

111TH CONGRESS
2D SESSION

H. R. 4933

To establish a strategy to coordinate all health-related United States foreign assistance, to assist developing countries in improving delivery of health services, and to establish an initiative to assist developing countries in strengthening their indigenous health workforces, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 24, 2010

Ms. LEE of California introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Financial 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 strategy to coordinate all health-related United States foreign assistance, to assist developing countries in improving delivery of health services, and to establish an initiative to assist developing countries in strengthening their indigenous health workforces, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Global Health Expansion, Access to Labor, Trans-
 4 parency, and Harmonization Act of 2010” or the “Global
 5 HEALTH Act of 2010”.

6 (b) TABLE OF CONTENTS.—The table of contents for
 7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

Sec. 3. United States Global Health Strategy.

Sec. 4. Assistance for developing countries to improve delivery of health serv-
 ices.

Sec. 5. Global Health Workforce Initiative.

Sec. 6. Relation to other United States laws and policies.

Sec. 7. Definitions.

8 **SEC. 2. PURPOSE.**

9 The purpose of this Act is to strengthen and improve
 10 the health systems of developing countries and the delivery
 11 of health services in developing countries to assist their
 12 national governments in reducing mortality and improving
 13 health outcomes among their populations, consistent with
 14 the United Nations Millennium Development Goals, by—

15 (1) improving the coordination and effectiveness
 16 of all health-related United States foreign assistance
 17 by establishing under section 3 a comprehensive and
 18 integrated 5-year United States Global Health Strat-
 19 egy that—

20 (A) supports developing countries in their
 21 efforts to expand and develop their health sys-

1 tems and increase their numbers of trained
2 health workers;

3 (B) encourages and supports developing
4 countries to adopt policies that produce positive
5 health outcomes; and

6 (C) coordinates the global health-related
7 work of United States global health programs
8 and relevant United States executive branch
9 agencies with the global health-related work of
10 governments of other countries and inter-
11 national organizations;

12 (2) providing assistance under section 4 for de-
13 veloping countries to improve the delivery of health
14 services by their health systems;

15 (3) supporting the efforts of developing coun-
16 tries to strengthen their indigenous health
17 workforces and expand the supply and equitable dis-
18 tribution within such countries of skilled health
19 workers by establishing under section 5 a Global
20 Health Workforce Initiative; and

21 (4) ensuring, as outlined in section 6, that the
22 laws and policies of the United States and multilat-
23 eral organizations of which the United States is a
24 member do not interfere with the ability of devel-
25 oping countries to establish and maintain skilled in-

1 digenous health workforces, to obtain pharma-
2 ceuticals and other medical supplies and equipment,
3 or to otherwise develop the capacity of their health
4 systems.

5 **SEC. 3. UNITED STATES GLOBAL HEALTH STRATEGY.**

6 (a) ESTABLISHMENT.—Not later than 1 year after
7 the date of the enactment of this Act, the President shall
8 transmit to Congress and make publicly available a com-
9 prehensive and integrated 5-year United States Global
10 Health Strategy (in this section referred to as the “Global
11 Health Strategy”) to coordinate all health-related United
12 States foreign assistance and to integrate and harmonize
13 such assistance with the work of relevant United States
14 executive branch agencies, governments of other countries,
15 and international organizations.

16 (b) GOALS AND OBJECTIVES.—

17 (1) GOALS.—The President shall ensure that
18 the Global Health Strategy will assist countries in
19 achieving the health-related goals and targets of the
20 United Nations Millennium Development Goals and
21 Targets, including—

22 (A) reducing child mortality, with special
23 emphasis on reducing the mortality rate of chil-
24 dren under 5 years of age by $\frac{2}{3}$ between 1990
25 and 2015;

(B) improving maternal health, with special emphasis on reducing the maternal mortality ratio by $\frac{3}{4}$ between 1990 and 2015, and achieving universal access to reproductive health services by 2015; and

(C) combating HIV/AIDS, tuberculosis, malaria, and other diseases, with special emphasis on halting and beginning to reverse by 2015 the spread of HIV/AIDS and the incidence of malaria and other major diseases.

(2) ADDITIONAL OBJECTIVES.—The President shall ensure that the goals listed in paragraph (1) are achieved in a manner that, to the maximum extent practicable—

(A) improves access to quality health services for poor, vulnerable, or marginalized populations in countries receiving health-related United States foreign assistance;

(B) ensures that skilled health workers are available in sufficient numbers and on a sufficiently sustainable and equitably distributed basis within each country that their participation in programs supported by health-related United States foreign assistance does not negatively impact the health workforce of any com-

1 ponent of a developing country's health system
2 that is not supported by such assistance; and

3 (C) advances the efforts of developing
4 countries to develop health systems capable of
5 providing universal access to a comprehensive
6 package of primary health services.

7 (3) RULE OF CONSTRUCTION.—The goals and
8 objectives listed in this subsection are in addition to
9 and shall not be construed to supplant the goals or
10 objectives of any program under a law, regulation,
11 Executive order, or international commitment of the
12 United States.

13 (c) CONSULTATION.—In developing the Global
14 Health Strategy, the President shall consult with—

15 (1) each executive branch agency administering
16 United States foreign assistance related to—

17 (A) improving global health;

18 (B) strengthening financial management
19 systems;

20 (C) monitoring animal and plant popu-
21 lations; and

22 (D) addressing environmental problems
23 such as pollution and climate change;

24 (2) personnel at United States embassies and
25 country missions involved in the administration of

1 the types of United States foreign assistance de-
2 scribed in paragraph (1);

3 (3) the appropriate congressional committees
4 with jurisdiction over the agencies described in para-
5 graph (1);

6 (4) civil society and nongovernmental organiza-
7 tions engaged in improving health care and health
8 outcomes in developing countries, including indige-
9 nous community and faith-based organizations;

10 (5) international organizations engaged in im-
11 proving health care and health outcomes in devel-
12 oping countries and of which the United States is a
13 voting member, with which the United States coordi-
14 nates the delivery of foreign assistance, or to which
15 the United States contributes funding for the pur-
16 pose of providing such assistance;

17 (6) academic organizations, private foundations,
18 businesses, and other organizations engaged in im-
19 proving health care and health outcomes in devel-
20 oping countries and not receiving United States
21 funding for such purposes;

22 (7) other donor nations engaged in improving
23 health care and health outcomes in developing coun-
24 tries;

1 (8) countries receiving health-related United
2 States foreign assistance; and

3 (9) any other global, regional, or subregional
4 organizations or partnerships engaged in improving
5 health care and health outcomes in developing coun-
6 tries.

7 (d) ELEMENTS OF UNITED STATES GLOBAL
8 HEALTH STRATEGY.—The Global Health Strategy shall
9 include the following elements:

10 (1) Plans for coordinating all health-related
11 United States foreign assistance among the execu-
12 tive branch agencies authorized to deliver such as-
13 sistance in order to achieve the goals listed in sub-
14 section (b)(1) in a manner that facilitates harmoni-
15 zation with partners at the country level and takes
16 maximum advantage of the expertise of personnel at
17 the United States embassy and country mission
18 level, including plans—

19 (A) that incorporate all United States pro-
20 grams related to global health and their goals
21 and strategies, including programs related to
22 child survival and maternal health, vulnerable
23 children, family planning and reproductive
24 health, nutrition, health systems and infrastruc-
25 ture, health care workforces, HIV/AIDS, tuber-

1 culosis, malaria, pandemic influenza, chronic
2 and noncommunicable diseases, neglected dis-
3 eases, and other infectious diseases;

4 (B) to assist countries in strengthening
5 their financial management, accounting, audit-
6 ing, and reporting systems, and to ensure the
7 effectiveness of such assistance;

8 (C) to monitor the spread of disease
9 among animal and plant populations, including
10 livestock and wildlife;

11 (D) to assist countries in addressing the
12 health-related threats posed by environmental
13 problems, including pollution and climate
14 change; and

15 (E) for oversight of all health-related
16 United States foreign assistance, including an
17 analysis of the capacity of each executive
18 branch agency authorized to deliver such assist-
19 ance to conduct periodic audits, inspections,
20 and investigations and an analysis of how over-
21 sight activities should be prioritized.

