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(Original Signature of Member)

119TH CONGRESS  
2D SESSION

# H. R.

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To increase global health security, create more stable societies, and save lives, especially children’s lives, by clarifying and focusing United States support for frontline health workers across global health and humanitarian investments, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

Mrs. KIGGANS of Virginia introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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# A BILL

To increase global health security, create more stable societies, and save lives, especially children’s lives, by clarifying and focusing United States support for frontline health workers across global health and humanitarian investments, 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 “Strengthening and Ex-  
5 panding Capacity for Unified Response and Excellence in  
6 Health Act” or the “SECURE Health Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Strengthening the global health workforce is  
4 critical for improving health outcomes worldwide,  
5 preventing the international spread of infectious dis-  
6 eases, enhancing global health security, reinforcing  
7 supply chains, and ultimately protecting the health  
8 and economic well-being of the American people.

9 (2) Access to healthcare and a skilled health  
10 workforce is essential for maintaining a healthy  
11 overall global workforce and ensuring a stable supply  
12 of goods vital to the United States economy.

13 (3) Recognizing the growing demand for mental  
14 health services, efforts to strengthen the global  
15 health workforce can help expand access to qualified  
16 providers, evidence-based practices, and innovation  
17 to improve the quality of mental health care globally  
18 and in the United States.

19 (4) One in five active physicians and one in six  
20 nurses in the United States are foreign-educated,  
21 and legal immigrants comprise 18 percent of the en-  
22 tire healthcare workforce, with the number of hos-  
23 pitals hiring foreign-educated nurses nearly doubling  
24 between 2010 and 2022.

25 (5) United States leadership and investments in  
26 global health have driven remarkable progress, in-

1 including a 60 percent reduction in child mortality and  
2 a 38 percent reduction in maternal mortality from  
3 1990 to 2020, a 31 percent decline in new HIV in-  
4 fections from 2010 to 2020, and a 38 percent de-  
5 crease in malaria-related deaths from 2000 to  
6 2019—contributing to enhanced productivity and  
7 economic growth.

8 (6) Nations with healthier populations are more  
9 likely to be productive, prosperous, and peaceful,  
10 whereas countries with poorer health conditions are  
11 more prone to instability and conflict, which com-  
12 promises United States national security.

13 (7) A well-trained, well-equipped, and well-sup-  
14 ported frontline health workforce is critical to the ef-  
15 fectiveness, sustainability, and resilience of United  
16 States global health programs, as well as to  
17 strengthening national security and global economic  
18 prosperity.

19 (8) Despite the critical role of frontline health  
20 workers in improving health, advancing security, and  
21 spurring economic growth both in the United States  
22 and abroad, nearly half of the world's population—  
23 approximately 4.5 billion people—lacks access to  
24 critical health services.

1           (9) Recognizing that frontline health workers  
2           are critical to preventing malnutrition, particularly  
3           during pregnancy and among children, it is nec-  
4           essary to invest in health workers to enable these  
5           workers to deliver nutrition interventions integrated  
6           with other health services and, as a result, build  
7           community resilience, reduce preventable deaths, and  
8           contribute to long-term economic stability

9           (10) Every day, more than 15,000 children die  
10          worldwide, primarily from preventable causes, and  
11          810 women lose their lives due to pregnancy or  
12          childbirth-related complications.

13          (11) Millions of people succumb annually to  
14          HIV/AIDS, tuberculosis, malaria, and other treat-  
15          able and often preventable conditions.

16          (12) In 2024, an estimated 300 million people  
17          across 72 countries required humanitarian assist-  
18          ance and protection due to conflicts, disease out-  
19          breaks, and other crises.

20          (13) Frontline health workers frequently per-  
21          form life-saving services under hazardous conditions,  
22          often at great personal risk, with limited access to  
23          essential medicines, medical equipment, and safe  
24          water and sanitation.

1           (14) Since 2020, more than 14,000 attacks on  
2           healthcare facilities, transport, and personnel have  
3           been reported, resulting in almost 2,800 health  
4           workers killed in conflict zones and significantly hin-  
5           dering access to critical health services for millions.

6           (15) Frontline health workers serve as the  
7           first—and often the only—link to healthcare for mil-  
8           lions of people in low- and middle-income countries.

9           (16) When enabled with modern training, su-  
10          pervision, and digital tools, community health work-  
11          ers can efficiently extend the reach of the healthcare  
12          system and help ensure medical innovations.

13          (17) By 2030, the world is projected to face a  
14          shortfall of at least 11 million health workers with-  
15          out immediate and concerted action, particularly in  
16          low- and middle-income countries.

17          (18) The Commission on Health Employment  
18          and Economic Growth demonstrated that invest-  
19          ments in health yield a ninefold economic return,  
20          identifying health employment as a force multiplier  
21          for economic growth.

22          (19) Frontline health workers play a vital role  
23          in strengthening national resilience, saving lives, fos-  
24          tering economic growth, developing robust primary  
25          healthcare systems, and preventing and responding

1 to humanitarian crises and global health security  
2 threats from infectious diseases.

