

116TH CONGRESS  
2D SESSION

# S. 3302

To improve global health security, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 13, 2020

Mr. KING introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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## A BILL

To improve 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 makes the following findings:

8 (1) An infectious disease threat anywhere can  
9 become a threat everywhere. In today’s inter-  
10 connected world, a pathogen can travel around the  
11 globe to major cities in as few as 24 hours.

1           (2) Infectious diseases have killed more humans  
2 than war and conflict. Before its eradication, small-  
3 pox killed at least 300,000,000 people in the 20th  
4 century. Mosquito-borne illnesses are responsible for  
5 50 percent more human deaths each year than  
6 deaths caused by other humans, including war and  
7 civil violence. The influenza pandemic of 1918–19  
8 caused the deaths of 3 times as many people as all  
9 of those killed in World War I.

10           (3) Population growth has brought people closer  
11 to one another and closer to animals, which has in-  
12 creased the opportunities for pathogens to be trans-  
13 mitted between animals and humans.

14           (4) Human health is intimately connected to  
15 animal and environmental health at the national and  
16 international levels.

17           (5) Zoonotic diseases are responsible for—

18                   (A) approximately 60 percent of all human  
19 infections;

20                   (B) approximately 75 percent of recently  
21 emerging infectious diseases affecting humans;  
22 and

23                   (C) more than 80 percent of biological  
24 agents that could be intentionally released as  
25 biological weapons.

1           (6) Environmental change has made it easy for  
2 disease vectors, such as mosquitoes, to cover more  
3 territory.

4           (7) There are many recent examples of new, re-  
5 emerging, and zoonotic pathogens quickly spreading  
6 across the globe, including—

7                   (A) Ebola virus disease, which killed more  
8 than 11,000 people and infected more than  
9 28,000 people in West Africa between 2014 and  
10 2016, and which has infected and killed an un-  
11 known number of people in the Democratic Re-  
12 public of the Congo since 2018;

13                   (B) novel coronavirus disease (COVID),  
14 which, as of February 12, 2020, had infected at  
15 least 45,000 people in at least 25 countries, re-  
16 sulting in more than 1,100 deaths in China;

17                   (C) yellow fever virus;

18                   (D) cholera;

19                   (E) avian influenza virus (H7N9);

20                   (F) novel Middle East Respiratory Syn-  
21 drome (MERS) coronavirus; and

22                   (G) Zika virus.

23           (8) The costs of new, reemerging, and zoonotic  
24 infections are high in human and financial terms.  
25 For example—

1 (A) the anthrax attacks in the eastern  
2 United States in late 2001 infected 22 people,  
3 killed 5, and cost more than \$1,000,000,000 to  
4 clean up;

5 (B) an outbreak of severe acute respiratory  
6 syndrome (SARS) originating in southern  
7 China in late 2002 infected more than 8,000  
8 people, resulted in 774 deaths, and had an eco-  
9 nomic impact estimated at \$30,000,000,000 in  
10 only a few months;

11 (C) the 2009 H1N1 influenza pandemic  
12 killed an estimated 284,000 people in a single  
13 year; and

14 (D) human immunodeficiency virus (HIV)  
15 spread silently for decades before detection, has  
16 led to the death of 35,000,000 people, and cur-  
17 rently affects 37,000,000 people who are living  
18 with the virus.

19 (9) The enormous costs of pandemics can be  
20 averted with strategic investment in capacity build-  
21 ing and preparedness.

22 (10) The Global Health Security Agenda, which  
23 was launched in February 2014 in partnership with  
24 countries from around the world, is designed—

1 (A) to measurably address global vulner-  
2 ability to infectious diseases;

3 (B) to strengthen systems; and

4 (C) to ensure that a trained workforce has  
5 the tools needed to prevent, detect, and respond  
6 rapidly and effectively to infectious disease  
7 threats.