22 (2) Plans that describe how health-related
23 United States foreign assistance will help developing
24 countries strengthen and improve their health sys-
25 tems and the delivery of health services to achieve

1 their national health goals and the goals of all
2 United States programs related to global health, in-
3 cluding the goals listed in subsection (b)(1), by
4 means that include—

5 (A) assisting developing countries to cre-
6 ate, strengthen, and implement their own evi-
7 dence-based national health strategies, includ-
8 ing subnational health strategies where appro-
9 priate;

10 (B) providing technical assistance and sup-
11 port to national ministries of health, or their
12 equivalents, and other relevant ministries in
13 overseeing the health systems of their countries
14 and monitoring and evaluating the effectiveness
15 of such systems in reducing mortality and im-
16 proving health outcomes;

17 (C) supporting the construction, expansion,
18 rehabilitation, and maintenance of health facili-
19 ties at the national and local level, and ensuring
20 the equitable distribution and use of such facili-
21 ties among and within urban, peri-urban, and
22 rural areas in each country;

23 (D) providing assistance to national min-
24 istries of health, or their equivalents, and other
25 relevant ministries in recruiting, training, and

1 retaining skilled health workers, managers, and
2 administrators and in ensuring the equitable
3 distribution of such personnel in health facilities
4 throughout each country;

5 (E) supporting the development and imple-
6 mentation of national health workforce plans
7 for achieving a combined total of at least 2.3
8 doctors, nurses, and trained midwives per 1,000
9 residents, and comparable numbers of other
10 health workers, such as paraprofessionals, com-
11 munity health workers, managers, and adminis-
12 trative and support staff, and ensuring such
13 workers are equitably distributed within each
14 country;

15 (F) providing assistance to developing
16 countries to create and transparently manage
17 their own supply-chain management systems
18 and to use existing nongovernmental systems,
19 where appropriate, to—

20 (i) efficiently and equitably distribute
21 medical and laboratory supplies, including
22 diagnostics, pharmaceuticals, technology,
23 and equipment, to health facilities through-
24 out the country; and

1 (ii) perform any maintenance nec-
2 essary to ensure the continued operation of
3 medical and laboratory equipment;

4 (G) supporting the development, improve-
5 ment, and implementation of financial manage-
6 ment systems and the training of financial
7 management personnel in order to track health
8 expenditures by the national governments of de-
9 veloping countries, ensure the equitable and ef-
10 fective allocation of such expenditures, antici-
11 pate and budget for annual resource needs, eq-
12 uitably mobilize additional domestic resources,
13 and increase the accountability of the health
14 systems of such countries to their people, in-
15 cluding accountability at the subnational and
16 community levels;

17 (H) supporting the establishment, improve-
18 ment, and implementation, where appropriate,
19 of mechanisms to operate, manage, regulate,
20 monitor, and evaluate a country's health sys-
21 tem, particularly its effectiveness in reducing
22 mortality and improving health outcomes
23 among the general population and for poor, vul-
24 nerable, or marginalized populations;

1 (I) supporting the development and imple-
2 mentation of national health information sys-
3 tems to securely track, compile, and manage
4 data collected by a country's health system at
5 the individual, community, and population level,
6 with appropriate privacy safeguards, in order to
7 measure the impact of health services on health
8 outcomes, and to provide a basis for adjust-
9 ments to the health system;

10 (J) supporting meaningful community in-
11 volvement and participation, inclusive of poor,
12 vulnerable, or marginalized populations and
13 their representative indigenous and civil society
14 organizations, in decisionmaking related to na-
15 tional and subnational health strategies and the
16 delivery of health services, including in deci-
17 sions related to the adoption of health policies
18 and the total amount and distribution of health
19 funding;

20 (K) further promoting the community in-
21 volvement and participation described in sub-
22 paragraph (J) by strengthening partnerships
23 between government, civil society, and indige-
24 nous nongovernmental organizations, including
25 community and faith-based organizations seek-

ing to improve health conditions in their countries and communities;

(L) supporting evidence-based public health education initiatives that teach healthy habits and behaviors, increase health literacy, and encourage greater utilization of the health system;

(M) assisting countries to coordinate, regulate, and harmonize the delivery of health services provided by the United States and nongovernmental organizations, including community and faith-based organizations, private foundations, international organizations, and other donors, and to coordinate or integrate such services with the health system to the maximum extent practicable;

(N) supporting indigenous nongovernmental organizations, including community and faith-based organizations, that seek to improve the efficiency, transparency, and delivery of health services to poor, vulnerable, or marginalized populations; and

(O) using, to the maximum extent practicable, local and regional entities for the provision of technical assistance, and where the ca-

1 pacity of such entities is insufficient, supporting
2 capacity building to enable them to provide
3 such assistance.

4 (3) Plans to strengthen the ability of countries
5 receiving health-related United States foreign assist-
6 ance to detect, identify, and respond to emerging
7 public health threats by—

8 (A) developing and improving laboratory
9 capacity, including constructing or rehabili-
10 tating laboratory facilities and providing any
11 necessary technology, equipment, or supplies;

12 (B) supporting the recruitment, training,
13 and retention of public health professionals with
14 the expertise to monitor, respond to, and con-
15 tain the spread of disease, including laboratory
16 personnel, epidemiologists, and animal and
17 plant inspectors;

18 (C) supporting the development of inte-
19 grated and comprehensive surveillance and noti-
20 fication systems at the national and regional
21 level that are integrated within the health sys-
22 tem to address the spread of emerging diseases
23 among human, animal, and plant populations
24 that may pose potential threats to public health;
25 and

1 (D) facilitating partnerships between
2 health systems and relevant United States Gov-
3 ernment agencies to strengthen national and re-
4 gional disease surveillance and notification sys-
5 tems to address the spread of emerging diseases
6 among human, animal, and plant populations.

7 (4) Plans to improve research collaboration with
8 countries receiving health-related United States for-
9 eign assistance, including plans related to—

10 (A) basic, clinical, and applied research on
11 diseases that primarily impact developing coun-
12 tries, including research on medical technology
13 and equipment, protocols, procedures, stand-
14 ards, and strategies to combat such diseases;

15 (B) operations research to facilitate the de-
16 velopment and administration of effective health
17 systems and health-related programs;

18 (C) support for developing indigenous re-
19 search capacity, including the establishment of
20 independent and scientific peer review processes
21 to help countries pursue their own research
22 agendas;

23 (D) encouraging the development of sus-
24 tainable, country-driven partnerships between

1 indigenous and United States-based research
2 institutions; and

3 (E) strengthening regional research part-
4 nerships.

5 (5) Plans for encouraging and assisting na-
6 tional governments of developing countries to pursue
7 policies and legal frameworks that improve health
8 outcomes and make progress toward the goals listed
9 in subsection (b)(1), including policies and legal
10 frameworks that—

11 (A) are medically accurate and evidence-
12 based and adhere to the latest global public
13 health standards for prevention, treatment, and
14 care;

15 (B) integrate and deliver, to the maximum
16 extent practicable, a comprehensive package of
17 primary health services at the local clinic level,
18 with appropriate and functional systems for re-
19 ferral to secondary and tertiary medical facili-
20 ties that provide services including—

21 (i) preventive care;

22 (ii) prenatal and perinatal services;

23 (iii) immunizations and vaccinations;

24 (iv) family planning and reproductive
25 health services;

- 1 (v) chronic and infectious disease
2 management;
- 3 (vi) maternal and child health serv-
4 ices;
- 5 (vii) psychosocial and mental health
6 services;
- 7 (viii) nutritional support; and
- 8 (ix) emergency response and triage;
- 9 (C) promote and improve the status of
10 women and youth, ensuring their ability to ac-
11 cess and use health services without fear or risk
12 of gender-based violence, reprisal, discrimina-
13 tion, stigmatization, or other mistreatment;
- 14 (D) work to remove stigmatization of and
15 discrimination against poor, vulnerable, or mar-
16 ginalized populations and to protect the rights
17 of such populations;
- 18 (E) provide for the equitable allocation and
19 distribution of health resources among rural,
20 peri-urban, and urban areas, including facilities,
21 personnel, medicines, medical technology and
22 equipment, and health financing;
- 23 (F) ensure that all individuals, especially
24 the poorest of the poor, have access to high-

1 quality, confidential, affordable health services,
2 including by—

3 (i) encouraging the elimination of user
4 fees or their replacement with equitable fi-
5 nancing strategies where appropriate; and

6 (ii) addressing other persistent bar-
7 riers to such access, including those related
8 to housing, transportation, language, and
9 similar issues;

10 (G) promote sustainable working condi-
11 tions and policies that protect the health and
12 safety of patients and health workers within
13 their communities and in all medical facilities;

14 (H) provide comprehensive, confidential,
15 high-quality health services to health workers,
16 including for chronic and infectious diseases;

17 (I) respect the rights and dignity of health
18 workers and patients;

19 (J) coordinate the delivery of health serv-
20 ices with other core development programs to
21 better address the social determinants of health,
22 including programs to reduce poverty, expand
23 educational opportunities, provide access to
24 clean water and sanitation services, improve
25 food security and nutrition, protect women's

rights, improve access to legal services, protect the environment, and spur economic growth; and

(K) facilitate the development and implementation of sustainable policies, legal frameworks, and capacity-building activities that actively engage and support civil society organizations and community members, including individuals from poor, vulnerable, or marginalized populations, to monitor and enforce policies related to the provision of health services.

(6) Plans to support the efforts of national governments of developing countries in responding to health-related threats posed by environmental problems, including pollution and climate change.

(7) Plans for a review of, including recommendations to adjust, laws and policies of the United States Government that impact the provision of health-related United States foreign assistance, including—

(A) recruitment, training, and retention of the United States health workforce, including through the immigration of foreign health professionals to the United States;

1 (B) negotiation and enforcement of bilat-
2 eral, multilateral, and other international trea-
3 ties and trade and investment agreements, in-
4 cluding any provisions related to the delivery of
5 health services or the supply of medical tech-
6 nology and equipment, diagnostics, or pharma-
7 ceutical products;

8 (C) negotiation and voting practices within
9 international financial institutions; and

10 (D) negotiation and voting practices within
11 the World Health Organization, the Global
12 Fund to Fight AIDS, Tuberculosis and Ma-
13 laria, the Global Alliance for Vaccines and
14 Immunisation, and any other international or-
15 ganizations of which the United States is a vot-
16 ing member and to which the United States
17 contributes funding.

