

116TH CONGRESS
1ST SESSION

H. R. 4847

To establish a United States Global Health Commission and a United States Global Health Attaché Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 23, 2019

Mr. SHERMAN introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committees on Intelligence (Permanent Select), and Armed Services, 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 establish a United States Global Health Commission and a United States Global Health Attaché 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 “Global Health Act”.

5 **SEC. 2. FINDINGS; SENSE OF CONGRESS; AND PURPOSES.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

1 (1) Of all foreign assistance provided by the
2 United States, global health appropriations are sec-
3 ond only to security assistance.

4 (2) Several Federal agencies and departments
5 execute global health activities, including the United
6 States Agency for International Development, the
7 Department of Health and Human Services, the De-
8 partment of Defense, the Department of Agriculture,
9 and the Department of State.

10 (3) Global health assistance provided by the
11 United States supports—

12 (A) activities carried out by numerous pri-
13 vate, corporate, and nongovernmental organiza-
14 tions worldwide; and

15 (B) multilateral organizations, such as the
16 Global Fund to Fight AIDS, Tuberculosis, and
17 Malaria and the World Health Organization.

18 (4) The United States provides foreign assist-
19 ance to achieve national security, commercial, and
20 humanitarian objectives while demonstrating global
21 leadership.

22 (5) All United States funded foreign assistance
23 programs, regardless of the implementing agency,
24 support the objectives referred to in paragraph (4),

1 but the manner in which the programs achieve the
2 objectives varies widely.

3 (6) The approach for global health assistance
4 provided by the United States is largely program-
5 based or disease-based and often does not allow
6 agencies to work across the health system or on
7 issues of greatest concern to the host country.

8 (7) Such an approach hampers long-term sta-
9 bility, diplomacy with key partnerships, and sustain-
10 able capacity building.

11 (b) SENSE OF CONGRESS.—It is the sense of Con-
12 gress that—

13 (1) each global health implementing agency
14 should establish a program for the development of a
15 cadre of health advisors who can serve as United
16 States global health attachés;

17 (2) country or regional health teams and health
18 development partners working groups should be es-
19 tablished in all countries with significant United
20 States health investments; and

21 (3) all global health activities supported by the
22 United States Government should be implemented in
23 a coordinated manner.

24 (c) PURPOSES.—The purposes of this Act are—

1 (1) to establish a governmental framework and
2 national policy, priorities, and goals that ensure
3 interagency coordination for global health assistance
4 with the overall diplomacy, development, and defense
5 efforts of the United States Government;

6 (2) to establish the Senior United States Global
7 Health Advisor and the United States Global Health
8 Commission at the level of the National Security
9 Council to harmonize the global health goals and
10 priorities of the United States and promote inter-
11 agency coordination for global health assistance with
12 the overall efforts of the United States Government;

13 (3) to establish an Interagency Global Health
14 Committee to implement the Unified Global Health
15 Strategy and develop policies and frameworks to im-
16 prove coordination and outcomes; and

17 (4) to establish the United States Global Health
18 Attaché Program to field global health attachés as
19 key interlocutors who coordinate the country or re-
20 gional health team and ensure effective health as-
21 sessment, planning, integration, and implementation
22 across all agencies in support of the interests of the
23 United States.

24 **SEC. 3. DEFINITIONS.**

25 In this Act:

1 (1) CHIEF OF MISSION.—The term “chief of
2 mission” has the meaning given such term in section
3 102 of the Foreign Service Act of 1980 (22 U.S.C.
4 3902).

5 (2) COMMISSION.—The term “Commission”
6 means the United States Global Health Commission
7 established under section 4.

8 (3) COMMITTEE.—The term “Committee”
9 means the Interagency Global Health Committee es-
10 tablished under section 6.

11 (4) COUNTRY OR REGIONAL HEALTH TEAM.—
12 The term “country or regional health team” includes
13 employees of global health implementing agencies
14 operating in a country or designated geographic re-
15 gion.

16 (5) GLOBAL HEALTH ACTIVITIES.—The term
17 “global health activities” means activities conducted
18 in coordination with United States and foreign enti-
19 ties, including foreign governments—

20 (A) to improve health care, the provision of
21 public health services, responses to public
22 health emergencies, and global health security;
23 and

1 (B) to strengthen health systems and in-
2 frastructure, including the training and edu-
3 cation of health workers.