8 (11) Stopping an outbreak at its source, wheth-  
9 er naturally occurring, deliberate, or accidental, re-  
10 quires close collaboration among the health, animal,  
11 agriculture, defense, security, development, commer-  
12 cial, and other sectors.

13 **SEC. 3. SENSE OF CONGRESS.**

14 It is the sense of Congress that—

15 (1) advancing global health security is a core  
16 tenet of our national strategy for countering biologi-  
17 cal threats;

18 (2) supporting global health security requires  
19 operationalizing the “One Health” concept linking  
20 human, animal, and environmental health;

21 (3) the United States must be prepared to pre-  
22 vent, detect, and respond to the threat posed by bio-  
23 terrorism, as well as accidental releases from a lab-  
24 oratory;

1           (4) it is in the national interest of the United  
2 States—

3                   (A) to promote global health security; and

4                   (B) to accelerate efforts to build the capac-  
5 ity of countries—

6                           (i) to prevent, detect, and respond to  
7 infectious diseases; and

8                           (ii) to achieve the core capacities re-  
9 quired by the World Health Organization’s  
10 International Health Regulations, adopted  
11 at Geneva May 23, 2005;

12           (5) no single nation can be prepared or pro-  
13 tected if other nations remain unprepared to counter  
14 biological threats;

15           (6) national and international multi-sectoral co-  
16 operation and preparedness are at the core of effec-  
17 tive control of infectious diseases through strength-  
18 ened health systems and preparedness;

19           (7) global health security depends upon collabo-  
20 rations across all societal sectors, including human  
21 and animal health, agriculture, development, envi-  
22 ronmental, national security and defense, science  
23 and technology, academic and research communities,  
24 nongovernmental organizations, and the private sec-  
25 tor, to meet the policy objective set forth in section

1 4(3) of strengthening health systems and pandemic  
2 preparedness;

3 (8) an effective global health security strategy  
4 should include—

5 (A) preventing avoidable incidents and ca-  
6 tastrophes, such as antimicrobial resistance,  
7 zoonotic diseases, outbreaks, breaches of bio-  
8 safety and security, and immunization-prevent-  
9 able deaths;

10 (B) detecting threats early through—

11 (i) building and sustaining national  
12 and global laboratory systems;

13 (ii) improving disease surveillance;

14 (iii) enhancing the reporting of infec-  
15 tious disease outbreaks; and

16 (iv) developing the health workforce;

17 and

18 (C) responding to threats rapidly and ef-  
19 fectively through—

20 (i) emergency operations centers;

21 (ii) linking public health with multi-  
22 sectoral rapid response; and

23 (iii) medical countermeasures and per-  
24 sonnel deployment;

1           (9) strategic global health security action re-  
2           quires United States coordination and collaboration  
3           with international governance entities, including—

4                   (A) the World Health Organization;

5                   (B) the Food and Agriculture Organization  
6           of the United Nations;

7                   (C) the World Organization for Animal  
8           Health;

9                   (D) the Global Partnership Against the  
10          Spread of Weapons and Materials of Mass De-  
11          struction;

12                  (E) the International Criminal Police Or-  
13          ganization       (commonly       known       as  
14          “INTERPOL”);

15                  (F) the Economic Community of West Af-  
16          rican States;

17                  (G) the United Nations Office for Disaster  
18          Risk Reduction;

19                  (H) the Global Alliance for Vaccines and  
20          Immunization (commonly known as “GAVI”);  
21          and

22                  (I) other relevant international stake-  
23          holders and organizations; and



1           (10) the strategic goals described in paragraph  
2           (8) must be subject to measurement, assessment,  
3           and analysis.

4 **SEC. 4. DEFINED TERM.**

5           In this Act, the term “global health security” means  
6 the activities required to minimize the danger and impact  
7 of acute public health events that endanger the collective  
8 health of populations living across geographical regions  
9 and international boundaries.

