

118TH CONGRESS
2D SESSION

S. _____

To provide additional authorities for the leadership of the United States Agency for International Development in health technology innovation for global health in low-resource settings, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. BOOKER introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To provide additional authorities for the leadership of the United States Agency for International Development in health technology innovation for global health in low-resource settings, 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 TITLES; TABLE OF CONTENTS.**

4 (a) SHORT TITLES.—This Act may be cited as the
5 “Supporting Innovative Global Health Technologies Act of
6 2024” or the “SIGHT Act”.

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

2

- Sec. 1. Short titles; table of contents.
- Sec. 2. Findings.
- Sec. 3. Statement of policy.
- Sec. 4. Definitions.
- Sec. 5. Chief Innovation Officer for Health.
- Sec. 6. Global Health Research and Development Advisory Council.
- Sec. 7. Global Health Research and Development program area activities and budget.
- Sec. 8. Grant program for expanded use of global health research and development.
- Sec. 9. Strategy and reports.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The United States Agency for International
4 Development has—

5 (A) a unique role in the research and de-
6 velopment of health technologies for global
7 health that complements the work of other de-
8 partments and agencies of the United States
9 Government; and

10 (B) both an advantage and a unique man-
11 date for the development of health technologies
12 to be used in low-resource settings.

13 (2) It is in the national interest of the United
14 States to build greater country capacity for research
15 and development of new health technologies to be
16 used in low- and middle-income countries.

17 (3) Investments by the United States Govern-
18 ment in global health research and development
19 should be coordinated with, and leverage investments

1 from, partner country governments, other govern-
2 ment donors, and the private sector.

3 (4) Human immunodeficiency virus (HIV), tu-
4 berculosis (TB), malaria, neglected tropical diseases,
5 emerging infectious diseases (such as COVID-19,
6 Ebola, and Zika), and many other health conditions
7 (such as complications in pregnancy) have a dis-
8 proportionate public health burden in low- and mid-
9 dle-income countries.

10 (5) Health technologies that were developed for
11 use in high-income countries often cannot be imple-
12 mented in low-resource settings in low- and middle-
13 income countries or require adaptation to be effec-
14 tive.

15 (6) Due to poverty or low incidence, many ne-
16 glected tropical diseases and emerging infectious dis-
17 eases either lack or have limited commercial markets
18 to drive health technology innovation.

19 (7) Achieving the ambitious goals set through
20 initiatives such as the President’s Emergency Plan
21 for AIDS Relief (commonly referred to as
22 “PEPFAR”) and the President’s Malaria Initiative
23 (commonly referred to as “PMI”) will not be pos-
24 sible without the development and scale-up of new
25 health technologies designed for use in low-resource

1 settings, which are needed to address both long-
2 standing endemic diseases and prepare for potential
3 pandemic threats.

4 (8) Public funding has proven highly successful
5 at incentivizing the development of health tech-
6 nologies for global health that are high-impact, ac-
7 cessible, and cost-saving.

8 (9) COVID-19 has demonstrated the impor-
9 tance of global access to health technologies de-
10 signed for low-resource settings.

11 (10) Support for the development of accessible
12 health technologies for low-resource settings can
13 have reciprocal value and produce tools that reduce
14 health care costs, improve public health, and
15 strengthen health security for the United States.

16 (11) For decades, USAID has been a catalyst
17 in the global health innovation ecosystem. While
18 other Federal departments and agencies, including
19 the National Institutes of Health, the Centers for
20 Disease Control and Prevention, and the Depart-
21 ment of Defense, provide support for global health
22 technologies, USAID is the only Federal agency that
23 provides broad support for the late-stage develop-
24 ment of new health technologies to combat neglected

1 tropical diseases, emerging infectious diseases, and
2 other health conditions for low-resource settings.

3 (12) While the need for new tools to tackle dis-
4 ease threats has grown in recent years, investments
5 by USAID in research and development have shrunk
6 as a proportion of its overall global health spending
7 and have been squeezed by stagnant budgets and
8 growing needs.

9 (13) Innovation at USAID is primarily sup-
10 ported from siloed disease- and population-specific
11 appropriations accounts, resulting in the limitation
12 of its ability to seek shared value across health sec-
13 tors or health threats.

14 (14) USAID is compelled to prioritize support
15 for immediate program needs with imperfect tools at
16 the expense of support for technologies that can im-
17 prove clinical effectiveness, increase access to care,
18 save costs, and build capacity and ownership by
19 partner countries.