18 (8) Plans for establishing an integrated moni-
19 toring and evaluation system, coordinated at the
20 country level with any such systems previously in ex-
21 istence, in order to assess the effectiveness of all
22 health-related United States foreign assistance.

23 (9) Annual resource plans for implementing the
24 Global Health Strategy, achieving the goals listed in
25 subsection (b)(1), and achieving the relevant goals of

1 all United States programs related to global health,
2 including, to the extent practicable, annual budgets,
3 annual projected resource needs, and long-term
4 funding commitments of—

5 (A) the United States Government;

6 (B) international organizations of which
7 the United States is a voting member and to
8 which the United States contributes funding for
9 the purpose of providing health-related assist-
10 ance to developing countries; and

11 (C) countries receiving health-related
12 United States foreign assistance.

13 (e) STRATEGY COORDINATOR.—

14 (1) IN GENERAL.—The President shall des-
15 ignate an individual as coordinator of the Global
16 Health Strategy (in this section referred to as the
17 “Strategy Coordinator”).

18 (2) DUTIES.—The duties of the Strategy Coor-
19 dinator shall include—

20 (A) coordinating the Global Health Strat-
21 egy among all relevant executive branch agen-
22 cies;

23 (B) serving as a point of reference for
24 Congress and the public regarding the imple-
25 mentation of the Global Health Strategy; and

1 (C) producing the annual report required
2 by subsection (g).

3 (f) PERFORMANCE GOALS AND INDICATORS.—In
4 order to measure and evaluate the effectiveness of the
5 Global Health Strategy in achieving the goals described
6 in subsection (b)(1) and in order to provide a basis to peri-
7 odically review and adjust the Global Health Strategy, the
8 President shall establish, where appropriate, objective and
9 quantifiable performance goals and indicators for each ele-
10 ment required by subsection (d).

11 (g) REPORT.—Not later than 1 year after the Presi-
12 dent's transmission to Congress of the Global Health
13 Strategy under subsection (a) and annually thereafter, the
14 President shall transmit to Congress a report that in-
15 cludes—

16 (1) a description of the impact and effectiveness
17 of all health-related United States foreign assistance
18 in achieving the goals listed in subsection (b)(1) and
19 the additional objectives listed in subsection (b)(2);

20 (2) a description of the progress made toward
21 achieving the performance goals established under
22 subsection (f);

23 (3) a description of any audits, inspections, or
24 investigations of health-related United States foreign
25 assistance completed during the year preceding the

1 transmission of the report, including their results,
2 and a brief summary of any plans to undertake simi-
3 lar audits, inspections, or investigations during the
4 subsequent year; and

5 (4) a detailed programmatic list of expenditures
6 for all United States programs related to global
7 health for the fiscal year preceding the transmission
8 of the report, including the amounts and percentages
9 of funding that each program allocated for—

10 (A) the direct provision of health services,
11 including directly supporting health workforces
12 that provide such services;

13 (B) the purchase of commodities, including
14 medicines;

15 (C) the construction, expansion, rehabilita-
16 tion, or maintenance of health facilities within
17 a country's health system; and

18 (D) any technical assistance provided to
19 carry out the goals and objectives of the pro-
20 gram.

21 (h) EVALUATION OF THE GLOBAL HEALTH STRAT-
22 EGY BY THE INSTITUTE OF MEDICINE.—

23 (1) IN GENERAL.—The Strategy Coordinator
24 shall enter into a contract with the Institute of Med-
25 icine of the National Academies, or, if the Institute

1 declines, another appropriate entity, to complete an
2 evaluation of the effectiveness of the Global Health
3 Strategy not later than 4 years after the President's
4 transmission to Congress of such strategy under
5 subsection (a).

6 (2) ELEMENTS OF STUDY.—The contract re-
7 quired by paragraph (1) shall provide for—

8 (A) an assessment of the level of coordina-
9 tion of health-related United States foreign as-
10 sistance, including at the country-mission level;

11 (B) an assessment of the progress made
12 toward the goals listed in subsection (b)(1) and
13 the additional objectives listed in subsection
14 (b)(2);

15 (C) an assessment of the contributions of
16 the Global Health Strategy to strengthening
17 health systems, improving the delivery of health
18 services, ensuring a sustainable supply of health
19 workers, and improving the accountability of
20 health systems of developing countries to the
21 people of such countries;

22 (D) an assessment of the progress made
23 toward reviewing and evaluating the impact of
24 existing laws and policies of the United States
25 Government related to the provision of health-

1 related United States foreign assistance, includ-
2 ing any recommendations for the adjustment of
3 such laws and policies;

4 (E) recommendations for improving the
5 Global Health Strategy; and

6 (F) an assessment of any additional fac-
7 tors that the entity with which the Strategy Co-
8 ordinator contracts under paragraph (1), in
9 consultation with the appropriate congressional
10 committees and the Strategy Coordinator, con-
11 siders appropriate.

12 (i) AUTHORIZATION OF APPROPRIATIONS.—

13 (1) IN GENERAL.—In addition to amounts oth-
14 erwise made available for such purposes, there are
15 authorized to be appropriated to the President such
16 sums as may be necessary for each of the fiscal
17 years 2011 through 2015 to carry out this section.

18 (2) AVAILABILITY OF FUNDS.—Amounts appro-
19 priated pursuant to the authorization of appropria-
20 tions in paragraph (1) are authorized to remain
21 available until expended.

22 **SEC. 4. ASSISTANCE FOR DEVELOPING COUNTRIES TO IM-**
23 **PROVE DELIVERY OF HEALTH SERVICES.**

24 (a) AUTHORIZATION.—

1 (1) IN GENERAL.—The President is authorized
2 to provide assistance to developing countries to im-
3 prove the delivery of health services by the health
4 systems of such countries.

5 (2) AUTHORIZED ACTIVITIES.—The assistance
6 authorized by paragraph (1) includes assistance for
7 the following activities in order to assist a country
8 in providing health services:

9 (A) Direct support to implement particular
10 elements of a country’s national health strategy,
11 including—

12 (i) construction, expansion, rehabilita-
13 tion, and maintenance of health facilities
14 at the national and local level, including
15 ensuring the equitable distribution and use
16 of such facilities among and within urban,
17 peri-urban, and rural areas of the country;

18 (ii) recruiting, training, and retaining
19 skilled health workers, managers, and ad-
20 ministrators, including ensuring the equi-
21 table distribution of such personnel in
22 health facilities throughout the country;

23 (iii) developing a supply-chain man-
24 agement system to—

1 (I) efficiently, transparently, and
2 equitably purchase and distribute
3 medical and laboratory supplies, in-
4 cluding diagnostics, pharmaceuticals,
5 technology, equipment, and other
6 health commodities, to health facilities
7 throughout the country; and

8 (II) perform any maintenance
9 necessary to ensure the continued op-
10 eration of medical and laboratory
11 equipment; and

12 (iv) providing the items described in
13 clause (iii)(I) or funds for the purchase of
14 such items.

15 (B) Technical assistance and operational
16 support in conjunction with direct assistance
17 described in subparagraph (A) for national gov-
18 ernments to develop, implement, and evaluate
19 the relevant elements of their national health
20 strategies and any associated plans and policies.

21 (C) Support for indigenous civil society
22 and nongovernmental organizations to monitor
23 and evaluate the development and effectiveness
24 of their country's health system and national
25 health strategy.

1 (3) ELIGIBLE ENTITIES.—In carrying out para-
2 graph (1), the President is authorized to provide as-
3 sistance directly to—

4 (A) the national government of each devel-
5 oping country that has a national health strat-
6 egy, including assistance to the national min-
7 istry of health and the national ministry of fi-
8 nance, or their equivalents, and other relevant
9 ministries;

10 (B) indigenous nongovernmental, commu-
11 nity, and faith-based organizations and civil so-
12 ciety groups within each developing country
13 that has a national health strategy;

14 (C) United States-based nongovernmental
15 organizations and academic organizations that
16 provide health-related services or assistance in
17 developing countries; and

18 (D) international organizations involved in
19 delivering health-related assistance and of
20 which the United States is a voting member,
21 with which the United States coordinates the
22 delivery of foreign assistance, or to which the
23 United States contributes funding for the pur-
24 pose of providing such assistance.

1 (4) RELATIONSHIP TO NATIONAL HEALTH
2 STRATEGIES AND UNITED STATES GLOBAL HEALTH
3 STRATEGY.—Assistance provided under paragraph
4 (1) shall be—

5 (A) aligned to the fullest extent possible
6 with the national health strategy of each coun-
7 try receiving such assistance; and

8 (B) in accordance with the goals and addi-
9 tional objectives of the United States Global
10 Health Strategy listed in section 3(b)(1) and
11 section 3(b)(2), respectively.

12 (5) CONTRACT AUTHORITY.—The President
13 may enter into contracts to provide the assistance
14 authorized by paragraph (1).

