) GRANT PROGRAM.—The Administrator, acting
25 through the Chief Innovation Officer for Health under sec-

1 tion 4, shall carry out a grant program under which the
2 Administrator may award grants on a competitive basis
3 to nongovernmental organizations that are determined eli-
4 gible by the Administrator.

5 (b) USE OF AMOUNTS.—Grant amounts awarded
6 under this section may only be used for the following pur-
7 poses:

8 (1) Developing new health technologies designed
9 for use in low-resource settings to improve global
10 health.

11 (2) Evaluating and improving the implementa-
12 tion, production, and scale-up of health technologies
13 in low-resource settings in partner countries.

14 (3) Investing in the research capacity of institu-
15 tions in low- and middle-income partner countries to
16 lead and contribute to the development of health
17 technologies.

18 (c) CONDITIONS ON GRANT AWARD.—The Adminis-
19 trator may not award a grant to an entity under this sec-
20 tion unless—

21 (1) the entity submits to the Administrator a
22 proposal demonstrating sufficient technical stand-
23 ards, as determined by the Administrator, for any of
24 the purposes listed in paragraphs (1) through (3) of

1 subsection (b) for which the entity intends to use
2 such grant amounts;

3 (2) the entity agrees, as a condition of such
4 award, to report to the Administrator regarding the
5 use of such grant amounts on a basis that is not less
6 frequent than annually for the duration of the grant
7 period; and

8 (3) the Administrator certifies to the appro-
9 priate congressional committees that such award is
10 in compliance with section 3(2) of this Act.

11 (d) **ADDITIONAL NATURE OF AUTHORITY.**—The au-
12 thority to award grants under this section is in addition
13 to, and not in lieu of, any other authority of the Adminis-
14 trator, including any such authority under part I or II
15 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151
16 et seq.).

17 **SEC. 8. STRATEGY AND REPORTS.**

18 (a) **REPORT ON PROGRESS.**—Not later than 180 days
19 after the date of the enactment of this Act, and prior to
20 the submission of the budget justification materials in
21 support of the budget of the President for the first fiscal
22 year following the date of the enactment of this Act, the
23 Administrator shall submit to the appropriate congres-
24 sional committees, and publish on a publicly available
25 website of the Agency, a report that contains the following:

1 (1) A detailed description of the status of the
2 Global Health Research and Development Advisory
3 Council under section 5.

4 (2) Recommendations by such Global Health
5 Research and Development Advisory Council.

6 (3) Solicitations for grant awards under section
7 7.

8 (4) Comprehensive accounting of awards and
9 objectives to be included within the annual report to
10 Congress on the health-related research and develop-
11 ment strategy of the Agency required pursuant to
12 the Department of State, Foreign Operations, and
13 Related Programs Appropriations Act (or the report
14 accompanying such appropriations bill reported by
15 the Committees on Appropriations of the House or
16 Representatives or Senate) for the respective fiscal
17 year.

18 (5) A detailed description of how the planned
19 investments by the Agency in the activities under
20 section 6(a) align with the multiyear strategy of the
21 Agency titled “Global Health Research and Develop-
22 ment Strategy 2023–2028” and developed pursuant
23 to section 7019(e) of division K of the Consolidated
24 Appropriations Act, 2022 (Public Law 117–103).

1 (6) A detailed description of how investments
2 made by the Agency in such activities advance the
3 other health-related programming goals of the Agen-
4 cy.

5 (b) ANNUAL REPORTS.—Not later than 1 year after
6 the date of the enactment of this Act, and annually there-
7 after for the next 5 years as part of the annual report
8 specified in subsection (a)(4), the Administrator shall sub-
9 mit to the appropriate congressional committees, and pub-
10 lish on a publicly available website of the Agency, a report
11 that contains, with respect to the year covered by the re-
12 port, the following:

13 (1) Information on any grants awarded, or
14 other assistance provided, by the Administrator dur-
15 ing such year pursuant to an authority under this
16 Act or any other relevant provision of law for the
17 support of global health research and development in
18 support of programs of the Agency.

19 (2) The primary, secondary, and tertiary pur-
20 poses of—

21 (A) any such grants awarded; and

22 (B) any investments in the activities under
23 section 6(a) made or proposed by the Adminis-
24 trator during such year.

1 (3) A summary of how affected communities
2 and researchers based in partner countries have
3 been consulted with respect to any such investments.

4 (4) A description of the outcomes and status of
5 the activities under section 6(a) carried out or other-
6 wise supported by the Administrator during such
7 year.

8 (5) An identification of any amounts obligated
9 or expended during such year by the Administrator,
10 from any appropriations account, to support global
11 health research and development. Such information
12 shall be presented both as a summary and in a table
13 delineated by—

14 (A) health area;

15 (B) type of research or development activ-
16 ity; and

17 (C) appropriations account.

18 (6) A description of relevant objectives and ex-
19 pected outcomes for the subsequent year.

20 **SEC. 9. DEFINITIONS.**

21 In this Act:

22 (1) ADMINISTRATOR.—The term “Adminis-
23 trator” means the Administrator for the United
24 States Agency for International Development.

1 (2) AGENCY.—The term “Agency” means the
2 United States Agency for International Develop-
3 ment.

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

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

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

11 (4) GLOBAL HEALTH.—The term “global
12 health” includes efforts to combat and prepare for—

13 (A) neglected tropical diseases;

14 (B) emerging infectious diseases;

15 (C) antimicrobial resistance; and

16 (D) any other condition that may not be
17 easily treated, diagnosed, or prevented in low-
18 resource settings.

19 (5) GLOBAL HEALTH RESEARCH AND DEVELOP-
20 MENT.—The term “global health research and devel-
21 opment” includes an activity, or the support for
22 such an activity, related to research, development,
23 testing, evaluation, deployment, or implementation
24 of any new health technology.

1 (6) HEALTH TECHNOLOGY.—The term “health
2 technology”—

3 (A) means a vaccine, therapeutic, diag-
4 nostic, device, or other tool designed, modified,
5 or adapted for use in low-resource settings to
6 improve global health; and

7 (B) includes personal protective equipment
8 and insecticide so used.

9 (7) LOW-RESOURCE SETTING.—The term “low-
10 resource setting” means a location with limited or
11 inconsistent access to running water, electricity, re-
12 frigeration, supply chains, lab services, medical
13 equipment, trained health care personnel, or other
14 resources important for global health.

○