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

21 It is the policy of the United States that—

22 (1) research and development for new health
23 technologies—

1 (A) is essential for the success of the glob-
2 al health programs of the United States Gov-
3 ernment; and

4 (B) provides for the improved effective-
5 ness, cost-effectiveness, and sustainability of
6 such programs; and

7 (2) funding and other support for global health
8 research and development under this Act shall be
9 additional and complementary to, and may not re-
10 place, displace, or otherwise compromise, funding
11 otherwise provided for—

12 (A) existing and ongoing global health re-
13 search and development of the United States
14 Government; or

15 (B) activities relating to the implementa-
16 tion of the global health programs of the United
17 States Government.

18 **SEC. 4. DEFINITIONS.**

19 In this Act:

20 (1) ADMINISTRATOR.—The term “Adminis-
21 trator” means the Administrator of the United
22 States Agency for International Development.

23 (2) APPROPRIATE CONGRESSIONAL COMMIT-
24 TEES.—The term “appropriate congressional com-
25 mittees” means—

1 (A) the Committee on Foreign Relations of
2 the Senate; and

3 (B) the Committee on Foreign Affairs of
4 the House of Representatives.

5 (3) GLOBAL HEALTH.—The term “global
6 health” includes efforts to combat and prepare for—

7 (A) neglected tropical diseases;

8 (B) emerging infectious diseases;

9 (C) antimicrobial resistance; and

10 (D) any other condition that may not be
11 easily treated, diagnosed, or prevented in low-
12 resource settings.

13 (4) GLOBAL HEALTH RESEARCH AND DEVELOP-
14 MENT.—The term “global health research and devel-
15 opment” includes an activity, or the support for
16 such an activity, related to research, development,
17 testing, evaluation, deployment, or implementation
18 of any new health technology.

19 (5) HEALTH TECHNOLOGY.—The term “health
20 technology”—

21 (A) means a vaccine, therapeutic, diag-
22 nostic, device, or other tool designed, modified,
23 or adapted for use in low-resource settings to
24 improve global health; and

1 (B) includes personal protective equipment
2 and insecticide so used.

3 (6) LOW-RESOURCE SETTING.—The term “low-
4 resource setting” means a location with limited or
5 inconsistent access to running water, electricity, re-
6 frigeration, supply chains, lab services, medical
7 equipment, trained health care personnel, or other
8 resources important for global health.

9 (7) USAID.—The term “USAID” means the
10 United States Agency for International Develop-
11 ment.

12 **SEC. 5. CHIEF INNOVATION OFFICER FOR HEALTH.**

13 (a) ESTABLISHMENT.—There is established, within
14 the USAID Bureau for Global Health, the position of
15 Chief Innovation Officer for Health, which shall be classi-
16 fied at the level of Deputy Assistant Administrator or
17 equivalent.

18 (b) APPOINTMENT.—The Administrator shall appoint
19 the Chief Innovation Officer for Health from among such
20 individuals as the Administrator determines have—

21 (1) relevant experience within private sector in-
22 dustry; and

23 (2) an expert understanding of health finance
24 and the research, development, testing, evaluation,

1 deployment, and implementation of new health tech-
2 nology.

3 (c) RELATIONSHIP TO ASSISTANT ADMINISTRATOR
4 FOR GLOBAL HEALTH.—The Chief Innovation Officer for
5 Health shall—

6 (1) serve as the principal advisor to the USAID
7 Assistant Administrator for Global Health regarding
8 global health research and development necessary to
9 meet the requirements of the United States Govern-
10 ment and the governments of partner countries for
11 improving global health; and

12 (2) report directly to the USAID Assistant Ad-
13 ministrator for Global Health.

14 (d) DUTIES.—The Chief Innovation Officer for
15 Health shall—

16 (1) ensure cross-sector, USAID-wide coopera-
17 tion, support, and programming for global health re-
18 search and development—

19 (A) to increase the effectiveness of USAID
20 international development programs; and

21 (B) to support the foreign policy and de-
22 velopment goals of the United States Govern-
23 ment;

24 (2) draw on the expertise of other Federal de-
25 partments and agencies and of nongovernmental or-

1 ganizations (including affected communities and in-
2 stitutions in low- or middle-income countries, busi-
3 nesses, health and science research organizations,
4 and institutions of higher education) that pursue
5 global health-related research and development to
6 identify the most pressing requirements for the de-
7 velopment of health technologies that will improve
8 global health and USAID programs relating to glob-
9 al health;

10 (3) leverage research and investments by other
11 USAID components, other Federal departments and
12 agencies, and nongovernmental organizations (in-
13 cluding businesses, health and science research orga-
14 nizations, institutions of higher education, and gov-
15 ernments or other institutions of partner countries)
16 to support the research and development of new
17 health technologies by the Chief Innovation Officer
18 for Health;

19 (4) administer the processes for awarding
20 grants, entering into partnerships, and jointly estab-
21 lishing other arrangements to support global health
22 research and development (including by admin-
23 istering the grant program required under section
24 8); and

1 (5) serve as the Chairperson of the Global
2 Health Research and Development Advisory Council
3 established pursuant to section 6.