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

4 It is the policy of the United States—

5 (1) to pursue the expansion, training, payment,  
6 support, equipping, and protection of the frontline  
7 global health workforce;

8 (2) to support integrated investments in health  
9 workers that resemble their true responsibilities and  
10 move away from siloed, single-disease investments in  
11 health workers;

12 (3) to use global health investments to catalyze  
13 the expansion and most efficient utilization of front-  
14 line health workers and address severe global health  
15 workforce shortages; and

16 (4) to require host organization contributions as  
17 part of any investments of the United States in sal-  
18 ary support and plans for transitioning those sala-  
19 ries to domestic financing to better ensure the sus-  
20 tainability of remuneration for health workers.

21 **SEC. 4. GLOBAL HEALTH WORKFORCE STRATEGY.**

22 (a) ESTABLISHMENT; UPDATING.—

23 (1) IN GENERAL.—The President shall establish  
24 and regularly update a 5-year strategy to be known  
25 as the “Global Health Workforce Strategy”.

1 (2) CONTENTS.—The strategy shall—

2 (A) identify spending by the United States  
3 Government to support the global health work-  
4 force from global health and humanitarian as-  
5 sistance funds; and

6 (B) include measurable goals and imple-  
7 mentation plans for global health workforce in-  
8 vestments by the United States.

9 (b) STRATEGIES OF FEDERAL DEPARTMENTS AND  
10 AGENCIES.—The head of each Federal department and  
11 agency that uses resources for international health and  
12 humanitarian assistance shall—

13 (1) establish policies for the use of such re-  
14 sources that align with the strategy established  
15 under subsection (a); and

16 (2) regularly update such policies.

17 **SEC. 5. GLOBAL HEALTH WORKFORCE COORDINATOR.**

18 (a) APPOINTMENT.—The President shall appoint an  
19 individual to serve, within the Department of State, with  
20 the concurrent title and responsibility as the Global  
21 Health Workforce Coordinator.

22 (b) DUTIES.—The Global Health Workforce Coordi-  
23 nator shall—

24 (1) coordinate and oversee the implementation  
25 of this Act; and

1           (2) approve strategy and resource allocations  
2           across foreign assistance programs supporting the  
3           global health workforce

4 **SEC. 6. INTERAGENCY TASK FORCE.**

5           (a) ESTABLISHMENT.—The President shall establish,  
6           within the National Security Council, an interagency task  
7           force to be co-chaired by—

8           (1) the Global Health Workforce Coordinator  
9           appointed under section 5(a); and

10           (2) an appropriate senior director of the Na-  
11           tional Security Council selected by the President.

12           (b) DUTIES.—The interagency task force shall—

13           (1) coordinate and oversee the implementation  
14           of this Act; and

15           (2) ensure the alignment of global health invest-  
16           ments across Federal departments and agencies.

17 **SEC. 7. ANNUAL REPORTING REQUIREMENTS.**

18           (a) IN GENERAL.—The President, acting in coordina-  
19           tion with the heads of relevant Federal departments and  
20           agencies, shall publish an annual report detailing efforts  
21           of Federal departments and agencies to train and support  
22           frontline health workers across all funding streams.

23           (b) CONTENTS.—The report shall include, at a min-  
24           imum, the following:

1           (1) FUNDING FOR HEALTH WORKERS.—A  
2           breakdown of funding across all cadres of health  
3           workers that is—

4                   (A) categorized as direct or indirect sup-  
5                   port; and

6                   (B) differentiated between—

7                           (i) single United States Government  
8                           source funding for a specific disease or  
9                           condition; and

10                           (ii) integrated funding approaches  
11                           that use more than one United States Gov-  
12                           ernment source of funding to cover mul-  
13                           tiple diseases or conditions.

14           (2) SUPPORT FOR TRAINING.—A breakdown of  
15           funding that supports the training of health workers,  
16           including—

17                   (A) pre-service training to address work-  
18                   force shortages;

19                   (B) in-service training for skill develop-  
20                   ment;

21                   (C) institutional capacity building and re-  
22                   tention measures; and

23                   (D) digital capacity and access for health  
24                   workers.

1           (3) SUPPORT FOR SUPPORT FOR SALARIES AND  
2           SUSTAINED EMPLOYMENT.—A breakdown of funding  
3           that supports the salaries and employment of health  
4           workers, including—

5                   (A) funds allocated to workforce expansion;

6                   (B) salary support with details on plans to  
7                   transition to domestic funding sources; and

8                   (C) protection measures for health work-  
9                   ers, including safe work conditions, labor stand-  
10                  ards, and protections during conflicts,  
11                  pandemics, or crises.

12 **SEC. 8. GLOBAL REPORTING.**

13           (a) IN GENERAL.—The United States shall seek to  
14           establish and support a biennial, independent global report  
15           on the status of the global health workforce, produced out-  
16           side the donor and United Nations system.

17           (b) CONTENTS.—The report shall assess the status  
18           of the global health workforce, including international and  
19           domestic funding, the policy environment, and other ave-  
20           nues for global health workforce support, for the purpose  
21           of tracking and encouraging greater progress, increased  
22           international and domestic funding, and the success of  
23           global engagement in support of the global health work-  
24           force.