4 (6) GLOBAL HEALTH IMPLEMENTING AGEN-
5 CIES.—The term “global health implementing agen-
6 cies” means—

7 (A) the Department of State;

8 (B) the United States Agency for Inter-
9 national Development;

10 (C) the Department of Health and Human
11 Services;

12 (D) the Department of Defense;

13 (E) the Department of Agriculture; and

14 (F) the Department of Commerce.

15 (7) REGIONAL.—The term “regional” refers to
16 a geographic region as designated by a global health
17 implementing agency.

18 (8) STRATEGY.—The term “Strategy” means
19 the Unified Global Health Strategy formulated
20 under section 5.

21 **SEC. 4. UNITED STATES GLOBAL HEALTH COMMISSION.**

22 (a) ESTABLISHMENT.—Not later than 90 days after
23 the date of the enactment of this Act, the President, work-
24 ing through the National Security Council, shall establish
25 a commission to improve the interagency coordination,

1 stewardship, accountability, outcomes, and impact of glob-
2 al health investment by the United States.

3 (b) DESIGNATION.—The commission established
4 under subsection (a) shall be known as the “United States
5 Global Health Commission”.

6 (c) CHAIRPERSON; ADVISOR.—The President shall
7 appoint a noncabinet-level senior staff member to the Na-
8 tional Security Council to serve as—

- 9 (1) the Chairperson of the Commission; and
10 (2) the Senior United States Global Health Ad-
11 visor.

12 (d) MEMBERSHIP.—

13 (1) IN GENERAL.—The Commission shall be
14 composed of—

- 15 (A) the Chairperson;
16 (B) a commissioners group (referred to in
17 this section as the “principal group”);
18 (C) a staff group; and
19 (D) any working group that the principal
20 group determines to be necessary to carry out
21 the duties under this section.

22 (2) PRINCIPAL GROUP.—The principal group
23 shall be composed of—

- 24 (A) 12 voting members, of whom—

1 (i) 1 shall be appointed from each
2 global health implementing agency by the
3 head of the respective agency from among
4 senior officials responsible for global
5 health, emergency assistance, development,
6 or a similar area;

7 (ii) 3 shall be appointed by the Presi-
8 dent from among individuals from aca-
9 demic or research institutions with exper-
10 tise in global health policy, foreign rela-
11 tions, or public health emergencies; and

12 (iii) 3 shall be appointed by the Presi-
13 dent from among individuals from the
14 international development community with
15 expertise in health, community, or eco-
16 nomic development; and

17 (B) 2 nonvoting, ex officio members, of
18 whom—

19 (i) 1 shall be the President of the Na-
20 tional Academy of Medicine; and

21 (ii) 1 shall be an employee of the Gov-
22 ernment Accountability Office who shall be
23 appointed by the Comptroller General of
24 the United States.

25 (3) STAFF GROUP.—

1 (A) COMPOSITION.—The staff group de-
2 scribed in paragraph (1)(C) shall be composed
3 of representatives of the National Security
4 Council, the global health implementing agen-
5 cies, the Government Accountability Office, and
6 the National Academy of Medicine, as des-
7 ignated by the head of the respective agency.

8 (B) FUNCTION.—The staff group shall ad-
9 vise, provide subject-matter expertise to, and
10 support the activities of, the Commission.

11 (e) PERIODS OF APPOINTMENT; VACANCIES.—

12 (1) PERIODS OF APPOINTMENT.—

13 (A) GOVERNMENTAL OFFICIALS.—Each
14 member of the principal group appointed under
15 subsection (d)(2)(A)(i) shall serve at the discre-
16 tion of the head of the respective agency.

17 (B) NONGOVERNMENTAL OFFICIALS.—
18 Each member of the principal group appointed
19 under clause (ii) or (iii) of subsection (d)(2)(A)
20 shall serve for a period of not fewer than 2
21 years and not more than 5 years.

22 (2) VACANCIES.—A vacancy in the Commis-
23 sion—

24 (A) shall not affect the powers of the Com-
25 mission; and

1 (B) shall be filled in the same manner as
2 the original appointment.

3 (f) MEETINGS.—

4 (1) IN GENERAL.—The Commission shall meet
5 at the call of the Chairperson.

