

116TH CONGRESS
2D SESSION

S. 3656

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 SENATE OF THE UNITED STATES

MAY 7, 2020

Mr. MURPHY (for himself and Mr. ROMNEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2020”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In December 2009, President Obama re-
9 leased the National Strategy for Countering Biologi-

1 cal Threats, which listed, as 1 of 7 objectives, “Pro-
2 mote global health security: Increase the availability
3 of and access to knowledge and products of the life
4 sciences that can help reduce the impact from out-
5 breaks of infectious disease whether of natural, acci-
6 dental, or deliberate origin.”.

7 (2) In February 2014, the United States and
8 nearly 30 other nations launched the Global Health
9 Security Agenda (referred to in this section as
10 “GHSA”) to address several high-priority, global in-
11 fectionous disease threats. The GHSA is a multi-fac-
12 eted, multi-country initiative intended to accelerate
13 partner countries’ measurable capabilities to achieve
14 specific targets to prevent, detect, and respond to in-
15 fectionous disease threats, whether naturally occurring,
16 deliberate, or accidental.

17 (3) In 2015, the United Nations adopted the
18 Sustainable Development Goals, which specifically
19 reference the importance of global health security as
20 part of Goal 3, “ensure healthy lives and promote
21 well-being for all at all ages”, by “strengthen[ing]
22 the capacity of all countries, in particular developing
23 countries, for early warning, risk reduction and
24 management of national and global health risks”.

1 (4) On November 4, 2016, President Obama
2 signed Executive Order 13747 (81 Fed. Reg. 78701;
3 relating to Advancing the Global Health Security
4 Agenda to Achieve a World Safe and Secure from
5 Infectious Disease Threats).

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

11 (6) In December 2017, President Trump re-
12 leased the National Security Strategy, which in-
13 cludes the priority action: “DETECT AND CON-
14 TAIN BIOTHRREATS AT THEIR SOURCE: We
15 will work with other countries to detect and mitigate
16 outbreaks early to prevent the spread of disease. We
17 will encourage other countries to invest in basic
18 health care systems and to strengthen global health
19 security across the intersection of human and animal
20 health to prevent infectious disease outbreaks.”.

21 (7) In September 2018, President Trump re-
22 leased the National Biodefense Strategy, which in-
23 cludes the following objectives:

1 (A) “Strengthen global health security ca-
2 pacities to prevent local bioincidents from be-
3 coming epidemics.”.

4 (B) “Strengthen international prepared-
5 ness to support international response and re-
6 covery capabilities.”.

7 **SEC. 3. STATEMENT OF POLICY.**

8 It is the policy of the United States—

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

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

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

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

18 (5) strengthen global health security across the
19 intersection of human and animal health—

20 (A) to prevent infectious disease outbreaks;

21 and

22 (B) to combat the growing threat of anti-
23 microbial 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 (referred to in this section 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 fre-
10 quently than 4 times per year to advance its mission and
11 fulfill its 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 (referred to in this section as “GHSA”)
17 goals, objectives, and implementation.

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) Review the progress toward and work to re-
24 solve challenges in achieving United States commit-
25 ments under the GHSA, including commitments to

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

3 (5) In carrying out the responsibilities under
4 this subsection, the Council shall consider, among
5 other issues—

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

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

18 (C) the external evaluations of United
19 States and partner country capabilities to ad-
20 dress infectious disease threats, including—

21 (i) the ability to achieve the targets
22 outlined within the World Health Organi-
23 zation's Joint External Evaluation tool;
24 and

1 (ii) gaps identified by such external
2 evaluations.

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

6 (1) The Department of State.

7 (2) The Department of Defense.

8 (3) The Department of Justice.

9 (4) The Department of Agriculture.

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

12 (6) The Department of Labor.

13 (7) The Department of Homeland Security.

14 (8) The Office of Management and Budget.

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

17 (10) The Environmental Protection Agency.

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

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

22 (13) The National Institutes of Health.

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

1 (15) Such other agencies as the Council deter-
2 mines to be appropriate.

3 (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

4 (1) IN GENERAL.—The heads of agencies re-
5 ferred to in subsection (d) shall—

6 (A) make the GHSA and its implementa-
7 tion a high priority within their respective agen-
8 cies and include GHSA-related activities within
9 their respective agencies' strategic planning and
10 budget processes;

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

13 (C) designate an appropriate representa-
14 tive at the Assistant Secretary level or higher to
15 participate on the Council;

16 (D) keep the Council apprised of GHSA-
17 related activities undertaken within their re-
18 spective agencies;

19 (E) maintain responsibility for agency-re-
20 lated programmatic functions in coordination
21 with host governments, country teams, and
22 GHSA in-country teams, and in conjunction
23 with other relevant agencies;

24 (F) coordinate with other agencies that are
25 identified in this section to satisfy pro-

1 grammatic goals, and further facilitate coordi-
2 nation of country teams, implementers, and do-
3 nors in host countries; and

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

7 (2) **ADDITIONAL ROLES AND RESPONSIBIL-**
8 **ITIES.**—In addition to the roles and responsibilities
9 described in paragraph (1), the heads of the depart-
10 ments and agencies described in subsection (d) shall
11 carry out their respective roles and responsibilities
12 described in subsections (b) through (i) of section 3
13 of Executive Order 13747 (81 Fed. Reg. 78701; re-
14 lating to Advancing the Global Health Security
15 Agenda to Achieve a World Safe and Secure from
16 Infectious Disease Threats), as in effect on the day
17 before the date of the enactment of this Act.