15 (b) PRINCIPLES OF NATIONAL HEALTH STRATE-
16 GIES.—The President shall encourage each country receiv-
17 ing direct assistance described in subsection (a)(2)(A) to
18 incorporate into its national health strategy, to the max-
19 imum extent practicable, the following principles:

20 (1) Goals and targets to reduce morbidity and
21 mortality and improve health outcomes, including to
22 reach commonly agreed-upon international and re-
23 gional health targets.

24 (2) Plans to provide universal access to a com-
25 prehensive package of primary health services.

1 (3) Plans to increase the equitable distribution
2 of health services among rural, peri-urban, and
3 urban areas of the country, including plans to en-
4 sure the availability of the facilities, personnel, med-
5 ical and laboratory supplies, technology and equip-
6 ment, financing, and other resources necessary to
7 provide such services.

8 (4) Plans to ensure that poor, vulnerable, or
9 marginalized populations have access to the services
10 and necessary resources described in paragraph (3).

11 (5) Transparent annual budget plans with cost
12 estimates for reaching the goals and targets de-
13 scribed in paragraph (1), including a description of
14 any funding gaps and plans to fill such gaps through
15 increased and equitable mobilization of national re-
16 sources and in partnership with external donors, in-
17 cluding the United States, and other funding
18 sources.

19 (6) Appropriate mechanisms and tools to mon-
20 itor and evaluate the effectiveness of the country's
21 health system in improving health-service delivery
22 and to measure progress toward achieving the goals
23 and targets described in paragraph (1), with a par-
24 ticular focus on expanding access to health services
25 for poor, vulnerable, or marginalized populations.

1 (7) Appropriate financial management and au-
2 diting mechanisms for health financing in order to
3 track health expenditures by the national govern-
4 ment, ensure the equitable distribution of such ex-
5 penditures within the country, anticipate and budget
6 for the annual resource needs of the health system,
7 and increase the accountability of the health system
8 to the country's people.

9 (8) Meaningful participation of indigenous civil
10 society and nongovernmental organizations, includ-
11 ing community and faith-based organizations, af-
12 fected communities, and poor, vulnerable, or
13 marginalized populations, in the development and
14 implementation of the national health strategy, in-
15 cluding program and budget decisions, monitoring
16 and evaluation, and implementation.

17 (9) Promotion of the ability of women and
18 youth to access and use health services without fear,
19 gender-based violence, reprisal, discrimination, or
20 other mistreatment.

21 (10) Plans to reduce stigmatization of and dis-
22 crimination against poor, vulnerable, or marginalized
23 populations, to promote their rights, and to promote
24 their ability to access and use health services.

1 (11) Medically accurate and evidence-based
2 policies and program plans that adhere to the latest
3 global public health standards for prevention, treat-
4 ment, and care and that are contextualized within
5 each country.

6 (12) Plans to ensure that all individuals, espe-
7 cially the poorest of the poor, are able to exercise
8 their rights and have access to high-quality, con-
9 fidential, affordable health services, including by—

10 (A) encouraging the elimination of user
11 fees or their replacement with equitable financ-
12 ing strategies where appropriate; and

13 (B) addressing other persistent barriers to
14 such access, including those related to housing,
15 transportation, language, and similar issues.

16 (13) Support for the creation of sustainable
17 working conditions and policies that protect the
18 health and safety of patients and health workers
19 within their communities and in all medical facilities,
20 including through following recommended occupa-
21 tional health and safety standards for health work-
22 ers, including standards for training and protective
23 technology, equipment, and supplies, as well as
24 through other forms of infection prevention and con-
25 trol.

1 (14) Access for health workers employed in the
2 country's health system to comprehensive, confiden-
3 tial, high-quality health services, including preven-
4 tion and treatment of chronic and infectious diseases
5 and psychosocial and mental health services.

6 (15) Promotion of multisectoral harmonization
7 through coordination and collaboration between the
8 delivery of health services and other development
9 programs and plans that impact public health, in-
10 cluding programs and plans to address emerging
11 public health threats and health-related threats
12 posed by environmental problems and to advance ap-
13 plied research into diseases affecting the country.

14 (16) Support for the development and imple-
15 mentation of sustainable policies, legal frameworks,
16 and capacity-building activities that actively engage
17 civil society organizations and community members,
18 including individuals from poor, vulnerable, or
19 marginalized populations, to monitor and enforce
20 policies related to the provision of health services.

21 (c) PARTNERSHIP AGREEMENTS.—

22 (1) IN GENERAL.—The President may enter
23 into a partnership agreement with a developing
24 country receiving assistance under this section in
25 which the country receives additional assistance to—

1 (A) encourage the inclusion, adoption, and
2 implementation of the principles listed in sub-
3 section (b) as part of the country's national
4 health strategy and any associated plans or
5 policies; and

6 (B) encourage the country to increase the
7 amount of national resources it commits to ex-
8 panding and improving the delivery of health
9 services.

10 (2) NO REDUCTION OF ASSISTANCE.—A part-
11 nership agreement under paragraph (1) shall not re-
12 sult in a reduction of the total level of health-related
13 United States foreign assistance provided to a coun-
14 try below the level of such assistance provided to
15 such country in the previous fiscal year.

16 (d) MONITORING AND EVALUATION SYSTEM.—

17 (1) IN GENERAL.—The President shall establish
18 an integrated monitoring and evaluation system to
19 measure the effectiveness of assistance provided
20 under this section including, where appropriate, ob-
21 jective and quantifiable performance goals and indi-
22 cators to measure progress toward the development
23 and implementation of national health strategies in
24 accordance with the principles listed in subsection
25 (b).

1 (2) HARMONIZATION WITH SYSTEMS OF RECIPI-
2 ENT COUNTRIES.—To the maximum extent possible,
3 the system established under paragraph (1) shall be
4 harmonized with the monitoring and evaluation sys-
5 tems of countries receiving assistance under this sec-
6 tion.

7 (e) REPORT.—Not later than 1 year after the date
8 of the enactment of this Act and annually thereafter, the
9 President shall transmit to Congress a report describing
10 the impact and effectiveness of the assistance provided
11 under this section, including—

12 (1) a detailed description, with respect to each
13 country receiving assistance under this section, of
14 the effectiveness of such assistance in improving the
15 delivery of health services by the health system, in-
16 cluding how such assistance was aligned with each
17 country’s national health strategy and any associ-
18 ated plans or policies, as they existed before such
19 country began receiving such assistance;

20 (2) a brief summary of plans to address gaps
21 in the delivery of health services among countries re-
22 ceiving assistance under this section during the fol-
23 lowing year and the resources that will be required
24 to carry out such plans;

1 (3) a detailed description of any partnership
2 agreements entered into under subsection (c) and
3 any potential strategies for further encouraging
4 countries to incorporate the principles listed in sub-
5 section (b) into their national health strategies; and

6 (4) a detailed programmatic list of expenditures
7 under this section for the previous fiscal year, in-
8 cluding the amounts and percentages of funding al-
9 located for—

10 (A) the direct provision of health services,
11 including directly supporting health workforces
12 that provide such services;

13 (B) the purchase of commodities, including
14 medicines;

15 (C) the construction, expansion, rehabilita-
16 tion, or maintenance of health facilities within
17 a country's health system; and

18 (D) any technical assistance provided
19 under this section, including a list of any con-
20 tractors providing such assistance and the im-
21 pact of such assistance in improving health out-
22 comes and health service delivery.

23 (f) CERTIFICATION REQUIREMENT.—

1 (1) IN GENERAL.—The President shall certify
 2 to Congress that each contract described in para-
 3 graph (2)—

4 (A) has been openly and transparently se-
 5 cured and provides the highest quality goods
 6 and services at the lowest cost; and

7 (B) wherever possible, makes use of indige-
 8 nous entities within the country receiving as-
 9 sistance.

10 (2) CONTRACTS DESCRIBED.—A contract de-
 11 scribed in this paragraph is a contract related to the
 12 construction, expansion, rehabilitation, or mainte-
 13 nance of health facilities, the purchase of commod-
 14 ities, or technical assistance that is entered into—

15 (A) by the United States Government to
 16 provide health-related United States foreign as-
 17 sistance under this section; or

18 (B) by a foreign country or other entity to
 19 carry out a program or activity receiving
 20 health-related United States foreign assistance
 21 under this section.

22 (g) AUTHORIZATION OF APPROPRIATIONS.—

23 (1) IN GENERAL.—In addition to amounts oth-
 24 erwise made available for such purposes, there are
 25 authorized to be appropriated to the President such

1 sums as may be necessary for each of the fiscal
2 years 2011 through 2015 to carry out this section.

3 (2) AVAILABILITY OF FUNDS.—Amounts appro-
4 priated pursuant to the authorization of appropria-
5 tions in paragraph (1) are authorized to remain
6 available until expended.

7 **SEC. 5. GLOBAL HEALTH WORKFORCE INITIATIVE.**

8 (a) ESTABLISHMENT.—The President is authorized
9 to establish a Global Health Workforce Initiative (in this
10 section referred to as the “Initiative”) to provide technical
11 and direct financial assistance to entities described in sub-
12 section (c) to support the recruitment, training, retention,
13 effectiveness, and equitable distribution within each coun-
14 try of skilled indigenous health workers as part of the
15 health systems of developing countries in order to achieve
16 a combined total of at least 2.3 doctors, nurses, and
17 trained midwives per 1,000 residents, and comparable
18 numbers of other health workers, such as paraprofes-
19 sionals, community health workers, managers, and admin-
20 istrative and support staff.

