

113TH CONGRESS
2D SESSION

S. 2407

To amend the Foreign Assistance Act of 1961 by authorizing the United States Agency for International Development to continue supporting the development of technologies for global health under the Health Technologies Program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2014

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

A BILL

To amend the Foreign Assistance Act of 1961 by authorizing the United States Agency for International Development to continue supporting the development of technologies for global health under the Health Technologies Program, 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 “21st Century Global
5 Health Technology Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Research and development is a critical com-
2 ponent of United States leadership in global health.

3 (2) Research and innovation can help to break
4 the cycle of aid dependency by providing sustainable
5 solutions to long-term problems.

6 (3) Research and development for global health
7 is crucial for meeting new and emerging challenges,
8 creating efficiencies, strengthening health systems,
9 shifting tasks, strengthening workforces, and in-
10 creasing access to health services for the most vul-
11 nerable people.

12 (4) Advances in health and medical technologies
13 have been the major drivers behind massive improve-
14 ments in health worldwide during the past century,
15 resulting in an average increase in life expectancy of
16 21 years in low- and middle-income countries be-
17 tween 1960 and 2002.

18 (5) New health technologies have a high return
19 on investment. For example, a new meningitis A
20 vaccine developed in collaboration with the United
21 States Agency for International Development (re-
22 ferred to in this section as “USAID”), the Centers
23 for Disease Control and Prevention, the National In-
24 stitutes of Health, and the Food and Drug Adminis-
25 tration, will save an estimated \$570,000,000 in costs

1 that would otherwise be incurred for emergency vac-
2 cination campaigns during the next decade, freeing
3 much needed resources for use elsewhere in over-
4 stretched health systems.

5 (6) USAID, the Centers for Disease Control
6 and Prevention, the National Institutes of Health,
7 the Food and Drug Administration, and the Depart-
8 ment of Defense provide significant contributions
9 each year to global health research and development.
10 The United States Government is supporting the de-
11 velopment of 200 of the 365 products in the global
12 pipeline of products for neglected and poverty-re-
13 lated diseases.

14 (7) This commitment from the United States
15 Government has led to a remarkable increase in
16 global health products. Forty-five new health tools
17 were registered between 2000 and 2010, and the
18 United States Government was involved in 24 of
19 these new global health products in the last decade,
20 including—

21 (A) 6 drugs for malaria;

22 (B) 2 vaccines for pneumonia;

23 (C) 6 diagnostics for tuberculosis; and

24 (D) 2 drugs for leishmaniasis.

1 (8) Although investments from the United
2 States Government have enabled tremendous
3 progress in the introduction of new technologies for
4 global health, gaps still exist in bringing certain
5 technologies through the development process and
6 rapidly scaling them up in the field.

7 (9) Better coordination is needed between Fed-
8 eral agencies—

9 (A) to align research strategies;

10 (B) to identify and address gaps in prod-
11 uct development activity; and

12 (C) to move products efficiently along the
13 research-to-introduction continuum.

14 (10) Infectious diseases disproportionately im-
15 pact populations in low-income nations across Latin
16 America, sub-Saharan Africa, and Asia. Poor and
17 vulnerable communities in the United States are also
18 at risk for contracting diseases usually considered to
19 be diseases of the developing world. For example,
20 cases of Chagas disease, which is found throughout
21 Latin America, and dengue fever, endemic to Mexico
22 and Central America, have been detected in commu-
23 nities with high poverty rates in States along the
24 United States border with Mexico.

1 (11) In collaboration with the World Health Or-
2 ganization and its member states, the United States
3 is a leading participant in discussions to improve co-
4 ordination and financing of global health research
5 and development. This process will establish mecha-
6 nisms to map research needs, identify resource gaps,
7 and set priorities to ensure that the most crucial
8 global health products are developed and delivered
9 for maximum global health impact.