10 **SEC. 5. POLICY OBJECTIVES.**

11           It is the policy of the United States—

12           (1) to advance global health security through  
13 engagement in a multi-faceted, multi-country, multi-  
14 sectoral framework to accelerate targeted partner  
15 countries’ measurable capabilities to achieve specific  
16 targets to prevent, detect, and respond to infectious  
17 disease threats, whether naturally occurring, delib-  
18 erate, or accidental;

19           (2) to encourage governments and multilateral  
20 agencies, development banks, nongovernmental orga-  
21 nizations, and private sector stakeholders throughout  
22 the world to make fortifying health security a na-  
23 tional priority and a key commitment; and

24           (3) to emphasize improving coordination and  
25 collaboration across governmental and societal sec-

1       tors to help strengthen health systems and pandemic  
2       preparedness.

3 **SEC. 6. GLOBAL HEALTH SECURITY SPECIAL ADVISOR.**

4       (a) **IN GENERAL.**—There is established, within the  
5 Executive Office of the President, the position of Special  
6 Advisor for Global Health Security (referred to in this Act  
7 as the “Advisor”), who shall be appointed by the Presi-  
8 dent, at a level not lower than that of a Senior Director.

9       (b) **GENERAL DUTIES.**—The Advisor shall—

10           (1) serve as the President’s principal advisor on  
11 global health security and global health emergencies;

12           (2) coordinate the United States Government’s  
13 efforts to carry out global health security activities,  
14 including participation in the Global Health Security  
15 Agenda;

16           (3) convene and chair the Global Health Secu-  
17 rity Interagency Review Council described in section  
18 7; and

19           (4) submit a report to Congress not less fre-  
20 quently than twice per year that describes the activi-  
21 ties and accomplishments of the Advisor during the  
22 reporting period.

23       (c) **SPECIFIC DUTIES.**—The duties of the Advisor  
24 shall also include—

1           (1) ensuring program and policy coordination  
2           among the relevant executive branch agencies and  
3           nongovernmental organizations, including auditing,  
4           monitoring, and evaluation of all such programs;

5           (2) ensuring that each relevant executive  
6           branch agency undertakes programs primarily in  
7           areas in which the agency has the greatest expertise,  
8           technical capabilities, and potential for success;

9           (3) avoiding duplication of effort;

10          (4) ensuring, through interagency and inter-  
11          national coordination, that global health security  
12          programs of the United States are coordinated with,  
13          and complementary to, the delivery of related global  
14          health, food security, development, and education  
15          programs;

16          (5) establishing due diligence criteria for all re-  
17          cipients of funds appropriated by the Federal Gov-  
18          ernment for global health security assistance;

19          (6) developing policy that will prioritize global  
20          health security, especially the role of building low-  
21          and middle-income country capacity to contain pan-  
22          demic threats, in all relevant future global and na-  
23          tional health, research and development, and bio-  
24          defense strategies, including the National Health Se-

1 security Strategy, the National Security Strategy, and  
2 the National Biodefense Strategy; and

3 (7) articulating assessment standards that—

4 (A) measure countries' individual status  
5 and progress in building the necessary capac-  
6 ities to prevent, detect, and respond to infec-  
7 tious disease threats, in accordance with agreed  
8 bilateral or multilateral targets and in support  
9 of full implementation of the International  
10 Health Regulations, adopted at Geneva May 23,  
11 2005;

12 (B) are based on a peer-to-peer model in  
13 which external experts are invited to work with  
14 the country to evaluate capacity;

15 (C) ensure an objective approach and fa-  
16 cilitate cross-sectoral learning; and

17 (D) are part of the capacity building cycle  
18 designed to inform national priority setting, tar-  
19 get resources, and track progress.

20 (d) COORDINATION.—In carrying out the duties set  
21 forth in subsection (b), the Advisor shall ensure the co-  
22 ordination of United States Government efforts referred  
23 to in subsection (b)(2) with relevant international stake-  
24 holders and organizations.