6 (2) INITIAL MEETING.—Not later than 180
7 days after the date of the enactment of this Act, the
8 Commission shall hold its initial meeting.

9 (3) PRINCIPAL GROUP.—The principal group
10 shall meet not less frequently than twice each year.

11 (4) STAFF GROUP.—The staff group described
12 in subsection (d)(1)(C) shall meet as determined by
13 the Chairperson based on the activities of the Com-
14 mission.

15 (g) BYLAWS.—

16 (1) IN GENERAL.—Not later than 180 days
17 after the date of the enactment of this Act, the
18 Commission shall develop bylaws for the operation of
19 the Commission.

20 (2) ELEMENTS.—The bylaws developed under
21 paragraph (1) shall include—

22 (A) information on the membership of the
23 Commission;

1 (B) the number of annual meetings re-
2 quired for the principal group and the staff
3 group;

4 (C) the decision-making process of the
5 Commission;

6 (D) the process by which disputes are re-
7 solved; and

8 (E) such other information and policies as
9 the Commission considers appropriate.

10 (h) PRIMARY RESPONSIBILITIES.—The Commission
11 shall—

12 (1) develop an integrated, comprehensive global
13 health strategy, in accordance with section 5 and in
14 cooperation with global health implementing agen-
15 cies, to ensure that global health activities and pro-
16 grams supported by the United States are consistent
17 with the strategic priorities and policies of the
18 United States;

19 (2) recommend methods to improve alignment,
20 coordination, planning, and implementation to en-
21 sure the greatest possible impact and overall effec-
22 tiveness of United States global health efforts and
23 programs;

24 (3) in coordination with the Committee, advise
25 the National Security Council on global health issues

1 that potentially impact the domestic health status,
2 defense operations, development programs, diplo-
3 macy efforts, and strategic interests of the United
4 States;

5 (4) advise the Committee on country and re-
6 gional challenges;

7 (5) based on the priorities of the United States,
8 recommend countries or regions that would greatly
9 benefit from—

10 (A) receiving a global health attaché under
11 section 7; and

12 (B) the establishment of a country or re-
13 gional health development implementation plan
14 under section 8;

15 (6) recommend agenda items and provide other
16 recommendations and advice to the Committee; and

17 (7) facilitate cooperation between the United
18 States Government and academic and research insti-
19 tutions, civil society, international nongovernmental
20 organizations, and other public and private entities.

21 (i) REPORTS.—

22 (1) INITIAL REPORT.—Not later than 1 year
23 after the date of the enactment of this Act, the
24 Commission shall submit to the President and Con-
25 gress an initial report that includes—

1 (A) the bylaws and membership of the
2 Commission;

3 (B) a description of the methodology for
4 the development of the Strategy; and

5 (C) a description of progress made toward
6 developing the Strategy.

7 (2) BIENNIAL REPORT.—

8 (A) IN GENERAL.—Not later than 1 year
9 after the submission of the initial report under
10 paragraph (1), and biennially thereafter, the
11 Commission shall submit to the President and
12 Congress a report on the activities of the Com-
13 mission during the period covered by the report.

14 (B) ELEMENTS.—Each report submitted
15 under subparagraph (A) shall include—

16 (i) any updates to the Strategy since
17 the submission of the most recent report;

18 (ii) a description of major global
19 health threats of concern to the United
20 States Government;

21 (iii) recommendations for improving
22 alignment, coordination, planning, and im-
23 plementation to ensure the greatest pos-
24 sible impact and overall effectiveness of

1 United States global health efforts and
2 programs; and

3 (iv) a description of opportunities for
4 future engagement on global health.

5 (j) PERSONNEL MATTERS.—

6 (1) SENIOR UNITED STATES GLOBAL HEALTH
7 ADVISOR.—Section 5313 of title 5, United States
8 Code, is amended by adding at the end the fol-
9 lowing:

10 “Senior United States Global Health Advisor.”.

11 (2) COMPENSATION OF MEMBERS.—A member
12 of the Commission who is not an officer or employee
13 of the Federal Government shall be compensated at
14 a rate equal to the daily equivalent of the annual
15 rate of basic pay prescribed for level IV of the Exec-
16 utive Schedule under section 5315 of title 5, United
17 States Code, for each day (including travel time)
18 during which the member is engaged in the perform-
19 ance of the duties of the Commission.