10 (12) Because of its presence in the field,
11 USAID is uniquely placed—

12 (A) to assess local health conditions;

13 (B) to partner with public and private
14 stakeholders to ensure the development and
15 timely introduction and scale-up of tools that
16 are culturally acceptable;

17 (C) to address serious and all-too-common
18 health problems; and

19 (D) to contribute to the strengthening of
20 health systems.

21 (13) In a recent report to Congress, USAID as-
22 serts that—

23 (A) health research is “integral” to its
24 “ability to achieve its health and development
25 objectives worldwide”; and

1 (B) innovation through research allows the
2 agency “to develop and introduce affordable
3 health products and practices and contribute to
4 policies appropriate for addressing health-re-
5 lated concerns in the developing world”.

6 (14)(A) In “Report to Congress: Health-Re-
7 lated Research and Development Activities at
8 USAID (HRRD), May 2011”, USAID analyzed its
9 activities from 2006 through 2010 and set forth a
10 5-year health research strategy for the next 5 years.

11 (B) The new strategy is—

12 (i) an important source of information on
13 USAID’s programs for global health product
14 development; and

15 (ii) an effective tool for measuring ex-
16 pected results from 2011 through 2015.

17 (C) The strategy does not articulate USAID’s
18 investments and programming for research and de-
19 velopment in several critical areas, including—

20 (i) new tools to diagnose, prevent, and
21 treat neglected tropical diseases;

22 (ii) research addressing the leading causes
23 of death and illness of women, newborns, and
24 children; and

25 (iii) new tuberculosis vaccines.

1 (15) USAID has established a variety of instru-
2 ments to promote innovation and global health, such
3 as—

4 (A) Grand Challenges for Development;

5 (B) the Innovation Fund for the Americas;

6 (C) Higher Education Solutions Network
7 (HESN);

8 (D) university Development Labs; and

9 (E) Research and Innovation Fellowships.

10 (16) Research and development at USAID—

11 (A) facilitates public-private collaboration
12 in the development of global health tech-
13 nologies;

14 (B) leverages public and private sector
15 support for early stage research and develop-
16 ment of health technologies to encourage pri-
17 vate sector investment in late-stage technology
18 development and product introduction in devel-
19 oping countries;

20 (C) benefits the United States economy by
21 investing in the growing United States global
22 health technology sector, which—

23 (i) provides skilled jobs for American
24 workers (64 cents of every United States

1 dollar invested in global health research
 2 benefits United States-based researchers);

3 (ii) creates opportunities for United
 4 States businesses in the development and
 5 production of new technologies; and

6 (iii) enhances United States competi-
 7 tiveness in the increasingly technological
 8 and knowledge-based global economy; and

9 (D) enhances United States national secu-
 10 rity by—

11 (i) reducing the risk of pandemic dis-
 12 ease; and

13 (ii) contributing to economic develop-
 14 ment and stability in developing countries.

15 (17) The United States should invest in afford-
 16 able, appropriate health technologies, including—

17 (A) medical devices for maternal, newborn,
 18 and child care;

19 (B) new vaccines;

20 (C) new vaccine technologies and delivery
 21 tools;

22 (D) safe injection devices;

23 (E) diagnostic tests for infectious diseases;

24 (F) new tools for water, sanitation, and
 25 nutrition;

- 1 (G) multipurpose prevention technologies;
- 2 (H) information systems and mobile health
- 3 and information systems; and
- 4 (I) innovative disease prevention strategies.

5 (18) United States investments in the health
6 technologies set forth in paragraph (17) would—

- 7 (A) reduce the risk of disease transmission;
- 8 (B) accelerate access to life-saving global
- 9 health interventions for the world’s poor;
- 10 (C) reduce the burden on local health sys-
- 11 tems; and
- 12 (D) result in significant cost savings for
- 13 development assistance funds.

14 (19) In circumstances where markets fail, pub-
15 lic-private partnerships are an effective way to de-
16 velop, introduce and scale up new health tech-
17 nologies.

18 (20)(A) Product development partnerships (re-
19 ferred to in this paragraph as “PDPs”) are a model
20 of public-private partnership that is successfully ac-
21 celerating research to benefit the developing world.