1 (e) MONITORING.—To ensure that adequate meas-  
2 ures are established and implemented, the Centers for Dis-  
3 ease Control and Prevention should—

4 (1) advise the Advisor on monitoring, surveil-  
5 lance, and evaluation activities; and

6 (2) be a key implementer of such activities  
7 under this section.

8 (f) FORM.—The reports required under subsection  
9 (b)(4) shall be submitted in unclassified form, but may  
10 contain a classified annex.

11 **SEC. 7. INTERAGENCY REVIEW COUNCIL.**

12 (a) ESTABLISHMENT.—The Global Health Security  
13 Interagency Review Council (referred to in this section as  
14 the “Council”) shall be composed of representatives of—

15 (1) the Department of State;

16 (2) the Centers for Disease Control and Preven-  
17 tion;

18 (3) the United States Agency for International  
19 Development;

20 (4) the Department of Agriculture, including  
21 the Animal Plant Health Inspection Service and the  
22 Food Safety and Inspection Service;

23 (5) the Department of Defense, including the  
24 Assistant Secretary of Defense for Health Affairs;

1           (6) the Department of Health and Human  
2 Services, including the National Institutes of Health;

3           (7) the Department of Homeland Security;

4           (8) the Department of Justice, including the  
5 Federal Bureau of Investigation;

6           (9) the Environmental Protection Agency;

7           (10) the Office of Management and Budget;

8           (11) the Office of Science and Technology Pol-  
9 icy; and

10           (12) any other agency that the representatives  
11 of the agencies set forth in paragraphs (1) through  
12 (11) determine, by consensus, to be appropriate.

13       (b) MEETINGS.—The Council shall meet at least 4  
14 times per year to advance its mission and fulfill its respon-  
15 sibilities under this section.

16       (c) FUNCTIONS.—The Council shall—

17           (1) provide policy-level guidance to participating  
18 agencies on global health security goals, objectives,  
19 and implementation;

20           (2) facilitate interagency, multi-sectoral engage-  
21 ment to carry out global health security activities,  
22 including the Global Health Security Agenda;

23           (3) provide a forum for raising and working to  
24 resolve interagency disagreements concerning the

1 global health security goals, objectives, and bench-  
2 marks;

3 (4) develop and set benchmarks for—

4 (A) assessing, measuring, and improving  
5 global health security outcomes; and

6 (B) identifying criteria for designating pri-  
7 ority partner countries;

8 (5) review the progress toward, and work to re-  
9 solve challenges to, achieving United States Govern-  
10 ment commitments to global health security activi-  
11 ties, agreements, and organizations, including the  
12 Global Health Security Agenda and other commit-  
13 ments to assist other countries in achieving agreed-  
14 upon global health security targets; and

15 (6) consider, among other issues—

16 (A) the status of United States financial  
17 commitments to global health security in the  
18 context of commitments by other donors, and  
19 the contributions of partner countries to achieve  
20 global health security targets, including the  
21 Global Health Security Agenda;

22 (B) progress toward the milestones out-  
23 lined in global health security national plans for  
24 those countries where the United States Gov-  
25 ernment has committed to assist in global

1 health security activities and in annual work  
2 plans outlining agency priorities for imple-  
3 menting global health security strategies, in-  
4 cluding the Global Health Security Agenda; and

5 (C) external evaluations of the capabilities  
6 of the United States and partner countries to  
7 address infectious disease threats, including—

8 (i) the ability to achieve the targets  
9 outlined in the Joint External Evaluation  
10 process; and

11 (ii) gaps identified by such external  
12 evaluations.