20 (3) TRAVEL EXPENSES.—A member of the
21 Commission shall be allowed travel expenses, includ-
22 ing per diem in lieu of subsistence, at rates author-
23 ized for employees of agencies under subchapter I of
24 chapter 57 of title 5, United States Code, while

1 away from their homes or regular places of business
2 in the performance of services for the Commission.

3 (k) NONAPPLICABILITY OF FACA.—The Federal Ad-
4 visory Committee Act (5 U.S.C. App.) shall not apply to
5 the Commission.

6 **SEC. 5. UNIFIED GLOBAL HEALTH STRATEGY.**

7 (a) IN GENERAL.—Not later than 18 months after
8 the date of the enactment of this Act, the Commission
9 shall formulate an integrated, comprehensive global health
10 strategy, to be known as the “Unified Global Health
11 Strategy”, that communicates to Federal agencies, non-
12 governmental organizations, and allied partners of the
13 United States the overall health assistance priorities of the
14 United States. The Strategy shall be—

15 (1) aligned with the National Security Strategy
16 of the United States; and

17 (2) based on—

18 (A) highest-impact, evidence-based out-
19 comes and the mission, strategy, assessment,
20 planning, and guidance documents of each glob-
21 al health implementing agency; and

22 (B) recommendations from the National
23 Security Council on issues that impact national
24 security.

25 (b) REQUIREMENTS.—The Strategy shall—

1 (1) describe the overarching, integrated stra-
2 tegie vision for health-related foreign assistance
3 vertically and horizontally across the global health
4 implementing agencies and to implementing part-
5 ners;

6 (2) establish and communicate the global health
7 goals and priorities of the United States Government
8 for the purpose of improving the coordination, part-
9 nerships, and implementation of global health and
10 foreign assistance effectiveness;

11 (3) communicate the role of global health with
12 respect to the overall foreign development goals of
13 the United States;

14 (4) provide consensus on global health efforts
15 across the global health implementing agencies re-
16 garding foreign assistance health policy that dem-
17 onstrates the collective commitment of all inter-
18 agency partners to transparency, accountability, and
19 a unified approach to maximizing the impact of
20 United States investments; and

21 (5) ensure that the health programs of the
22 United States Government align, to the maximum
23 extent possible, with country and regional health and
24 development priorities to achieve long-term sustain-
25 ability, security, and stability.

1 (c) EFFECTIVE DATE.—

2 (1) IN GENERAL.—The Strategy shall take ef-
3 fect upon approval by the President.

4 (2) APPROVAL BY PRESIDENT.—

5 (A) SENSE OF CONGRESS.—It is the sense
6 of Congress that the President should approve
7 the Strategy not later than 90 days after receiv-
8 ing the Strategy from the Commission.

9 (B) EXPLANATION TO CONGRESS.—If the
10 President has not approved the Strategy within
11 90 days after receiving it from the Commission,
12 the President shall submit to Congress a writ-
13 ten statement explaining the reason for the
14 delay and a timeline for approval of the Strat-
15 egy.

16 (3) PROHIBITION ON DELEGATION.—The Presi-
17 dent may not delegate the responsibilities under this
18 subsection.

19 (d) UPDATES.—

20 (1) IN GENERAL.—The Commission shall up-
21 date the Strategy not less frequently than once every
22 5 years.

23 (2) CONSIDERATION OF COUNTRY-LEVEL
24 PLANS.—In updating the Strategy pursuant to para-
25 graph (1), the Commission shall consider the coun-

1 try or regional health development implementation
2 plans developed under section 8.

3 **SEC. 6. INTERAGENCY GLOBAL HEALTH COMMITTEE.**

4 (a) IN GENERAL.—Not later than 180 days after the
5 date of the enactment of this Act, the President shall es-
6 tablish the Interagency Global Health Committee to imple-
7 ment the Strategy, improve the coordination of global
8 health efforts, and oversee the United States Global
9 Health Attaché Program.

10 (b) CHAIRPERSON.—

11 (1) IN GENERAL.—The President shall appoint,
12 by and with the advice and consent of the Senate,
13 the Chairperson of the Committee.

14 (2) AMBASSADOR-AT-LARGE FOR GLOBAL
15 HEALTH.—The Chairperson shall have the rank of
16 Ambassador-at-Large for Global Health.