21 (b) PARTICIPATING COUNTRIES.—

22 (1) SELECTION.—

23 (A) IN GENERAL.—Not later than 90 days
24 after the date of the enactment of this Act, the
25 President shall select for participation in the

1 Initiative not fewer than 12 developing coun-
2 tries and may, in consultation with Congress,
3 subsequently select additional developing coun-
4 tries.

5 (B) PARTICIPATING COUNTRY DEFINED.—
6 A country selected under subparagraph (A) is
7 referred to in this section as a “participating
8 country”.

9 (2) MANDATORY CRITERIA.—The President
10 shall not select a country under paragraph (1)(A)
11 unless it meets the following criteria:

12 (A) The government of the country has ex-
13 pressly requested the assistance of the United
14 States Government to support the expansion of
15 the country’s indigenous health workforce.

16 (B) The country is currently developing or
17 implementing a national health strategy.

18 (C) The country is already receiving
19 health-related United States foreign assistance
20 and is able to effectively use additional funding
21 from the United States or other external
22 sources to expand its indigenous health work-
23 force, reduce morbidity and mortality, and im-
24 prove health outcomes among its population.

1 (D) The country is experiencing a critical
2 shortage of health workers, which is a signifi-
3 cant obstacle to reducing mortality and improv-
4 ing health outcomes among its people and to
5 achieving the United Nations Millennium Devel-
6 opment Goals and other such international
7 health targets.

8 (E) The country is taking concrete steps to
9 sustainably expand its indigenous health work-
10 force, such as direct budgetary investments, the
11 development and implementation of supportive
12 policies, the development of educational, train-
13 ing, and clinical care and practice standards,
14 and direct agreements or partnerships at the
15 national or regional level with other countries or
16 international organizations.

17 (F) A health professional training institu-
18 tion is currently located in the country, or the
19 country is in the process of establishing such an
20 institution or has a partnership with such an
21 institution in another country in the region.

22 (3) ADDITIONAL CRITERIA.—The President
23 should ensure that countries selected under para-
24 graph (1)(A) are diverse with respect to—

1 (A) total size and demography of the popu-
2 lation;

3 (B) prevalence and incidence of disease
4 and any associated mortality rates;

5 (C) levels of development and functionality
6 of the health system;

7 (D) the extent to which financial resources
8 are available or have been committed by the
9 country or by external funding sources to ex-
10 pand the indigenous health workforce;

11 (E) the size of the indigenous health work-
12 force; and

13 (F) gross national product and per capita
14 income.

15 (c) ELIGIBLE ENTITIES.—The following entities are
16 eligible to receive funding under the Initiative:

17 (1) The national government of each partici-
18 pating country, including the national ministry of
19 health and the national ministry of finance, or their
20 equivalents.

21 (2) Indigenous nongovernmental, community,
22 and faith-based organizations and civil society
23 groups engaged in improving health care and health
24 outcomes in 1 or more participating countries.

1 (3) United States-based nongovernmental and
2 academic organizations that provide health-related
3 services or assistance in developing countries.

4 (4) International organizations involved in de-
5 livering health-related assistance and of which the
6 United States is a voting member, with which the
7 United States coordinates the delivery of foreign as-
8 sistance, or to which the United States contributes
9 funding for the purpose of providing such assistance.

10 (d) AUTHORIZED ACTIVITIES.—The activities for
11 which the President may provide funding under the Initia-
12 tive include the following:

13 (1) Technical assistance and direct support for
14 countries to develop, strengthen, implement, evalu-
15 ate, and adjust the national health workforce plans
16 described in subsection (f).

17 (2) Programs to prepare and encourage individ-
18 uals to seek careers as health professionals and to
19 serve as teachers in health professional training in-
20 stitutions, including through—

21 (A) basic education programs;

22 (B) expanding the capacity of the edu-
23 cational system to provide access to secondary-
24 level and advanced math and science education;

1 (C) teaching basic health literacy and sup-
2 porting basic disease prevention education; and

3 (D) additional educational opportunities
4 targeted to health professionals to enable and
5 prepare them to become effective teachers.

6 (3) Expansion and improvement of health edu-
7 cation and training of new health workers, includ-
8 ing—

9 (A) new construction, expansion, rehabili-
10 tation, and maintenance of health professional
11 training institutions, including residential hous-
12 ing facilities for students, teachers, and admin-
13 istrators;

14 (B) hiring and retention of teachers and
15 administrators to fully staff health professional
16 training institutions and other health worker
17 training facilities and programs, including
18 through continuing education, professional de-
19 velopment, and research opportunities and such
20 financial incentives as direct salary support and
21 housing assistance;

22 (C) providing financial incentives to stu-
23 dents enrolled in health professional training in-
24 stitutions, including financial aid, housing as-
25 sistance, and loan repayment in exchange for

1 defined periods of service in the country's
2 health system;

3 (D) supporting distance learning and
4 community- and hospital-based clinical training;

5 (E) encouraging students to pursue careers
6 in primary care in the health system of their
7 country of residence, especially to meet the
8 needs of rural areas and underserved popu-
9 lations, while also supporting students who
10 choose to pursue careers in health administra-
11 tion and management or in needed tertiary care
12 fields;

13 (F) establishing professional standards for
14 the entire range of health workers, including
15 doctors, nurses, trained midwives, paraprofes-
16 sionals, community health workers, health ad-
17 ministrators and managers, and support per-
18 sonnel;

19 (G) improving the quality and diversity of
20 health education and training courses and
21 strengthening existing curricula, including
22 through the integration of program planning,
23 management, leadership training, and profes-
24 sional standards to better meet national and
25 local circumstances;

1 (H) integrating the use of information and
2 communications technologies, including the
3 management of medical records and medical
4 and laboratory supply inventories, into all
5 health education and training courses;

6 (I) providing health workers with the ap-
7 propriate training to pursue health-related re-
8 search, including basic, clinical, applied, and op-
9 erations research to improve the efficiency and
10 effectiveness of health interventions and encour-
11 age the development of innovative tools and ap-
12 proaches to support national health goals;

13 (J) improving the management of health
14 professional training institutions and other
15 health worker training facilities and programs
16 and reducing student attrition rates; and

17 (K) encouraging partnerships between and
18 among health professional training institutions
19 and other health worker training facilities and
20 programs, including on a regional level and
21 among participating countries.

22 (4) Retention programs to encourage health
23 workers to remain employed as part of the health
24 system, including—

1 (A) direct salary support, housing assist-
2 ance, and other financial incentives to enable
3 public-sector employers of health workers to
4 compete with private-sector employers of health
5 workers;

6 (B) providing comprehensive, confidential,
7 high-quality health services to health workers,
8 including prevention and treatment of chronic
9 and infectious diseases and psychosocial and
10 mental health services;

11 (C) creating sustainable working conditions
12 and policies that protect the health and safety
13 of patients and health workers within their
14 communities and in all medical facilities, includ-
15 ing through—

16 (i) following recommended occupa-
17 tional health and safety standards for
18 health workers, including standards for
19 training and protective technology, equip-
20 ment, and supplies and standards for blood
21 and injection safety; and

22 (ii) other forms of infection prevention
23 and control, including rapid access to
24 postexposure prophylaxis in the event of
25 exposure to HIV;

1 (D) ensuring that all medical facilities
2 maintain stocks of medical and laboratory sup-
3 plies, including diagnostics, pharmaceuticals,
4 technology, and equipment, that meet or exceed
5 recommended standards for resource-poor set-
6 tings;

7 (E) encouraging efficient and effective
8 matching of patient needs with health workers
9 of appropriate skill levels, while providing op-
10 portunities to expand the scope of practice for
11 all nonphysician health workers;

12 (F) providing continuing education, dis-
13 tance learning, career advancement, and re-
14 search and development opportunities, including
15 through national- and regional-level exchange
16 programs;

17 (G) establishing programs to reinforce re-
18 spect for the rights and dignity of patients and
19 health workers; and

20 (H) reevaluating and supporting the re-
21 moval of any other government policies, whether
22 at the local, regional, national, or international
23 level, that discourage health workers from
24 choosing to continue their employment in the
25 health system.

1 (5) Improving health workforce administration
2 and management, including—

3 (A) direct salary support to hire and retain
4 qualified health administrators and managers of
5 hospitals, clinics, and other such health facili-
6 ties;

7 (B) training and education in human re-
8 source management, leadership, and financial
9 planning for health administrators and man-
10 agers and their support staff;

11 (C) developing national standards and pro-
12 tocols for clinical practice and program man-
13 agement and other quality improvement proce-
14 dures and measurements for health administra-
15 tors and managers to follow and enforce;

16 (D) integrating staffing, resource, and re-
17 ferral systems between the community-level and
18 primary, secondary, and tertiary medical facili-
19 ties;

20 (E) developing and implementing strate-
21 gies to improve staffing systems and health
22 worker productivity, including through regular
23 and supportive supervision; and

24 (F) developing, implementing, and evalu-
25 ating health workforce policies and regulations

1 to most effectively meet the needs of patient
2 populations and health workers.