13 (d) SPECIFIC ROLES AND RESPONSIBILITIES.—

14 (1) IN GENERAL.—The heads of the agencies  
15 referred to in subsection (a) shall—

16 (A) make the implementation of the Global  
17 Health Security Agenda (referred to in this  
18 subsection as “GHSA”) and successor activities  
19 a high priority within their respective agencies,  
20 and include GHSA-related activities within  
21 their respective agencies’ strategic planning and  
22 budget processes;

23 (B) designate a senior level official to be  
24 responsible for the implementation of this sec-  
25 tion;



1 (C) designate an appropriate representa-  
2 tive, at the Assistant Secretary level or higher,  
3 to represent the agency on the Council;

4 (D) keep the Council apprised of global  
5 health security-related activities, including the  
6 Global Health Security Agenda, undertaken  
7 within their respective agencies;

8 (E) maintain responsibility for agency-re-  
9 lated programmatic functions, in coordination  
10 with host governments, country teams, and  
11 global health security in country teams, and in  
12 conjunction with other relevant agencies;

13 (F) coordinate with other agencies referred  
14 to in subsection (a) to satisfy programmatic  
15 goals, and further facilitate coordination of  
16 country teams, implementers, and donors in  
17 host countries; and

18 (G) coordinate across GHSA national  
19 plans and with GHSA partners to which the  
20 United States is providing assistance.

21 (2) ADDITIONAL ROLES AND RESPONSIBIL-  
22 ITIES.—In addition to the roles and responsibilities  
23 described in paragraph (1), the heads of agencies re-  
24 ferred to in subsection (a) shall carry out their re-  
25 spective roles and responsibilities described in sub-

1 sections (b) through (i) of section 3 of Executive  
2 Order 13747 (81 Fed. Reg. 78701; relating to Ad-  
3 vancing the Global Health Security Agenda to  
4 Achieve a World Safe and Secure from Infectious  
5 Disease Threats), as in effect on the day before the  
6 date of the enactment of this Act.

7 (e) LIMITATIONS.—The Council may not perform any  
8 activities or functions that interfere with the foreign af-  
9 fairs responsibilities of the Secretary of State, including  
10 the responsibility to oversee the implementation of pro-  
11 grams and policies that advance the global health security  
12 activities within foreign countries.

13 **SEC. 8. STRATEGY AND REPORTS.**

14 (a) STRATEGY.—The Special Advisor for Global  
15 Health Security appointed under section 6 shall coordinate  
16 the development and implementation of a strategy to im-  
17 plement the policy described in section 5, which shall—

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

23 (2) support and be aligned with country-owned  
24 global health security policy and investment plans

1 developed with input from key stakeholders, as ap-  
2 propriate;

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

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

10 (5) develop community resilience to infectious  
11 disease threats and emergencies;

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

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

20 (b) COORDINATION.—The President, acting through  
21 the Special Advisor for Global Health Security, shall co-  
22 ordinate, through a whole-of-government approach, the ef-  
23 forts of relevant Federal departments and agencies in the  
24 implementation of the strategy required under subsection

25 (a) by establishing—

1           (1) monitoring and evaluation systems, coher-  
2           ence, and coordination across relevant Federal de-  
3           partments and agencies; and

4           (2) platforms for regular consultation and col-  
5           laboration with key stakeholders and the appropriate  
6           congressional committees.

7           (c) STRATEGY SUBMISSION.—

8           (1) IN GENERAL.—Not later than 6 months  
9           after the date of the enactment of this Act, the  
10          President, in consultation with the head of each rel-  
11          evant Federal department and agency, shall submit,  
12          to the appropriate congressional committees—

13                 (A) the strategy required under subsection  
14                 (a); and

15                 (B) a detailed description of how the  
16          United States intends to advance the policy set  
17          forth in section 5 and the agency-specific plans  
18          described in paragraph (2).

