

119TH CONGRESS
2D SESSION

H. R. 8011

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2026

Mrs. KIGGANS of Virginia (for herself and Mr. BERA) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committees on Armed Services, and Intelligence (Permanent Select), 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 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Strengthening and Ex-
3 panding Capacity for Unified Response and Excellence in
4 Health Act” or the “SECURE Health Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

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

13 (2) Access to healthcare and a skilled health
14 workforce is essential for maintaining a healthy
15 overall global workforce and ensuring a stable supply
16 of goods vital to the United States economy.

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

23 (4) One in five active physicians and one in six
24 nurses in the United States are foreign-educated,
25 and legal immigrants comprise 18 percent of the en-
26 tire healthcare workforce, with the number of hos-

1 pitals hiring foreign-educated nurses nearly doubling
2 between 2010 and 2022.

3 (5) United States leadership and investments in
4 global health have driven remarkable progress, in-
5 cluding a 60 percent reduction in child mortality and
6 a 38 percent reduction in maternal mortality from
7 1990 to 2020, a 31 percent decline in new HIV in-
8 fections from 2010 to 2020, and a 38 percent de-
9 crease in malaria-related deaths from 2000 to
10 2019—contributing to enhanced productivity and
11 economic growth.

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

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

23 (8) Despite the critical role of frontline health
24 workers in improving health, advancing security, and
25 spurring economic growth both in the United States

1 and abroad, nearly half of the world’s population—
2 approximately 4.5 billion people—lacks access to
3 critical health services.

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

12 (10) Every day, more than 15,000 children die
13 worldwide, primarily from preventable causes, and
14 810 women lose their lives due to pregnancy or
15 childbirth-related complications.

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

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

23 (13) Frontline health workers frequently per-
24 form life-saving services under hazardous conditions,
25 often at great personal risk, with limited access to

1 essential medicines, medical equipment, and safe
2 water and sanitation.

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

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

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

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

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

24 (19) Frontline health workers play a vital role
25 in strengthening national resilience, saving lives, fos-

1 tering economic growth, developing robust primary
2 healthcare systems, and preventing and responding
3 to humanitarian crises and global health security
4 threats from infectious diseases.

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

6 It is the policy of the United States—

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

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

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

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

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

24 (a) ESTABLISHMENT; UPDATING.—

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

4 (2) CONTENTS.—The strategy shall—

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

9 (B) include measurable goals and imple-
10 mentation plans for global health workforce in-
11 vestments by the United States.

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

16 (1) establish policies for the use of such re-
17 sources that align with the strategy established
18 under subsection (a); and

19 (2) regularly update such policies.

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

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

1 (b) DUTIES.—The Global Health Workforce Coordi-
2 nator shall—

3 (1) coordinate and oversee the implementation
4 of this Act; and

5 (2) approve strategy and resource allocations
6 across foreign assistance programs supporting the
7 global health workforce.

8 **SEC. 6. INTERAGENCY TASK FORCE.**

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

12 (1) the Global Health Workforce Coordinator
13 appointed under section 5(a); and

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

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

17 (1) coordinate and oversee the implementation
18 of this Act; and

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

21 **SEC. 7. ANNUAL REPORTING REQUIREMENTS.**

22 (a) IN GENERAL.—The President, acting in coordina-
23 tion with the heads of relevant Federal departments and
24 agencies, shall publish an annual report detailing efforts

1 of Federal departments and agencies to train and support
2 frontline health workers across all funding streams.

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

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

8 (A) categorized as direct or indirect sup-
9 port; and

10 (B) differentiated between—

11 (i) single United States Government
12 source funding for a specific disease or
13 condition; and

14 (ii) integrated funding approaches
15 that use more than one United States Gov-
16 ernment source of funding to cover mul-
17 tiple diseases or conditions.

18 (2) SUPPORT FOR TRAINING.—A breakdown of
19 funding that supports the training of health workers,
20 including—

21 (A) pre-service training to address work-
22 force shortages;

23 (B) in-service training for skill develop-
24 ment;

1 (C) institutional capacity building and re-
2 tention measures; and

3 (D) digital capacity and access for health
4 workers.

5 (3) SUPPORT FOR SALARIES AND SUSTAINED
6 EMPLOYMENT.—A breakdown of funding that sup-
7 ports the salaries and employment of health workers,
8 including—

9 (A) funds allocated to workforce expansion;

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

12 (C) protection measures for health work-
13 ers, including safe work conditions, labor stand-
14 ards, and protections during conflicts,
15 pandemics, or crises.

16 **SEC. 8. GLOBAL REPORTING.**

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

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

- 1 international and domestic funding, and the success of
- 2 global engagement in support of the global health work-
- 3 force.

