

Suspend the Rules and Pass the Bill, H. R. 391, With an Amendment

(The amendment strikes all after the enacting clause and inserts a complete new text)

117TH CONGRESS
1ST SESSION

H. R. 391

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2021

Mr. CONNOLLY (for himself, Mr. CHABOT, Mrs. WAGNER, Mr. BERA, Mr. FITZPATRICK, Mr. LARSEN of Washington, Ms. BASS, Mrs. BEATTY, Mr. BEYER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Mr. CARTWRIGHT, Mr. CASE, Mr. CASTEN, Mr. CICILLINE, Mr. CLEAVER, Mr. COLE, Mr. COOPER, Mr. COSTA, Ms. DEAN, Mr. DEFazio, Mr. DEUTCH, Mr. ESPAILLAT, Ms. LOIS FRANKEL of Florida, Mr. VICENTE GONZALEZ of Texas, Mr. HASTINGS, Mrs. HAYES, Ms. HOULAHAN, Ms. JACKSON LEE, Mr. KEATING, Mr. KHANNA, Mr. KILMER, Mr. LANGEVIN, Mr. LEVIN of Michigan, Mr. LIEU, Mr. LYNCH, Mr. MALINOWSKI, Mr. MCGOVERN, Ms. MENG, Ms. NORTON, Mr. PHILLIPS, Mr. RUSH, Mr. SEAN PATRICK MALONEY of New York, Ms. SEWELL, Mr. SHERMAN, Mr. SIRES, Mr. SOTO, Ms. SPANBERGER, Mr. SUOZZI, Ms. TITUS, Mr. TONKO, Mrs. TRAHAN, Mr. TRONE, Mrs. WATSON COLEMAN, Ms. WEXTON, Mr. WILSON of South Carolina, and Ms. SÁNCHEZ) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Health Security
5 Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In December 2009, President Obama re-
9 leased the National Strategy for Countering Biologi-
10 cal Threats, which listed as one of seven objectives
11 “Promote global health security: Increase the avail-
12 ability of and access to knowledge and products of
13 the life sciences that can help reduce the impact
14 from outbreaks of infectious disease whether of nat-
15 ural, accidental, or deliberate origin”.

16 (2) In February 2014, the United States and
17 nearly 30 other nations launched the Global Health
18 Security Agenda (GHSA) to address several high-
19 priority, global infectious disease threats. The
20 GHSA is a multi-faceted, multi-country initiative in-
21 tended to accelerate partner countries’ measurable
22 capabilities to achieve specific targets to prevent, de-
23 tect, and respond to infectious disease threats,
24 whether naturally occurring, deliberate, or acci-
25 dental.

1 (3) In 2015, the United Nations adopted the
2 Sustainable Development Goals (SDGs), which in-
3 clude specific reference to the importance of global
4 health security as part of SDG 3 “ensure healthy
5 lives and promote well-being for all at all ages” as
6 follows: “strengthen the capacity of all countries, in
7 particular developing countries, for early warning,
8 risk reduction and management of national and
9 global health risks”.

10 (4) On November 4, 2016, President Obama
11 signed Executive Order No. 13747, “Advancing the
12 Global Health Security Agenda to Achieve a World
13 Safe and Secure from Infectious Disease Threats”.

14 (5) In October 2017 at the GHSA Ministerial
15 Meeting in Uganda, the United States and more
16 than 40 GHSA member countries supported the
17 “Kampala Declaration” to extend the GHSA for an
18 additional 5 years to 2024.

19 (6) In December 2017, President Trump re-
20 leased the National Security Strategy, which in-
21 cludes the priority action: “Detect and contain bio-
22 threats at their source: We will work with other
23 countries to detect and mitigate outbreaks early to
24 prevent the spread of disease. We will encourage
25 other countries to invest in basic health care systems

1 and to strengthen global health security across the
2 intersection of human and animal health to prevent
3 infectious disease outbreaks”.