17 (3) RESPONSIBILITIES.—The Chairperson
18 shall—

19 (A) chair the Committee and ensure that
20 the responsibilities of the Committee are carried
21 out;

22 (B) be impartial with respect to any global
23 health implementing agency; and

24 (C) ensure coordination and synergy of ef-
25 fort in global health programming and policies

1 among the relevant global health implementing
2 agencies.

3 (c) MEMBERSHIP OF COMMITTEE.—The Committee
4 shall be composed of—

5 (1) the Chairperson; and

6 (2) representatives from each global health im-
7 plementing agency, who shall be appointed by the
8 head of the applicable agency; and

9 (3) representatives from any other Federal
10 agency, as the Chairperson considers appropriate to
11 implement the Strategy and oversee the United
12 States Global Health Attaché Program.

13 (d) SUBCOMMITTEES.—

14 (1) GLOBAL HEALTH ATTACHÉ BOARD.—

15 (A) IN GENERAL.—The Committee shall
16 establish a permanent subcommittee, to be
17 known as the “Global Health Attaché Board”,
18 to advise and oversee the United States Global
19 Health Attaché Program, in accordance with
20 subsection (e)(4) and section 7.

21 (B) CHAIRPERSON.—The Secretary of
22 State shall designate the Chairperson of the
23 Global Health Attaché Board from among em-
24 ployees of the Bureau of Oceans and Inter-

1 national Environmental and Scientific Affairs of
2 the Department of State.

3 (2) SUBCOMMITTEES AND WORKING GROUPS.—

4 The Chairperson of the Committee may establish
5 such other subcommittees and working groups as the
6 Chairperson considers necessary to carry out the re-
7 sponsibilities of the Committee.

8 (e) RESPONSIBILITIES.—The Committee shall—

9 (1) develop a 5-year plan of actions and mile-
10 stones to implement the Unified Global Health
11 Strategy;

12 (2) develop and establish integrated national
13 policies for global health that will guide Federal
14 agencies in development, programming, and imple-
15 mentation of global health efforts;

16 (3) coordinate the global health assistance ef-
17 forts of the United States Government to ensure
18 greater alignment, programmatic impact, and overall
19 effectiveness;

20 (4) develop, design, and oversee all aspects of
21 the United States Global Health Attaché Program,
22 in accordance with section 7, including with respect
23 to the selection of the countries or regions in which
24 global health attachés will be posted;

1 (5) develop guidance for the country and re-
2 gional health development implementation plans
3 under section 8;

4 (6) facilitate cooperation between Federal agen-
5 cies and international counterparts for planning and
6 implementation of global health programs and ef-
7 forts; and

8 (7) promote Federal interagency coordination
9 and planning across all global health activities, in-
10 cluding logistical planning and coordination and the
11 sharing of data and information associated with
12 global health programs, development, and informa-
13 tion that may impact investment outcomes.

14 (f) 5-YEAR PLAN.—Not later than 270 days after the
15 date on which the Strategy takes effect, the Committee
16 shall submit to Congress the 5-year plan of actions and
17 milestones developed under subsection (e)(1).

18 (g) REPORTS.—

19 (1) INITIAL REPORT.—Not later than 18
20 months after the date of the enactment of this Act,
21 the Committee shall submit to the President and
22 Congress an initial report that includes—

23 (A) the structure, membership, and bylaws
24 of the Committee;

1 (B) a statement of the activities and ac-
2 complishments of the Committee since the es-
3 tablishment of the Committee; and

4 (C) an update on the development and im-
5 plementation of the United States Global
6 Health Attaché Program established under sec-
7 tion 7.

8 (2) BIENNIAL REPORT.—Not less frequently
9 than biennially, the Committee shall submit to Con-
10 gress through the President a concise report con-
11 taining—

12 (A) a description of progress on or set-
13 backs or updates to the plan of actions and
14 milestones developed under subsection (e)(1);

15 (B) a statement of the activities and ac-
16 complishments of the Committee since the sub-
17 mission of the most recent report;

18 (C) a statement detailing with particularity
19 the recommendations of the Committee with re-
20 spect to improving coordination, accountability,
21 outcomes, and impact of global health invest-
22 ment by the United States; and

23 (D) an update on the development and im-
24 plementation of the United States Global
25 Health Attaché Program established under sec-

1 tion 7, including post locations for and training
2 of global health attachés, outcome measures,
3 and recommendations to increase the impact of
4 the program.