22 (B) PDPs are non-profit, nongovernmental en-
23 tities that work to accelerate the development of new
24 tools to fight diseases in resource-poor settings.

1 (C) PDPs typically manage resources and part-
 2 nerships from across public, private, and philan-
 3 thropic sectors to drive the development of a full
 4 pipeline of potential new products that could save
 5 and improve lives in the developing world.

6 (D) USAID has played a significant role in ad-
 7 vancing the PDP model through its financial sup-
 8 port.

9 (E) Between 2004 and 2013, the achievements
 10 of PDPs have become increasingly successful at ad-
 11 vancing new products through the development pipe-
 12 line towards registration, product introduction, and
 13 use.

14 (21) USAID supports research and introduction
 15 activities along a research-to-use continuum includ-
 16 ing—

17 (A) evidence reviews and health assess-
 18 ments in developing countries; and

19 (B) the development, testing, adaptation,
 20 and introduction of appropriate products and
 21 interventions within the context of strength-
 22 ening health systems.

23 (22)(A) A Center for Accelerating Innovation
 24 and Impact (referred to in this paragraph as the
 25 “Center”) has been established at USAID to ad-

1 dress technical, supply, and policy barriers in the de-
2 velopment, introduction, and scale-up of new prod-
3 ucts and technologies for global health.

4 (B) For diseases and conditions in which mar-
5 ket forces have proven insufficient to generate and
6 rapidly deliver new technologies, the Center pro-
7 motes and reinforces solutions to overcome obstacles
8 such as regulatory inefficiencies in developing coun-
9 tries, limited user demand, gaps in market data and
10 supply chain hurdles.

11 (C) The Center also catalyzes partnerships with
12 the public and private sectors to develop and rapidly
13 deploy new products.

14 (23) Since 1982, USAID has carried out a pro-
15 gram to support the development of health tech-
16 nologies through which USAID—

17 (A) has maximized the limited resources
18 available for global health;

19 (B) has ensured that products and medi-
20 cines developed for use in low-resource settings
21 have reached the people that need such prod-
22 ucts and medicines;

23 (C) has invented, designed, developed, or
24 co-developed 85 health technologies; and

1 (D) has collaborated with more than 100
2 private-sector organizations, which have
3 matched the funds received from USAID by a
4 2:1 ratio.

5 (24) The research and development activities of
6 USAID are complementary to the work of other
7 Federal agencies.

8 **SEC. 3. PURPOSES.**

9 The purposes of this Act are—

10 (1) to acknowledge the role of the United
11 States Agency for International Development (re-
12 ferred to in this section as “USAID”) in product de-
13 velopment, introduction, and scale-up of new global
14 health tools; and

15 (2) to establish the Technologies for Health
16 Program within USAID to support the development
17 of technologies for global health that will—

18 (A) improve global health;

19 (B) reduce maternal, newborn, and child
20 mortality rates;

21 (C) improve health and nutrition;

22 (D) reverse the incidence of HIV/AIDS,
23 malaria, tuberculosis, and other infectious dis-
24 eases;

25 (E) reduce the burden of chronic diseases;

1 (F) overcome technical, supply, and policy
 2 hurdles to product introduction and scale-up;
 3 and

4 (G) support research and development that
 5 is consistent with a global development strategy
 6 and other related strategies developed by
 7 USAID.

8 **SEC. 4. ESTABLISHMENT OF HEALTH TECHNOLOGIES PRO-**
 9 **GRAM.**

10 (a) IN GENERAL.—Section 107 of the Foreign Assist-
 11 ance Act of 1961 (22 U.S.C. 2151e) is amended by adding
 12 at the end the following:

13 “(c) TECHNOLOGIES FOR HEALTH.—

14 “(1) ESTABLISHMENT.—There is established,
 15 within the Health and Infectious Diseases and Nu-
 16 trition Section of the Global Health Bureau of the
 17 United States Agency for International Development
 18 (referred to in this subsection as ‘USAID’), the
 19 Technologies for Health Program (referred to in this
 20 subsection as the ‘Program’).