4 (7) In September 2018, President Trump re-
5 leased the National Biodefense Strategy, which in-
6 cludes objectives to “strengthen global health secu-
7 rity capacities to prevent local bioincidents from be-
8 coming epidemics”, and “strengthen international
9 preparedness to support international response and
10 recovery capabilities”.

11 (8) In January 2021, President Biden issued
12 Executive Order 13987 (86 Fed. Reg. 7019; relating
13 to Organizing and Mobilizing the United States Gov-
14 ernment to Provide a Unified and Effective Re-
15 sponse to Combat COVID–19 and to Provide United
16 States Leadership on Global Health and Security),
17 as well as National Security Memorandum on
18 United States Global Leadership to Strengthen the
19 International COVID–19 Response and to Advance
20 Global Health Security and Biological Preparedness,
21 which include objectives to strengthen and reform
22 the World Health Organization, increase United
23 States leadership in the global response to COVID–
24 19, and to finance and advance global health secu-
25 rity and pandemic preparedness.

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

2 It is the policy of the United States to—

3 (1) promote and invest in global health security
4 and pandemic preparedness as a core national secu-
5 rity interest;

6 (2) advance the aims of the Global Health Se-
7 curity Agenda;

8 (3) collaborate with other countries to detect
9 and mitigate outbreaks early to prevent the spread
10 of disease;

11 (4) encourage and support other countries to
12 advance pandemic preparedness by investing in basic
13 resilient and sustainable health care systems; and

14 (5) strengthen global health security across the
15 intersection of human and animal health to prepare
16 for and prevent infectious disease outbreaks and
17 combat the growing threat of antimicrobial resist-
18 ance.

19 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY**
20 **REVIEW COUNCIL.**

21 (a) ESTABLISHMENT.—The President shall establish
22 a Global Health Security Agenda Interagency Review
23 Council (in this section referred to as the “Council”) to
24 perform the general responsibilities described in sub-
25 section (c) and the specific roles and responsibilities de-
26 scribed in subsection (e).

1 (b) MEETINGS.—The Council shall meet not less than
2 four times per year to advance its mission and fulfill its
3 responsibilities.

4 (c) GENERAL RESPONSIBILITIES.—The Council shall
5 be responsible for the following activities:

6 (1) Provide policy-level recommendations to
7 participating agencies on Global Health Security
8 Agenda (GHSA) goals, objectives, and implementa-
9 tion, and other international efforts to strengthen
10 pandemic preparedness and response.

11 (2) Facilitate interagency, multi-sectoral en-
12 gagement to carry out GHSA implementation.

13 (3) Provide a forum for raising and working to
14 resolve interagency disagreements concerning the
15 GHSA, and other international efforts to strengthen
16 pandemic preparedness and response.

17 (4)(A) Review the progress toward and work to
18 resolve challenges in achieving United States com-
19 mitments under the GHSA, including commitments
20 to assist other countries in achieving the GHSA tar-
21 gets.

22 (B) The Council shall consider, among other
23 issues, the following:

24 (i) The status of United States financial
25 commitments to the GHSA in the context of

1 commitments by other donors, and the con-
2 tributions of partner countries to achieve the
3 GHSA targets.

4 (ii) The progress toward the milestones
5 outlined in GHSA national plans for those
6 countries where the United States Government
7 has committed to assist in implementing the
8 GHSA and in annual work-plans outlining
9 agency priorities for implementing the GHSA.

10 (iii) The external evaluations of United
11 States and partner country capabilities to ad-
12 dress infectious disease threats, including the
13 ability to achieve the targets outlined within the
14 WHO Joint External Evaluation tool, as well as
15 gaps identified by such external evaluations.

16 (d) PARTICIPATION.—The Council shall be headed by
17 the Assistant to the President for National Security Af-
18 fairs, in coordination with the heads of relevant Federal
19 agencies. The Council shall consist of representatives from
20 the following agencies:

- 21 (1) The Department of State.
- 22 (2) The Department of Defense.
- 23 (3) The Department of Justice.
- 24 (4) The Department of Agriculture.