5 **SEC. 7. UNITED STATES GLOBAL HEALTH ATTACHÉ PRO-**
6 **GRAM.**

7 (a) ESTABLISHMENT OF PROGRAM.—There is estab-
8 lished a United States Global Health Attaché Program
9 (referred to in this section as the “Program”).

10 (b) PROGRAM MANAGEMENT.—The Secretary of
11 Health and Human Services shall manage the Program
12 under the oversight and direction of the Committee.

13 (c) GLOBAL HEALTH ATTACHÉS.—

14 (1) IN GENERAL.—Each global health attaché
15 shall serve on behalf of a chief of mission and the
16 global health implementing agencies to assist in the
17 coordination, strategic planning, and implementation
18 of all global health assistance in the country or re-
19 gion in which the global health attaché is posted.

20 (2) ELIGIBILITY.—An individual is eligible to
21 serve as a global health attaché if the individual—

22 (A) is an employee of the Federal Govern-
23 ment, such as a member of the uniformed serv-
24 ices or the Foreign Service, or other civilian
25 Federal employee, in a position at, or with pro-

1 motion potential to, level 15 of the General
2 Schedule (or equivalent);

3 (B) has expertise and experience in public
4 health or global health;

5 (C) has leadership experience within one or
6 more of the global health implementing agen-
7 cies;

8 (D) is a United States citizen; and

9 (E) has a security clearance at the secret
10 level or above.

11 (3) GLOBAL HEALTH ATTACHÉ EDUCATION AND
12 TRAINING.—

13 (A) REQUIREMENTS.—

14 (i) IN GENERAL.—The Committee
15 shall establish requirements for a global
16 health attaché education and training pro-
17 gram (referred to in this section as the
18 “education and training program”).

19 (ii) ELEMENTS.—The requirements
20 established under clause (i) shall ensure
21 that each global health attaché—

22 (I) receives education and train-
23 ing on—

1 (aa) the strategic planning
2 process of the United States Gov-
3 ernment;

4 (bb) the role of the global
5 health implementing agencies in
6 foreign assistance, and the orga-
7 nizational structure and global
8 health and development programs
9 of such agencies;

10 (cc) effective communication
11 with foreign and domestic media,
12 including strategic communica-
13 tion;

14 (dd) the impact of inter-
15 national affairs;

16 (ee) the public health issues
17 affecting host countries and re-
18 gions; and

19 (ff) such other health-related
20 training that the Committee con-
21 sidered necessary to create highly
22 effective global health diplomats;

23 (II) completes the training for
24 Foreign Service officers described in
25 section 708 of the Foreign Service Act

1 of 1980 (22 U.S.C. 4028), or equivalent
2 training; and

3 (III) meets foreign language proficiency
4 requirements established by
5 the Secretary of State for Foreign
6 Service officers under section 702 of
7 the Foreign Service Act of 1980 (22
8 U.S.C. 4022) and receives appropriate
9 language training consistent with such
10 section.

11 (B) CURRICULUM DEVELOPMENT.—The
12 institution described in section 701 of the Foreign
13 Service Act of 1980 (22 U.S.C. 4021)
14 (commonly known as the “Foreign Service In-
15 stitute”) and the Uniformed Services University
16 of the Health Sciences, in cooperation with ap-
17 propriate Federal agencies, academic institu-
18 tions, and other entities, shall—

19 (i) develop a comprehensive cur-
20 riculum for the education and training pro-
21 gram, consistent with the requirements es-
22 tablished pursuant to subparagraph (A);
23 and

24 (ii) submit such curriculum to the
25 Committee for approval.

1 (C) ADMINISTRATION.—The education and
2 training program shall be administered by one
3 or more training institutions, as determined by
4 the Committee.

5 (D) ELIGIBILITY FOR PARTICIPATION BY
6 OTHER INDIVIDUALS.—An individual who is not
7 a candidate for the position of global health
8 attaché may participate in some or all of the
9 education and training program if such indi-
10 vidual is—

11 (i) a health official of a global health
12 implementing agency; or

13 (ii) an in-country staff member of a
14 global health implementing agency.