4 (e) AUTHORITIES.—The USAID Assistant Adminis-
5 trator for Global Health shall take such steps as may be
6 necessary to ensure that the Chief Innovation Officer for
7 Health has sufficient authority within the Bureau for
8 Global Health to carry out the duties described in sub-
9 section (d).

10 **SEC. 6. GLOBAL HEALTH RESEARCH AND DEVELOPMENT**
11 **ADVISORY COUNCIL.**

12 (a) ESTABLISHMENT.—The Administrator shall es-
13 tablish an advisory council, which shall be known as the
14 “Global Health Research and Development Advisory
15 Council” (referred to in this section as the “Council”).

16 (b) MEMBERSHIP.—The Council shall be composed
17 of—

18 (1) the USAID Chief Innovation Officer for
19 Health, who shall serve as the Chair of the Council
20 (referred to in this section as the “Chair”);

21 (2) not more than 8 additional members, who
22 shall be appointed by the Administrator from among
23 individuals who—

24 (A) have been recommended for such ap-
25 pointment by the Chair; and

1 (B) are scientists or other experts with ex-
2 perience in global health research and develop-
3 ment through or on behalf of—

4 (i) USAID;

5 (ii) any other Federal department or
6 agency;

7 (iii) affected communities in low- or
8 middle-income countries; or

9 (iv) nongovernmental organizations,
10 including nonprofit organizations, busi-
11 nesses, and institutes of higher education.

12 (c) TERMS.—

13 (1) IN GENERAL.—Each member of the Council
14 other than the Chair shall be appointed for a 6-year
15 term.

16 (2) VACANCIES.—Any member appointed to fill
17 a vacancy occurring before the expiration of the
18 term for which the predecessor of the member was
19 appointed shall be appointed only for the remainder
20 of such term. A vacancy in the Council shall be filled
21 in the manner in which the original appointment was
22 made.

23 (d) COMPENSATION.—

24 (1) PROHIBITION OF COMPENSATION OF FED-
25 ERAL EMPLOYEES.—Except as provided in para-

1 graph (2), members of the Council who are full-time
2 officers or employees of the United States may not
3 receive additional pay, allowances, or benefits by rea-
4 son of their service on the Council.

5 (2) TRAVEL EXPENSES.—Each member of the
6 Council shall receive travel expenses, including per
7 diem in lieu of subsistence, in accordance with appli-
8 cable provisions under subchapter I of chapter 57 of
9 title 5, United States Code.

10 (e) MEETINGS.—The Council shall meet at the call
11 of the Chair.

12 (f) DUTIES.—The Council shall be responsible for ad-
13 vising the Administrator regarding USAID priorities and
14 objectives with respect to global health research and devel-
15 opment, including by providing such advice on an indi-
16 vidual member basis or as a collective Council, as the
17 Chair may direct.

18 (g) NONAPPLICABILITY OF FEDERAL ADVISORY
19 COMMITTEE ACT.—Chapter 10 of title 5, United States
20 Code (commonly referred to as the “Federal Advisory
21 Committee Act”), shall not apply to the Council.

22 **SEC. 7. GLOBAL HEALTH RESEARCH AND DEVELOPMENT**
23 **PROGRAM AREA ACTIVITIES AND BUDGET.**

24 (a) IN GENERAL.—The Administrator shall carry out
25 global health research and development activities with re-

1 spect to new health technologies with the potential to ad-
2 vance the effectiveness and sustainability of USAID global
3 health programs, including the potential to advance—

4 (1) health technologies with characteristics
5 identified or otherwise prioritized by affected com-
6 munities and partner countries;

7 (2) health technologies with characteristics that
8 facilitate introduction and access of the respective
9 technology to ensure use by those in need; and

10 (3) support for capacity-building within partner
11 countries and the transition by such countries to
12 greater country-level ownership, responsibility, and
13 decision-making with respect to global health.

14 (b) BUDGET.—Not later than 90 days after the date
15 of the enactment of this Act, the Administrator shall—

16 (1) establish a single, separate budget line for
17 the activities described in subsection (a), under
18 which funds made available to the Administrator to
19 carry out such activities shall be categorized; and

20 (2) include information regarding amounts ex-
21 pended and requested to be expended under such
22 budget line in the budget justification materials sub-
23 mitted in support of the budget of the President for
24 each fiscal year beginning on or after the date on
25 which such budget line is established.

1 **SEC. 8. GRANT PROGRAM FOR EXPANDED USE OF GLOBAL**
2 **HEALTH RESEARCH AND DEVELOPMENT.**

3 (a) GRANT PROGRAM.—The Administrator, acting
4 through the Chief Innovation Officer for Health appointed
5 pursuant to section 5, shall carry out a grant program
6 under which the Administrator may award competitive
7 grants to nongovernmental organizations that the Admin-
8 istrator determines to be eligible.