1 (5) The Department of Health and Human
2 Services.

3 (6) The Department of the Treasury.

4 (7) The Department of Labor.

5 (8) The Department of Homeland Security.

6 (9) The Office of Management and Budget.

7 (10) The Office of the Director of National In-
8 telligence.

9 (11) The United States Agency for Inter-
10 national Development.

11 (12) The Environmental Protection Agency.

12 (13) The Centers for Disease Control and Pre-
13 vention.

14 (14) The Office of Science and Technology Pol-
15 icy.

16 (15) The National Institutes of Health.

17 (16) The National Institute of Allergy and In-
18 fectionous Diseases.

19 (17) Such other agencies as the Council deter-
20 mines to be appropriate.

21 (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

22 (1) IN GENERAL.—The heads of agencies de-
23 scribed in subsection (d) shall—

24 (A) make the GHSA and its implementa-
25 tion and global pandemic preparedness a high

1 priority within their respective agencies, and in-
2 clude GHSA- and global pandemic prepared-
3 ness-related activities within their respective
4 agencies' strategic planning and budget proc-
5 esses;

6 (B) designate a senior-level official to be
7 responsible for the implementation of this Act;

8 (C) designate, in accordance with sub-
9 section (d), an appropriate representative at the
10 Assistant Secretary level or higher to partici-
11 pate on the Council;

12 (D) keep the Council apprised of GHSA-
13 related activities undertaken within their re-
14 spective agencies;

15 (E) maintain responsibility for agency-re-
16 lated programmatic functions in coordination
17 with host governments, country teams, and
18 GHSA in-country teams, and in conjunction
19 with other relevant agencies;

20 (F) coordinate with other agencies that are
21 identified in this section to satisfy pro-
22 grammatic goals, and further facilitate coordi-
23 nation of country teams, implementers, and do-
24 nors in host countries; and

1 (G) coordinate across national health secu-
2 rity action plans and with GHSA and other
3 partners, as appropriate, to which the United
4 States is providing assistance.

5 (2) **ADDITIONAL ROLES AND RESPONSIBIL-**
6 **ITIES.**—In addition to the roles and responsibilities
7 described in paragraph (1), the heads of agencies de-
8 scribed in subsection (d) shall carry out their respec-
9 tive roles and responsibilities described in sub-
10 sections (b) through (i) of section 3 of Executive
11 Order 13747 (81 Fed. Reg. 78701; relating to Ad-
12 vancing the Global Health Security Agenda to
13 Achieve a World Safe and Secure from Infectious
14 Disease Threats), as in effect on the day before the
15 date of the enactment of this Act.

16 **SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL**
17 **HEALTH SECURITY.**

18 (a) **IN GENERAL.**—The President shall appoint an in-
19 dividual to the position of United States Coordinator for
20 Global Health Security, who shall be responsible for the
21 coordination of the interagency process for responding to
22 global health security emergencies. As appropriate, the
23 designee shall coordinate with the President’s Special Co-
24 ordinator for International Disaster Assistance.

1 (b) CONGRESSIONAL BRIEFING.—Not less frequently
2 than twice each year, the employee designated under this
3 section shall provide to the appropriate congressional com-
4 mittees a briefing on the responsibilities and activities of
5 the individual under this section.