3 (6) Ensuring the equitable distribution of
4 health resources and health workers to meet the
5 needs of rural areas and underserved populations,
6 including by—

7 (A) providing direct salary support, hous-
8 ing assistance, transportation, and other finan-
9 cial or nonfinancial benefits or incentives to
10 health workers working in such areas or among
11 such populations;

12 (B) improving basic health-related infra-
13 structure to improve access to health facilities
14 in such areas and among such populations;

15 (C) strengthening procurement and dis-
16 tribution supply-chain management systems to
17 ensure that medical and laboratory supplies, in-
18 cluding diagnostics, pharmaceuticals, tech-
19 nology, and equipment, can reach such areas
20 and such populations;

21 (D) improving management and adminis-
22 trative support in such areas and among such
23 populations;

24 (E) ensuring and prioritizing continuing
25 onsite educational opportunities for health

1 workers in such areas or among such popu-
2 lations; and

3 (F) evaluating, developing, and imple-
4 menting education and health workforce policies
5 and regulations that incentivize the recruit-
6 ment, training, and retention of health workers
7 most likely to work in such areas or among
8 such populations.

9 (7) Establishing and expanding the use of in-
10 formation and communications technologies, includ-
11 ing the management of human resources, medical
12 records, and medical and laboratory supply inven-
13 tories, to—

14 (A) enhance the skills and knowledge of
15 health workers;

16 (B) improve consultation and referral sys-
17 tems; and

18 (C) provide information to health adminis-
19 trators, managers, and planners.

20 (8) Preservice and in-service health worker edu-
21 cation and training programs to build respect for the
22 rights and dignity of all patients and coworkers that
23 are tailored to local contexts and developed with the
24 participation of health workers and indigenous civil

1 society organizations and include information
2 about—

3 (A) the rights and status of women and
4 girls;

5 (B) stigmatization of and discrimination
6 against individuals living with diseases and
7 against other poor, vulnerable, or marginalized
8 populations; and

9 (C) the legal, human, and civil rights of all
10 individuals, including the right of access to
11 health services.

12 (9) Technical support for the national ministry
13 of health, or its equivalent, of each participating
14 country in its leadership of the health system and
15 the development of the indigenous health workforce,
16 including support to—

17 (A) coordinate resources, funding, and
18 strategy throughout the government;

19 (B) effectively mobilize government re-
20 sources and funding to support the indigenous
21 health workforce;

22 (C) improve governance, accountability,
23 and responsiveness to the population and to
24 civil society organizations;

1 (D) reduce corruption within the health
2 system; and

3 (E) coordinate with and regulate the pri-
4 vate-sector health workforce and any health
5 workers employed by nongovernmental, commu-
6 nity, and faith-based organizations, inter-
7 national organizations, private funding sources,
8 or donor nations.

9 (10) Support for participating countries to ac-
10 cess funding related to health workforces and health
11 systems from multilateral organizations or other ex-
12 ternal funding sources.

13 (11) Direct support to indigenous civil society
14 organizations that promote and advocate for an ef-
15 fective health system and an expanded indigenous
16 health workforce in order for such organizations
17 to—

18 (A) monitor and evaluate health programs,
19 expenditures, and national health workforce
20 plans of their governments;

21 (B) access other sources of domestic and
22 international financing, on behalf of themselves
23 or on behalf of the health systems of their coun-
24 tries, including national health workforces;

1 (C) improve the quality, accessibility, af-
2 fordability, and equitability of health services;
3 and

4 (D) measure progress toward attaining the
5 goals of the Initiative.

6 (12) Research on evidence-based policies and
7 practices related to health workforces and health
8 systems to improve the delivery of primary care in
9 participating countries.

10 (13) Establishing a system to annually monitor
11 and make publicly available aggregate, nonpersonally
12 identifiable information regarding the emigration of
13 indigenously trained health workers from partici-
14 pating countries, including—

15 (A) the country where the health profes-
16 sional was born;

17 (B) the country where the health profes-
18 sional was educated and trained;

19 (C) the country to which the health profes-
20 sional is immigrating in order to engage in
21 health-related employment; and

22 (D) a general classification of the title and
23 specialty of the health professional before and
24 after emigration.

1 (e) CONTRACT AUTHORITY.—The President may
2 enter into contracts to carry out the Initiative.

3 (f) NATIONAL HEALTH WORKFORCE PLANS.—

4 (1) IN GENERAL.—The President shall encour-
5 age participating countries to develop, strengthen,
6 and implement national health workforce plans
7 that—

8 (A) are integrated with their national
9 health strategies, where appropriate;

10 (B) are based on the situational analysis
11 described in paragraph (2); and

12 (C) contain the elements described in para-
13 graph (3).

14 (2) SITUATIONAL ANALYSIS.—The situational
15 analysis described in this paragraph is a situational
16 analysis of the country's indigenous health work-
17 force, including an initial assessment of the number
18 per 1,000 residents of each type of health worker,
19 including doctors, nurses, trained midwives, para-
20 professionals, community health workers, managers,
21 administrators, and support staff, and of the extent
22 to which each such type of health worker is equi-
23 tably distributed within such country.

24 (3) PLAN ELEMENTS.—The elements described
25 in this paragraph are the following:

1 (A) Performance goals and indicators, in-
2 cluding interim benchmarks, over a multiyear
3 period, to achieve a combined total of at least
4 2.3 doctors, nurses, and trained midwives per
5 1,000 residents, and comparable numbers of
6 other health workers, such as paraprofessionals,
7 community health workers, managers, adminis-
8 trators, and support staff, and to ensure that
9 such personnel are equitably distributed within
10 the country and can carry out their positions
11 effectively.

12 (B) Objectives and plans of action to—

13 (i) recruit, prepare, and encourage in-
14 dividuals to seek careers in the health pro-
15 fessions;

16 (ii) expand and improve health edu-
17 cation and training programs for health
18 workers;

19 (iii) encourage health workers to re-
20 main employed in the health system;

21 (iv) reduce the emigration of health
22 workers and its impact on the indigenous
23 health workforce and health system;

1 (v) improve health workforce adminis-
2 tration and management in the health sys-
3 tem;

4 (vi) increase access to and the place-
5 ment of skilled health workers among
6 rural, poor, and other underserved popu-
7 lations;

8 (vii) expand the use of information
9 and communications technologies, includ-
10 ing the management of medical records
11 and medical and laboratory supply inven-
12 tories;

13 (viii) provide preservice and in-service
14 education and training programs to combat
15 stigma and discrimination among health
16 workers and reinforce respect for the
17 rights and dignity of patients;

18 (ix) improve the health and safety of
19 health workers;

20 (x) identify and describe budgetary
21 gaps related to expanding recruitment,
22 training, and retention of the indigenous
23 health workforce and any financial re-
24 source mobilization efforts to close such
25 gaps; and

1 (xi) monitor and evaluate the imple-
2 mentation of the plan, including identifying
3 and addressing barriers to implementation,
4 and provide a basis for adjustments to the
5 plan as required.

6 (C) Participation and input into the devel-
7 opment, implementation, monitoring, and eval-
8 uation of all aspects of the plan from indige-
9 nous civil society and nongovernmental, commu-
10 nity, and faith-based organizations dedicated to
11 improving public health and expanding the in-
12 digenous health workforce, with representation
13 from a multisectoral group of stakeholders, in-
14 cluding health workers and communities.

15 (g) GLOBAL HEALTH WORKFORCE INITIATIVE
16 STRATEGY.—

17 (1) IN GENERAL.—Not later than 1 year after
18 the date of the enactment of this Act, the President
19 shall transmit to Congress and make publicly avail-
20 able a 5-year strategy for implementing and moni-
21 toring the Initiative established under this section.

22 (2) CONTENT.—The strategy required by para-
23 graph (1) shall include—

24 (A) a description of how assistance pro-
25 vided under this section will be coordinated

1 among United States Government agencies with
2 responsibilities related to global health;

3 (B) a description of how assistance pro-
4 vided under this section will be coordinated with
5 each country, international organization, and
6 other donor;

7 (C) a description of how assistance pro-
8 vided under this section will support and en-
9 courage countries to develop the national health
10 workforce plans described in subsection (f);

11 (D) a description, for programs carried out
12 in each participating country, of performance
13 goals and indicators for each activity listed in
14 subsection (d);

15 (E) plans of action to reach the perform-
16 ance goals and indicators required by subpara-
17 graph (D); and

18 (F) a description of the consultation re-
19 quired by paragraph (3).

20 (3) CONSULTATION.—In developing the strat-
21 egy required by paragraph (1), the President shall
22 ensure proper consultation with—

23 (A) each executive branch agency author-
24 ized to deliver health workforce-related foreign

1 assistance, including personnel at United States
2 embassies and country missions;

3 (B) the appropriate congressional commit-
4 tees with jurisdiction over the agencies de-
5 scribed in subparagraph (A);

6 (C) civil society and nongovernmental,
7 community, and faith-based organizations en-
8 gaged in improving health care and health out-
9 comes and in addressing health workforce needs
10 in developing countries;

11 (D) participating countries;

12 (E) international organizations engaged in
13 delivering health-related assistance and of
14 which the United States is a voting member,
15 with which the United States coordinates the
16 delivery of foreign assistance, or to which the
17 United States contributes funding for the pur-
18 pose of providing such assistance;

19 (F) private foundations, businesses, and
20 organizations that provide a significant amount
21 of health-related assistance and do not receive
22 United States funding for the purpose of pro-
23 viding such assistance;

1 (G) other donor nations that provide
2 health-related assistance to developing coun-
3 tries; and

4 (H) any other global, regional, or sub-
5 regional organizations or partnerships engaged
6 in improving health care and health outcomes
7 in developing countries.