9 (b) USE OF AMOUNTS.—Grant amounts awarded
10 pursuant to this section may only be used—

11 (1) to develop new health technologies designed
12 for use in low-resource settings to improve global
13 health;

14 (2) to evaluate and improve the implementa-
15 tion, production, and scale-up of health technologies
16 in low-resource settings in partner countries; and

17 (3) to invest in the research capacity of institu-
18 tions in low- and middle-income partner countries to
19 lead and contribute to the development of health
20 technologies.

21 (c) CONDITIONS ON GRANT AWARD.—The Adminis-
22 trator may not award a grant to an entity under this sec-
23 tion unless—

24 (1) such entity submits to the Administrator a
25 proposal demonstrating sufficient technical stand-
26 ards, as determined by the Administrator, for any of

1 the purposes listed in paragraphs (1) through (3) of
2 subsection (b) for which the entity intends to use
3 such grant amounts;

4 (2) the entity agrees, as a condition of receiving
5 such grant, to report not less frequently than annu-
6 ally to the Administrator regarding the use of such
7 grant amounts during the grant period; and

8 (3) the Administrator certifies to the appro-
9 priate congressional committees that such award is
10 in compliance with section 3(2).

11 (d) ADDITIONAL NATURE OF AUTHORITY.—The au-
12 thority to award grants under this section is in addition
13 to, and not in lieu of, any other authority of the Adminis-
14 trator, including any such authority under part I or II
15 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151
16 et seq.).

17 **SEC. 9. STRATEGY AND REPORTS.**

18 (a) REPORT ON PROGRESS.—Not later than 180 days
19 after the date of the enactment of this Act, and before
20 submitting the budget justification materials in support
21 of the budget of the President for the first fiscal year be-
22 ginning after the date of the enactment of this Act, the
23 Administrator shall submit to the appropriate congres-
24 sional committees, and publish on a publicly available
25 USAID website, a report containing—

1 (1) a detailed description of the status of the
2 Global Health Research and Development Advisory
3 Council established pursuant to section 6;

4 (2) recommendations by the Global Health Re-
5 search and Development Advisory Council;

6 (3) solicitations for grant awards authorized
7 under section 8;

8 (4) a comprehensive accounting of awards and
9 objectives to be included within the annual report to
10 Congress on the USAID health-related research and
11 development strategy required under the Depart-
12 ment of State, Foreign Operations, and Related Pro-
13 grams Appropriations Act for the relevant fiscal year
14 (or by a report accompanying such Act from the
15 Committee on Appropriations of the Senate or the
16 Committee on Appropriations of the House of Rep-
17 resentatives);

18 (5) a detailed description of how planned invest-
19 ments by USAID in the activities described in sec-
20 tion 7(a) align with USAID’s multiyear strategy ti-
21 tled “Global Health Research and Development
22 Strategy 2023–2028” and developed pursuant to
23 section 7019(e) of division K of the Consolidated
24 Appropriations Act, 2022 (Public Law 117–103);
25 and

1 (6) a detailed description of how investments
2 made by USAID in such activities advance the other
3 USAID health-related programming goals.

4 (b) ANNUAL REPORTS.—Not later than 1 year after
5 the date of the enactment of this Act, and annually there-
6 after for the following 5 years as part of the annual report
7 referred to in subsection (a)(4), the Administrator shall
8 submit to the appropriate congressional committees, and
9 publish on a publicly available USAID website, a report
10 containing, with respect to the fiscal year covered by the
11 report—

12 (1) information on any grants awarded, or
13 other assistance provided, by the Administrator dur-
14 ing such year pursuant to this Act or any other rel-
15 evant provision of law for the support of global
16 health research and development in support of
17 USAID programs;

18 (2) the primary, secondary, and tertiary pur-
19 poses of—

20 (A) any such grants awarded; and

21 (B) any investments in the activities de-
22 scribed in section 7(a) made or proposed by the
23 Administrator during such year;

1 (3) a summary of the consultations with com-
2 munities and researchers based in partner countries
3 regarding any such investments;

4 (4) a description of the outcomes and status of
5 the activities described in section 7(a) that were car-
6 ried out or otherwise supported by the Administrator
7 during such fiscal year;

8 (5) the identification of any amounts obligated
9 or expended during such year by the Administrator
10 from any appropriations account to support global
11 health research and development, presented both as
12 a summary and in a table that is disaggregated by
13 health area, type of research or development activity,
14 and appropriations account; and

15 (6) a description of relevant objectives and ex-
16 pected outcomes for the subsequent fiscal year.