6 **SEC. 6. SENSE OF CONGRESS.**

7 It is the sense of the Congress that, given the complex
8 and multisectoral nature of global health threats to the
9 United States, the President—

10 (1) should consider appointing an individual
11 with significant background and expertise in public
12 health or emergency response management to the
13 position of United States Coordinator for Global
14 Health Security, as required by section 5(a), who is
15 an employee of the National Security Council at the
16 level of Deputy Assistant to the President or higher;
17 and

18 (2) in providing assistance to implement the
19 strategy required under section 7(a), should—

20 (A) coordinate, through a whole-of-govern-
21 ment approach, the efforts of relevant Federal
22 departments and agencies to implement the
23 strategy;

24 (B) seek to fully utilize the unique capa-
25 bilities of each relevant Federal department and

1 agency while collaborating with and leveraging
2 the contributions of other key stakeholders; and
3 (C) utilize open and streamlined solicita-
4 tions to allow for the participation of a wide
5 range of implementing partners through the
6 most appropriate procurement mechanisms,
7 which may include grants, contracts, coopera-
8 tive agreements, and other instruments as nec-
9 essary and appropriate.

10 **SEC. 7. STRATEGY AND REPORTS.**

11 (a) STRATEGY.—The President shall coordinate the
12 development and implementation of a strategy to imple-
13 ment the policy aims described in section 3, which shall—

14 (1) seek to strengthen United States diplomatic
15 leadership and improve the effectiveness of United
16 States foreign assistance for global health security to
17 prevent, detect, and respond to infectious disease
18 threats, including through advancement of the Glob-
19 al Health Security Agenda (GHSA), the Inter-
20 national Health Regulations (2005), and other rel-
21 evant frameworks that contribute to global health
22 security and pandemic preparedness;

23 (2) establish specific and measurable goals,
24 benchmarks, timetables, performance metrics, and
25 monitoring and evaluation plans for United States

1 foreign assistance for global health security that pro-
2 mote learning and reflect international best practices
3 relating to global health security, transparency, and
4 accountability;

5 (3) establish mechanisms to improve coordina-
6 tion and avoid duplication of effort between the
7 United States Government and partner countries,
8 donor countries, the private sector, multilateral orga-
9 nizations, and other key stakeholders;

10 (4) prioritize working with partner countries
11 with demonstrated—

12 (A) need, as identified through the Joint
13 External Evaluation process, the Global Health
14 Security Index classification of health systems,
15 national action plans for health security, GHSA
16 Action Packages, and other complementary or
17 successor indicators of global health security
18 and pandemic preparedness; and

19 (B) commitment to transparency, including
20 budget and global health data transparency,
21 complying with the International Health Regu-
22 lations (2005), investing in domestic health sys-
23 tems, and achieving measurable results;

24 (5) reduce long-term reliance upon United
25 States foreign assistance for global health security

1 by promoting partner country ownership, improved
2 domestic resource mobilization, co-financing, and ap-
3 propriate national budget allocations for global
4 health security and pandemic preparedness and re-
5 sponse;

6 (6) assist partner countries in building the tech-
7 nical capacity of relevant ministries, systems, and
8 networks to prepare, execute, monitor, and evaluate
9 effective national action plans for health security, in-
10 cluding mechanisms to enhance budget and global
11 health data transparency, as necessary and appro-
12 priate;

13 (7) support and be aligned with country-owned
14 global health security policy and investment plans
15 developed with input from key stakeholders, as ap-
16 propriate;

17 (8) facilitate communication and collaboration,
18 as appropriate, among local stakeholders in support
19 of a multi-sectoral approach to global health secu-
20 rity;

21 (9) support the long-term success of programs
22 by building the capacity of local organizations and
23 institutions in target countries and communities;

24 (10) develop community resilience to infectious
25 disease threats and emergencies;

1 (11) support global health budget and work-
2 force planning in partner countries, including train-
3 ing in financial management and budget and global
4 health data transparency;

5 (12) align United States foreign assistance for
6 global health security with national action plans for
7 health security in partner countries, developed with
8 input from key stakeholders, including the private
9 sector, to the greatest extent practicable and appro-
10 priate;

11 (13) strengthen linkages between complemen-
12 tary bilateral and multilateral foreign assistance pro-
13 grams, including efforts of the World Bank, the
14 World Health Organization, the Global Fund to
15 Fight AIDS, Tuberculosis, and Malaria, and Gavi,
16 the Vaccine Alliance, that contribute to the develop-
17 ment of more resilient health systems and supply
18 chains in partner countries with the capacity, re-
19 sources, and personnel required to prevent, detect,
20 and respond to infectious disease threats;