8 (h) MONITORING AND EVALUATION SYSTEM.—

9 (1) IN GENERAL.—The President shall establish
10 an integrated monitoring and evaluation system to
11 measure the effectiveness of foreign assistance pro-
12 vided under the Initiative.

13 (2) HARMONIZATION WITH SYSTEMS OF PAR-
14 TICIPATING COUNTRIES.—To the maximum extent
15 possible, the monitoring and evaluation system re-
16 quired by paragraph (1) shall be harmonized with
17 and may be modified to reflect the monitoring and
18 evaluation systems of participating countries.

19 (3) ELEMENTS OF MONITORING AND EVALUA-
20 TION SYSTEM.—The monitoring and evaluation sys-
21 tem required by paragraph (1) shall—

22 (A) establish country-specific performance
23 goals;

24 (B) establish performance indicators to be
25 used in measuring and assessing the achieve-

1 ment of the performance goals established
2 under subparagraph (A), including indicators
3 for—

4 (i) the recruitment of health workers
5 through the absorption capacity of the edu-
6 cational system;

7 (ii) the training of health workers
8 through the absorption capacity, intake,
9 and output of health professional training
10 institutions;

11 (iii) the retention of health workers by
12 the health system;

13 (iv) health worker immigration and
14 emigration;

15 (v) the distribution and density of
16 health workers, including the relative den-
17 sity and absorption capacity of urban and
18 rural health workforces and health facili-
19 ties;

20 (vi) vacancy rates for health-related
21 jobs;

22 (vii) the health and safety of health
23 workers;

24 (viii) the overall effectiveness and pro-
25 ductivity of health workers and their ca-

1 capacity to deliver quality health services;
2 and

3 (ix) improvements in health outcomes
4 tied directly to the efforts of health work-
5 ers;

6 (C) provide a basis for recommendations of
7 adjustments to the strategy established under
8 subsection (g) to enhance the impact of assist-
9 ance provided under the Initiative and support
10 the integration of such recommendations into
11 the national planning processes of participating
12 countries; and

13 (D) provide regular public accessibility to
14 all collected data in a clear and readable for-
15 mat.

16 (i) REPORT.—

17 (1) IN GENERAL.—Not later than 1 year after
18 the date of the enactment of this Act and annually
19 thereafter, the President shall transmit to Congress
20 a report describing the impact and effectiveness of
21 the assistance provided under the Initiative.

22 (2) CONTENT.—The report required by para-
23 graph (1) shall include—

24 (A) an assessment and description, for ac-
25 tivities within each participating country, of

1 progress toward achieving the goals of the Ini-
2 tiative;

3 (B) an assessment and description of the
4 financial, policy, and other obstacles to achiev-
5 ing the performance goals established under
6 subsection (h)(3)(A) and the steps taken to
7 overcome such obstacles;

8 (C) an assessment and description, for
9 each participating country, of progress toward
10 and obstacles to developing, strengthening, and
11 implementing a national health workforce plan
12 described in subsection (f), including any assist-
13 ance provided by the United States to overcome
14 such obstacles; and

15 (D) an evaluation of knowledge about
16 strengthening health workforces that was ac-
17 quired through implementing the Initiative in
18 each participating country.

19 (j) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—In addition to amounts oth-
21 erwise made available for such purposes, there are
22 authorized to be appropriated to the President to
23 carry out this section—

24 (A) \$300,000,000 for fiscal year 2011;

25 (B) \$350,000,000 for fiscal year 2012;

1 (C) \$400,000,000 for fiscal year 2013;

2 (D) \$450,000,000 for fiscal year 2014;

3 and

4 (E) \$500,000,000 for fiscal year 2015.

5 (2) AVAILABILITY OF FUNDS.—Amounts appro-
6 priated pursuant to the authorization of appropria-
7 tions in paragraph (1) are authorized to remain
8 available until expended.

9 **SEC. 6. RELATION TO OTHER UNITED STATES LAWS AND**
10 **POLICIES.**

11 (a) SENSE OF CONGRESS ON LAWS AND POLICIES
12 RELATED TO THE UNITED STATES DOMESTIC HEALTH
13 WORKFORCE.—It is the sense of Congress that the Presi-
14 dent, in consultation with Congress, the States, public and
15 private medical and health organizations and groups,
16 health professional training institutions, and patients,
17 should take steps to address the urgent shortage of health
18 professionals in the United States without exacerbating
19 the shortage of health professionals in developing coun-
20 tries, including by—

21 (1) identifying and recommending changes to
22 United States laws, regulations, and policies that
23 incentivize the immigration of foreign-educated
24 health professionals into the United States from
25 countries with recognized shortages of health profes-

1 sionals or further increase the reliance of the United
2 States health care system on such professionals;

3 (2) supporting policies that mitigate the im-
4 pacts of recruiting foreign-educated health profes-
5 sionals away from their countries of origin for
6 health-related employment in the United States and
7 ensure the continued availability of qualified health
8 professionals in such countries, including—

9 (A) establishing relationships or partner-
10 ship agreements with national and local au-
11 thorities, hospitals, clinics, and health profes-
12 sional training institutions in source countries
13 to—

14 (i) set mutually agreed-upon time
15 frames and processes for training and de-
16 parture of foreign-educated health profes-
17 sionals;

18 (ii) allow and provide for opportuni-
19 ties for foreign-educated health profes-
20 sionals to periodically return to their coun-
21 tries of origin to provide technical assist-
22 ance and support to their home commu-
23 nities or to work in a health care facility,
24 particularly for countries experiencing a
25 critical lack of indigenous health workers;

1 (iii) provide opportunities for visiting
2 faculty and health professionals from the
3 United States to provide direct technical
4 assistance and support for the training of
5 health professionals in source countries;

6 (iv) support the direct purchase of
7 medical or laboratory supplies, pharma-
8 ceuticals, diagnostics, technology, and
9 equipment for use within the source coun-
10 try, in accordance with the law governing
11 such products in such country;

12 (v) match a portion of the remittances
13 sent by recruited foreign-educated health
14 professionals and direct such matching
15 funds to health care organizations or na-
16 tional or local health authorities in their
17 countries of origin; and

18 (vi) create scholarships with health
19 professional training institutions in source
20 countries to support the training and re-
21 tention of new indigenous health profes-
22 sionals, particularly to provide health serv-
23 ices to poor, vulnerable, or marginalized
24 populations;

1 (B) respecting contractual obligations and
2 other agreements of foreign-educated health
3 professionals to serve the health systems of
4 their countries of origin in exchange for public
5 education or scholarships provided in such
6 countries, including by encouraging foreign-edu-
7 cated health professionals to honor such agree-
8 ments, and, where appropriate, requiring evi-
9 dence that such agreements have been satisfied;
10 and

11 (C) ending active overseas recruitment
12 in—

13 (i) countries or areas within countries
14 where a temporary health crisis is causing
15 a severe shortage of health professionals;

16 (ii) countries that are experiencing a
17 chronic shortage of health workers, with
18 fewer than a combined total of 2.3 doctors,
19 nurses, and trained midwives per 1,000
20 residents; and

21 (iii) countries that request the end of
22 such recruitment, in whole or in part;

23 (3) advocating the mandatory adoption of the
24 policies described in paragraph (2) by recruiting or-
25 ganizations that receive United States funding;

1 (4) establishing programs that allow foreign-
2 educated health professionals working in the United
3 States to return to their countries of origin to par-
4 ticipate in health-related United States foreign as-
5 sistance programs without impacting their immigra-
6 tion status in the United States;

7 (5) annually monitoring and making publicly
8 available aggregate, nonpersonally identifiable infor-
9 mation related to foreign-educated health profes-
10 sionals who are recruited to or who otherwise immi-
11 grate to the United States, including information re-
12 lated to—

13 (A) their countries of birth;

14 (B) the countries where they were edu-
15 cated and trained to become health profes-
16 sionals;

17 (C) the countries in which they engaged in
18 health-related employment immediately prior to
19 entering the United States; and

20 (D) the States to which they were re-
21 cruited or in which they otherwise intend to en-
22 gage in health-related employment;

23 (6) developing a health workforce plan for the
24 United States that includes a specific focus on re-
25 cruiting and training significant numbers of new

1 health professionals to address the urgent shortage
2 of health professionals in the United States, in ac-
3 cordance with the principles of paragraphs (1)
4 through (4); and

5 (7) supporting the World Health Organization
6 in developing and implementing a Global Code of
7 Practice on the International Recruitment of Health
8 Personnel that is consistent with paragraphs (1)
9 through (4) and that takes into consideration the
10 views of all relevant stakeholders.