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

23                 (A) the anticipated contributions of the de-  
24                 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) 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) CONTENT.—The report required under  
18          paragraph (1) shall—

19                           (A) contain a summary of the strategy as  
20                   an appendix;

21                           (B) identify any substantial changes made  
22                   in the strategy during the preceding calendar  
23                   year;

24                           (C) describe the progress made in imple-  
25                   menting the strategy;

1 (D) identify the indicators used to estab-  
2 lish benchmarks and measure results over time,  
3 as well as the mechanisms for reporting such  
4 results in an open and transparent manner;

5 (E) contain a transparent, open, and de-  
6 tailed accounting of expenditures by relevant  
7 Federal departments and agencies to implement  
8 the strategy, including, for each Federal depart-  
9 ment and agency, the statutory source of ex-  
10 penditures, amounts expended, implementing  
11 partners, targeted beneficiaries, and activities  
12 supported;

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

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

19 (H) incorporate a plan for regularly re-  
20 viewing and updating strategies, partnerships,  
21 and programs and sharing lessons learned with  
22 a wide range of stakeholders, including key  
23 stakeholders, in an open, transparent manner.

24 (e) FORM.—The strategy required under subsection  
25 (a) and the report required under subsection (d) shall be

1 submitted in unclassified form, but may contain a classi-  
2 fied annex.

3 **SEC. 9. COORDINATION OF FEDERAL RESPONSE TO GLOB-**  
4 **AL HEALTH EMERGENCIES.**

5 (a) LEADERSHIP.—The Secretary of State, in con-  
6 sultation with other appropriate Federal departments, in-  
7 cluding the Department of Agriculture, the Department  
8 of Defense, the Department of Health and Human Serv-  
9 ices, and the Department of Homeland Security, shall co-  
10 ordinate and facilitate interagency, multi-sectoral activi-  
11 ties outside of the United States in response to a declared  
12 global health emergency. The President may designate an-  
13 other Federal official to coordinate domestic and extra-  
14 territorial activities related to a global health emergency.

15 (b) COORDINATION WITH INTERNATIONAL ORGANI-  
16 ZATIONS.—In responding to a declared global health emer-  
17 gency under subsection (a), the Secretary of State shall  
18 coordinate United States Government’s efforts with the ef-  
19 forts and programs of relevant international organizations  
20 and stakeholders, including—

21 (1) the World Health Organization;

22 (2) the Food and Agriculture Organization of  
23 the United Nations;

24 (3) the World Organization for Animal Health;

1 (4) the Global Partnership Against the Spread  
2 of Weapons and Materials of Mass Destruction;

3 (5) INTERPOL;

4 (6) the Economic Community of West African  
5 States;

6 (7) the United Nations Office for Disaster Risk  
7 Reduction;

8 (8) GAVI, The Vaccine Alliance; and

9 (9) other relevant international agencies and or-  
10 ganizations.

11 (c) INTERAGENCY COORDINATION.—The Secretary of  
12 State shall ensure that global health security programs  
13 supported by the United States Government are coordi-  
14 nated with, and complementary to, related programs in  
15 global food security, development, and education.

16 **SEC. 10. AUTHORIZATION OF APPROPRIATIONS.**

17 There are authorized to be appropriated, for each of  
18 the fiscal years 2021 through 2025—

19 (1) to the Centers for Disease Control and Pre-  
20 vention, \$190,000,000 for the Global Disease Detec-  
21 tion and Emergency Response and Global Public  
22 Health Capacity and Development Accounts, which  
23 shall be used to support activities that—

24 (A) are consistent with United States glob-  
25 al health security policy, goals, and priorities;



1 (B) have measurable benchmarks; and

2 (C) focus on preventing avoidable catas-  
3 trophes, detecting threats early, and responding  
4 rapidly and effectively; and

5 (2) to the United States Agency for Inter-  
6 national Development, \$110,000,000 for the Global  
7 Health Security Account, which shall be used to sup-  
8 port activities that—

9 (A) are consistent with United States glob-  
10 al health security policy, goals, and priorities;

11 (B) have measurable benchmarks; and

12 (C) focus on preventing avoidable catas-  
13 trophes, detecting threats early, and responding  
14 rapidly and effectively.

○