21 “(2) FUNCTIONS.—The Program shall develop,
 22 advance, and introduce affordable, available, and ap-
 23 propriate and primarily late-stage technologies spe-
 24 cifically designed—

1 “(A) to improve the health and nutrition of
2 populations in developing countries;

3 “(B) to reduce maternal, newborn, and
4 child mortality in such countries; and

5 “(C) to improve the diagnosis, prevention,
6 and reduction of disease, especially HIV/AIDS,
7 malaria, tuberculosis, and other infectious dis-
8 eases, in such countries.

9 “(3) AGREEMENT.—The Program shall be car-
10 ried out under a cooperative agreement between
11 USAID and 1 or more institutions with a successful
12 record of—

13 “(A) advancing the technologies described
14 in paragraph (2); and

15 “(B) integrating practical field experience
16 into the research and development process in
17 order to introduce the most appropriate tech-
18 nologies.

19 “(d) ACTION PLANS.—The Administrator of USAID
20 shall—

21 “(1) establish and implement action plans to in-
22 corporate global health research and product devel-
23 opment within each of the global health and develop-
24 ment programs, with support from coordinating
25 agencies;

1 “(2) establish metrics to measure progress in
2 implementing the action plans; and

3 “(3) consider all options in implementing the
4 action plans, including the use of public-private part-
5 nerships.

6 “(e) PRIORITY GLOBAL HEALTH INTERVENTIONS.—
7 The Center for Accelerating Innovation and Impact of
8 USAID shall continue its work to speed the development,
9 introduction, and scale-up of priority global health inter-
10 ventions.”.

11 (b) SAVINGS PROVISION.—Section 107(c) of the For-
12 eign Assistance Act of 1961, as added by subsection (a)—

13 (1) authorizes the United States Agency for
14 International Development (referred to in this sub-
15 section and section 5 as “USAID”) to continue the
16 health technologies research and development activi-
17 ties carried out by USAID before the date of the en-
18 actment of this Act; and

19 (2) does not establish a new program for such
20 purposes.

21 **SEC. 5. ANNUAL REPORT ON RESEARCH AND DEVELOP-**
22 **MENT ACTIVITIES AT USAID.**

23 (a) IN GENERAL.—Not later than 1 year after the
24 date of the enactment of this Act, and annually thereafter
25 for the following 4 years, the Administrator of the United

1 States Agency for International Development, after con-
2 sultation with the Centers for Disease Control and Preven-
3 tion, the Department of Defense, the Food and Drug Ad-
4 ministration, and the National Institutes of Health, shall
5 submit a separate report to Congress on the research and
6 development activities carried out by USAID.

7 (b) MATTERS TO BE INCLUDED.—Each report sub-
8 mitted under subsection (a) shall include—

9 (1) updates on the implementation of USAID’s
10 strategy for using research funds to stimulate the
11 development and introduction of products in each of
12 its global health and development programs;

13 (2) a description of USAID’s collaborations and
14 coordination with other Federal departments and
15 agencies in support of translational and applied
16 global health research and development;

17 (3) a description of USAID’s collaborations and
18 coordination with partner governments, bilateral and
19 multilateral donors, and other relevant governmental
20 entities in support of translational and applied glob-
21 al health research and development;

22 (4) a description of USAID investments in
23 science, technology, and innovation;

24 (5) an explanation of how technologies and re-
25 search products developed by USAID complement

1 work being done by other Federal departments and
2 agencies; and

3 (6) a list of technologies and research products
4 that have been introduced into field trials or use.

5 (c) CONSULTATION.—The Administrator of USAID
6 shall annually consult with the heads of other Federal de-
7 partments and agencies to improve alignment of USAID's
8 health-related research strategy with other similar agency
9 strategies, with the intent of working towards a whole-of-
10 government strategy for global health research and devel-
11 opment.

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