11 (b) SENSE OF CONGRESS ON LAWS AND POLICIES
12 RELATED TO BILATERAL AND INTERNATIONAL TRADE.—

13 It is the sense of Congress that the President should pur-
14 sue trade and investment agreements and policies that
15 support the goals of the United States Global Health
16 Strategy and maximize the ability of national governments
17 to improve health outcomes and reduce mortality among
18 their populations, including by ensuring that any trade
19 agreement—

20 (1) encourages broad access for poor, vulner-
21 able, or marginalized populations to quality, afford-
22 able pharmaceuticals, medical products, and medical
23 devices, including generics, if such items are covered
24 by such agreement;

1 (2) allows for the negotiation of lower prices for
2 pharmaceuticals, especially if no generic alternative
3 exists or the original product cannot be purchased at
4 an affordable cost;

5 (3) adheres to the principles of the 2001 World
6 Trade Organization (in this subsection referred to as
7 the “WTO”) Doha Declaration on Trade-Related
8 Aspects of Intellectual Property Rights (in this sub-
9 section referred to as the “Declaration”), including
10 measures that the Agreement on Trade-Related As-
11 pects of Intellectual Property Rights permits coun-
12 tries to take to protect public health and ensure ac-
13 cess to essential medicines;

14 (4) is negotiated, implemented, monitored, and
15 enforced with the input and participation, in an ad-
16 visory capacity, of a broad range of indigenous and
17 United States-based civil society organizations that
18 are dedicated to improving and protecting public
19 health;

20 (5) expressly allows for the adoption of public
21 interest licensing agreements for medications devel-
22 oped with significant public funding, such as—

23 (A) open licensing;

24 (B) nonenforcement of patents;

1 (C) licensing of such products to inter-
2 national drug purchase facilities and patent
3 pools; and

4 (D) other mechanisms to make medica-
5 tions available at reduced cost;

6 (6) disavows the use of trade threats, such as
7 placement on “watchlists” or the removal of trade
8 benefits, against countries using WTO-compliant
9 trade flexibilities, in accordance with the principles
10 of the Declaration, in order to protect public health
11 and ensure access to essential medicines; and

12 (7) does not result in costs of pharmaceuticals,
13 medical products, or medical devices that are
14 unaffordable for the general population, and does
15 not subject national governments to any limitations
16 with respect to the use, distribution, or manufac-
17 turing of such items that are inconsistent with the
18 principles of the Declaration.

19 (c) UNITED STATES PARTICIPATION IN INTER-
20 NATIONAL FINANCIAL INSTITUTIONS.—

21 (1) OPPOSITION TO CERTAIN USER FEES.—The
22 Secretary of the Treasury shall instruct the United
23 States Executive Director at each international fi-
24 nancial institution to oppose and vote against any
25 proposed loan, grant, strategy, or policy of such re-

1 spective institution that would require or result in
2 the imposition of user fees or service charges on
3 poor individuals in connection with such institution's
4 financing programs for primary education or pri-
5 mary health care, including prevention, care, and
6 treatment for HIV/AIDS, malaria, and tuberculosis
7 and care related to infant, child, reproductive, and
8 maternal well-being.

9 (2) OPPOSITION TO CERTAIN IMF SPENDING
10 CAPS.—The Secretary of the Treasury shall instruct
11 the United States Executive Director at the Inter-
12 national Monetary Fund to oppose and vote against
13 any loan, project, agreement, memorandum, instru-
14 ment, or program of the International Monetary
15 Fund that would not exempt government spending
16 on health care, health infrastructure, and education
17 from national budget caps and restraints, hiring and
18 wage ceilings, and other limits imposed by the Inter-
19 national Monetary Fund.

20 (d) PARTICIPATION OF HEALTH WORKERS IN
21 UNITED STATES GLOBAL HEALTH PROGRAMS.—For all
22 United States programs related to global health that pro-
23 vide foreign assistance, it shall be the policy of the United
24 States Government to ensure that—

1 (1) all health workers participating in such pro-
2 grams follow recommended occupational health and
3 safety standards and have the proper training and
4 access to the necessary protective technology, equip-
5 ment, and supplies, including those for blood and in-
6 jection safety, to establish and sustain safe and sani-
7 tary working conditions in accordance with accepted
8 forms of effective infection prevention and control,
9 including rapid access to postexposure prophylaxis in
10 the event of exposure to HIV;

11 (2) all health workers participating in such pro-
12 grams have access to comprehensive, confidential,
13 high-quality health services, including prevention
14 and treatment for chronic and infectious diseases
15 and psychosocial and mental health services;

16 (3) all health workers participating in such pro-
17 grams receive training about respect for the rights
18 and dignity of all patients and coworkers that is tai-
19 lored to local contexts, developed with the participa-
20 tion of health workers and indigenous civil society
21 organizations, and includes information about—

22 (A) the rights and status of women and
23 girls;

1 (B) stigmatization of and discrimination
 2 against individuals living with diseases and
 3 other marginalized groups; and

4 (C) the legal, civil, and human rights of all
 5 individuals, including the right of access to
 6 health services; and

7 (4) community health workers are—

8 (A) recognized for their work;

9 (B) integrated into countries' health sys-
 10 tems through—

11 (i) a functional process by which com-
 12 munity health workers may refer patients
 13 to other appropriate health workers; and

14 (ii) the provision of ongoing support
 15 and supervision;

16 (C) paid adequate salaries and offered tan-
 17 gible pathways for career advancement; and

18 (D) when possible, recruited from under-
 19 served and rural communities.

20 **SEC. 7. DEFINITIONS.**

21 In this Act, the following definitions apply:

22 (1) **COMMUNITY HEALTH WORKER.**—The term
 23 “community health worker” means a health worker
 24 who is engaged in the provision of health services di-

1 rectly to individuals and who does not have the ad-
2 vanced training of a health professional.

3 (2) HEALTH PROFESSIONAL.—The term
4 “health professional” means a health worker who
5 provides health services and has received advanced
6 training regarding the provision of such services, in-
7 cluding doctors, nurses, midwives, pharmacists,
8 pharmacy technicians, dentists, laboratory techni-
9 cians, and clinical officers.

10 (3) HEALTH PROFESSIONAL TRAINING INSTITU-
11 TION.—The term “health professional training insti-
12 tution” means an institution that trains health pro-
13 fessionals in accordance with generally accepted
14 standards of clinical practice and confers a degree or
15 diploma on each graduate of a training program.

16 (4) HEALTH SYSTEM.—Used in relation to a
17 country, the term “health system” means all compo-
18 nents, public and private, of the health care mobili-
19 zation, financing, and delivery system of such coun-
20 try, including health workers, health professionals,
21 clinics, hospitals, pharmacies, institutions per-
22 forming health-related research, producers of phar-
23 maceuticals and medical equipment, and government
24 health-service agencies.

1 (5) HEALTH WORKER.—The term “health
2 worker” means any individual who provides or sup-
3 ports the provision of health services, directly or in-
4 directly, including health professionals, paraprofes-
5 sionals, community health workers, social workers,
6 caregivers, nutritionists, health administrators and
7 managers, and government officials who set health
8 care policy.

9 (6) INTERNATIONAL FINANCIAL INSTITU-
10 TION.—The term “international financial institu-
11 tion” means the following institutions:

12 (A) The International Bank for Recon-
13 struction and Development.

14 (B) The International Development Asso-
15 ciation.

16 (C) The International Finance Corpora-
17 tion.

18 (D) The Multilateral Investment Guar-
19 antee Agency.

20 (E) The International Centre for Settle-
21 ment of Investment Disputes.

22 (F) The Inter-American Development
23 Bank.

24 (G) The Asian Development Bank.

25 (H) The Asian Development Fund.

1 (I) The African Development Bank.

2 (J) The African Development Fund.

3 (K) The International Monetary Fund.

4 (L) The North American Development
5 Bank.

6 (M) The European Bank for Reconstruc-
7 tion and Development.

8 (7) NATIONAL HEALTH STRATEGY.—Used in
9 relation to a country, the term “national health
10 strategy” means any set of policies, whether or not
11 formally enumerated and however called, aimed at
12 improving health outcomes in such country by im-
13 proving and increasing access to the health system
14 of such country.

15 (8) POOR, VULNERABLE, OR MARGINALIZED
16 POPULATIONS.—The term “poor, vulnerable, or
17 marginalized populations” means—

18 (A) indigenous populations;

19 (B) racial, ethnic, religious, and national
20 minorities;

21 (C) children who have lost one or both par-
22 ents;

23 (D) women and girls;

24 (E) individuals with physical or mental dis-
25 abilities;

- 1 (F) individuals living with chronic or infec-
- 2 tious diseases;
- 3 (G) sexual minorities, including men who
- 4 have sex with men;
- 5 (H) sex workers;
- 6 (I) drug users;
- 7 (J) incarcerated and formerly incarcerated
- 8 individuals;
- 9 (K) individuals of foreign national origin;
- 10 (L) refugees and internally displaced popu-
- 11 lations;
- 12 (M) the elderly;
- 13 (N) individuals who live in rural areas; and
- 14 (O) any other group that has difficulty ac-
- 15 cessing health services because of economic, po-
- 16 litical, or social status.

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