18 **SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL**
19 **HEALTH SECURITY.**

20 (a) **IN GENERAL.**—The President shall appoint an in-
21 dividual to the position of United States Coordinator for
22 Global Health Security (referred to in this section as the
23 “Coordinator”).

24 (b) **RESPONSIBILITIES.**—The Coordinator shall be re-
25 sponsible for coordinating the interagency process for re-

1 sponding to global health security emergencies, in coordi-
2 nation with the President’s Special Coordinator for Inter-
3 national Disaster Assistance, as appropriate.

4 (c) CONGRESSIONAL BRIEFING.—Not less frequently
5 than twice each year, the Coordinator shall provide a brief-
6 ing to the appropriate congressional committees that de-
7 scribes how the Coordinator has been carrying out his or
8 her responsibilities and activities under this section.

9 **SEC. 6. SENSE OF CONGRESS.**

10 It is the sense of the Congress, given the complex
11 and multisectoral nature of global health threats to the
12 United States, that the President—

13 (1) should consider appointing an individual
14 with significant background and expertise in public
15 health or emergency response management to the
16 position of United States Coordinator for Global
17 Health Security, in accordance with section 5(a),
18 who is an employee of the National Security Council
19 at the level of Deputy Assistant to the President or
20 higher; and

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

23 (A) coordinate, through a whole-of-govern-
24 ment approach, the efforts of relevant Federal

1 departments and agencies to implement the
2 strategy;

3 (B) seek to fully utilize the unique capa-
4 bilities of each relevant Federal department and
5 agency while collaborating with and leveraging
6 the contributions of other key stakeholders; and

7 (C) utilize open and streamlined solicita-
8 tions to allow for the participation of a wide
9 range of implementing partners through the
10 most appropriate procurement mechanisms,
11 which may include grants, contracts, coopera-
12 tive agreements, and other instruments to the
13 extent necessary and appropriate.

14 **SEC. 7. STRATEGY AND REPORTS.**

15 (a) STRATEGY.—The United States Coordinator for
16 Global Health Security appointed pursuant to section 5(a)
17 shall coordinate the development and implementation of
18 a strategy to implement the policy described in section 3.

19 This strategy shall—

20 (1) set specific and measurable goals, bench-
21 marks, timetables, performance metrics, and moni-
22 toring and evaluation plans that reflect international
23 best practices relating to transparency, account-
24 ability, and global health security;

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

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

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

12 (5) develop community resilience to infectious
13 disease threats and emergencies;

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

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

22 (b) COORDINATION.—The President, acting through
23 the United States Coordinator for Global Health Security,
24 shall coordinate, through a whole-of-government approach,
25 the efforts of relevant Federal departments and agencies

1 in the implementation of the strategy required under sub-
2 section (a) by—

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

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

9 (c) STRATEGY SUBMISSION.—

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

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

24 (A) the anticipated contributions of the de-
25 partment or agency, including technical, finan-

1 cial, and in-kind contributions, to implement
2 the strategy; and

3 (B) the efforts of the department or agen-
4 cy to ensure that the activities and programs
5 carried out pursuant to the strategy are de-
6 signed to achieve maximum impact and long-
7 term sustainability.

8 (d) ANNUAL REPORT.—

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

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

19 (A) identify any substantial changes made
20 in the strategy during the preceding calendar
21 year;

22 (B) describe the progress made in imple-
23 menting the strategy;

24 (C) identify the indicators used to establish
25 benchmarks and measure results over time, as

1 well as the mechanisms for reporting such re-
2 sults in an open and transparent manner;

3 (D) contain a transparent, open, and de-
4 tailed accounting of expenditures by relevant
5 Federal departments and agencies to implement
6 the strategy, including, to the extent prac-
7 ticable, for each Federal department and agen-
8 cy, the statutory source of expenditures,
9 amounts expended, partners, targeted popu-
10 lations, and types of activities supported;

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

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

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

22 (H) describe the progress achieved and any
23 challenges concerning the United States Gov-
24 ernment's ability to advance the Global Health

1 Security Agenda across priority countries, in-
2 cluding—

3 (i) data disaggregated by priority
4 country using indicators that are con-
5 sistent on a year-to-year basis; and

6 (ii) recommendations to resolve, miti-
7 gate, or otherwise address the challenges
8 identified under this subparagraph.

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. 8. 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 (D), by striking “and” at
20 the end;

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

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

24 “(F) the Global Health Security Act of
25 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 Relations of
7 the Senate;

8 (B) the Committee on Appropriations of
9 the Senate;

10 (C) the Committee on Foreign Affairs of
11 the House of Representatives; and

12 (D) the Committee on Appropriations of
13 the House of Representatives.

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

21 **SEC. 10. SUNSET.**

22 This Act (except for section 5) and the amendments
23 made by this Act shall cease to be effective on December
24 31, 2024.

○