15 (4) CREDENTIALS.—The Secretary of State
16 shall—

17 (A) notify the receiving state of each global
18 health attaché posted to such state, in accord-
19 ance with Article 10 of the Vienna Convention
20 on Diplomatic Relations, done at Vienna April
21 18, 1961; and

22 (B) provide the appropriate diplomatic cre-
23 dentials to each global health attaché, at the re-
24 quest of the Committee.

25 (5) POSTINGS AND ACCREDITATIONS.—

1 (A) IN GENERAL.—Each global health
2 attaché—

3 (i) shall be posted in a country as de-
4 termined by the Committee; and

5 (ii) may be accredited to one or more
6 countries in a region as determined by the
7 Committee.

8 (B) CRITERIA TO ESTABLISH A GLOBAL
9 HEALTH ATTACHÉ OFFICE.—The Committee
10 shall make determinations about where to es-
11 tablish global health attachés based on—

12 (i) the strategic interests and prior-
13 ities of the United States;

14 (ii) large development and humani-
15 tarian assistance investments made by the
16 United States;

17 (iii) the strategic importance of health
18 to the security and stability of the country
19 or region; and

20 (iv) such other criteria as the Com-
21 mittee considers appropriate.

22 (6) RESPONSIBILITIES.—Each global health
23 attaché shall—

24 (A) serve as the senior health advisor to
25 the diplomatic mission of the United States in

1 the country or region in which the global health
2 attaché is posted;

3 (B) convene and coordinate the country or
4 regional health team on behalf of the chief of
5 mission of the country or region in which the
6 global health attaché is posted;

7 (C) oversee the development of the country
8 or regional health development implementation
9 plan for the country or region in which the
10 global health attaché is posted;

11 (D) represent the United States Govern-
12 ment regarding health matters to foreign gov-
13 ernments, multilateral and international organi-
14 zations, and public and private entities; and

15 (E) perform such other duties that align
16 with advancing the global health interests of the
17 United States, as determined by the chief of
18 mission and the Committee.

19 (7) PERIODIC REPORTS.—

20 (A) IN GENERAL.—Each global health
21 attaché shall periodically submit country or re-
22 gional updates to regional and headquarters
23 components of the global health implementing
24 agencies, through the chief of mission, as deter-
25 mined by the Committee.

1 (B) ELEMENTS.—Each report submitted
2 under subparagraph (A) shall include a descrip-
3 tion of any health-related threats or critical
4 concerns that may affect the national security,
5 development efforts, or commercial interests of
6 the United States.

7 (C) HEADQUARTERS COMPONENT DE-
8 FINED.—In this paragraph, the term “head-
9 quarters component” means the senior leader-
10 ship and policymaking section of a global health
11 implementing agency.

12 (8) SUPERVISION.—Each global health attaché
13 shall work under the supervision of—

14 (A) the chief of mission of the country in
15 which the global health attaché is posted; and

16 (B) the chiefs of mission of the countries
17 to which the global health attaché is accredited.

18 (9) EMPLOYMENT.—

19 (A) SALARY AND BENEFITS.—The em-
20 ployer of each global health attaché at the time
21 the global health attaché applies for the posi-
22 tion of global health attaché shall continue to
23 provide the salary and benefits for the global
24 health attaché.

1 (B) OTHER EXPENSES.—The Secretary of
2 State shall provide to each global health
3 attaché—

4 (i) allowances comparable to those
5 provided by the Secretary to Foreign Serv-
6 ice officers under sections 5922 through
7 5924 of title 5, United States Code;

8 (ii) reimbursement for travel and re-
9 lated expenses set forth in section 901 of
10 the Foreign Service Act of 1980 (22
11 U.S.C. 4081); and

12 (iii) reimbursement for administrative
13 services consistent with the International
14 Cooperative Administrative Support Serv-
15 ices Handbook.

16 (10) IMPARTIALITY.—In carrying out their re-
17 sponsibilities under this section, global health
18 attachés—

19 (A) shall represent the interests and the
20 priorities of the United States Government; and

21 (B) may not show favoritism to any par-
22 ticular Federal agency.

1 **SEC. 8. COUNTRY OR REGIONAL HEALTH DEVELOPMENT**
2 **IMPLEMENTATION PLANS.**

3 (a) IN GENERAL.—Each country or regional health
4 team, under the direction of the global health attaché for
5 the country or region, shall develop a country or regional
6 health development implementation plan for the respective
7 country or region.

8 (b) GUIDANCE.—The Committee shall develop guid-
9 ance for the country and regional health development im-
10 plementation plans, including with respect to—

11 (1) the elements of and templates for the plans;

12 and

13 (2) policies and processes relating to plan ap-
14 proval, consultation, and submission.

15 (c) PLAN DESCRIBED.—

16 (1) IN GENERAL.—Each country or regional
17 health development implementation plan developed
18 under subsection (a) shall be a country- or regional-
19 level operational plan—

20 (A) for supporting the health goals of the
21 host country or countries; and

22 (B) for ensuring that the national security
23 priorities of the United States are met.

24 (2) CONTENTS.—Each country or regional
25 health development implementation plan developed
26 under subsection (a) shall include—

1 (A) a comprehensive assessment of the
2 health sector in the applicable country or re-
3 gion, including the strengths and weaknesses of
4 the health system;

5 (B) an analysis of the key funders and
6 stakeholders within the health system;

7 (C) a plan of action with milestones de-
8 scribing how global health activities will be im-
9 plemented during the period covered by the
10 country or regional health development imple-
11 mentation plan;

12 (D) health links to non-health-related ac-
13 tivities, such as military assistance and infra-
14 structure projects;

15 (E) metrics for measuring the impact of
16 the plan;

17 (F) opportunities for increased engagement
18 of the United States and any consequences of
19 failing to increase engagement;

20 (G) a determination of the role of each
21 agency in the execution of the plan;

22 (H) a request for resources needed to en-
23 sure—

24 (i) the success of the plan; and

1 (ii) the sustainability of the health
2 sector of the host country; and

3 (I) such other content as the Committee
4 considers appropriate.

5 (3) OBJECTIVES.—Each country health devel-
6 opment implementation plan shall—

7 (A) align with and support the Integrated
8 Country Strategy and the Mission Resource Re-
9 quest for the country; and

10 (B) align the President’s Emergency Plan
11 for AIDS Relief (commonly known as
12 “PEPFAR”) and all other global health plans
13 of the United States Government with the over-
14 all goals of the country or region—

15 (i) to mitigate redundancy of re-
16 sources; and

17 (ii) to improve the impact of efforts.

18 (d) SUBMISSION; UPDATES.—

19 (1) SUBMISSION TO CHIEF OF MISSION.—Not
20 later than 270 days after a global health attaché is
21 first posted to a country or region, the global health
22 attaché shall submit a country or regional health de-
23 velopment implementation plan developed under sub-
24 section (a) to the appropriate chief of mission.

1 (2) APPROVAL; SUBMISSION TO COMMITTEE.—

2 If the chief of mission approves the plan submitted
3 under paragraph (1), the chief of mission shall sub-
4 mit the plan to the Committee.

5 (3) UPDATES.—Not less frequently than once
6 every 2 years, the country or regional health team
7 shall update the country or regional health develop-
8 ment implementation plan.

9 (e) HEALTH DEVELOPMENT PARTNERS WORKING
10 GROUP.—

11 (1) IN GENERAL.—Not later than 180 days
12 after a global health attaché is first posted to a
13 country or region, the country or regional health
14 team shall establish a health development partners
15 working group in each country or region with a glob-
16 al health attaché to support implementation of coun-
17 try or regional health development implementation
18 plans and to improve synergy with respect to such
19 implementation.

20 (2) MEMBERSHIP.—Each working group estab-
21 lished pursuant to paragraph (1) shall be composed
22 of representatives from—

23 (A) the country or regional health team;

24 (B) civil society partners of the United
25 States;

1 (C) international organizations to which
2 the United States provides funding;

3 (D) the government of each host country;
4 and

5 (E) one or more allied partners of the
6 United States, as the chief of mission considers
7 appropriate.

8 (f) INTEGRATION OF GLOBAL HEALTH ACTIVI-
9 TIES.—The country or regional health team in each coun-
10 try or region with a global health attaché shall integrate
11 global health activities within the country or region with
12 other development programs and activities, as appro-
13 priate—

14 (1) to advance the interests of the United
15 States; and

16 (2) to create sustainable capacity for the host
17 country or region.

18 **SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

19 There are authorized to be appropriated such sums
20 as may be necessary to carry out this Act.