21 (14) support innovation and public-private part-
22 nerships to improve pandemic preparedness and re-
23 sponse, including for the development and deploy-
24 ment of effective, accessible, and affordable infec-

1 tious disease tracking tools, diagnostics, thera-
2 peutics, and vaccines;

3 (15) support collaboration with and among rel-
4 evant public and private research entities engaged in
5 global health security; and

6 (16) support collaboration between United
7 States universities and public and private institu-
8 tions in partner countries that promote global health
9 security and innovation.

10 (b) STRATEGY SUBMISSION.—

11 (1) IN GENERAL.—Not later than 180 days
12 after the date of the enactment of this Act, the
13 President, in consultation with the head of each rel-
14 evant Federal department and agency, shall submit
15 to the appropriate congressional committees the
16 strategy required under subsection (a) that provides
17 a detailed description of how the United States in-
18 tends to advance the policy set forth in section 3 and
19 the agency-specific plans described in paragraph (2).

20 (2) AGENCY-SPECIFIC PLANS.—The strategy re-
21 quired under subsection (a) shall include specific im-
22 plementation plans from each relevant Federal de-
23 partment and agency that describe—

24 (A) the anticipated contributions of the de-
25 partment or agency, including technical, finan-

1 cial, and in-kind contributions, to implement
2 the strategy; and

3 (B) the efforts of the department or agen-
4 cy to ensure that the activities and programs
5 carried out pursuant to the strategy are de-
6 signed to achieve maximum impact and long-
7 term sustainability.

8 (c) REPORT.—

9 (1) IN GENERAL.—Not later than 1 year after
10 the date on which the strategy required under sub-
11 section (a) is submitted to the appropriate congres-
12 sional committees under subsection (b), and not
13 later than October 1 of each year thereafter, the
14 President shall submit to the appropriate congres-
15 sional committees a report that describes the status
16 of the implementation of the strategy.

17 (2) CONTENTS.—The report required under
18 paragraph (1) shall—

19 (A) identify any substantial changes made
20 in the strategy during the preceding calendar
21 year;

22 (B) describe the progress made in imple-
23 menting the strategy;

24 (C) identify the indicators used to establish
25 benchmarks and measure results over time, as

1 well as the mechanisms for reporting such re-
2 sults in an open and transparent manner;

3 (D) contain a transparent, open, and de-
4 tailed accounting of expenditures by relevant
5 Federal departments and agencies to implement
6 the strategy, including, to the extent prac-
7 ticable, for each Federal department and agen-
8 cy, the statutory source of expenditures,
9 amounts expended, partners, targeted popu-
10 lations, and types of activities supported;

11 (E) describe how the strategy leverages
12 other United States global health and develop-
13 ment assistance programs and bilateral and
14 multilateral institutions;

15 (F) assess efforts to coordinate United
16 States global health security programs, activi-
17 ties, and initiatives with key stakeholders;

18 (G) incorporate a plan for regularly review-
19 ing and updating strategies, partnerships, and
20 programs and sharing lessons learned with a
21 wide range of stakeholders, including key stake-
22 holders, in an open, transparent manner; and

23 (H) describe the progress achieved and
24 challenges concerning the United States Gov-
25 ernment's ability to advance GHSA and pan-

1 demic preparedness, including data
2 disaggregated by priority country using indica-
3 tors that are consistent on a year-to-year basis
4 and recommendations to resolve, mitigate, or
5 otherwise address the challenges identified
6 therein.

7 (d) FORM.—The strategy required under subsection
8 (a) and the report required under subsection (c) shall be
9 submitted in unclassified form but may contain a classi-
10 fied annex.

11 **SEC. 8. ESTABLISHMENT OF FUND FOR GLOBAL HEALTH**
12 **SECURITY AND PANDEMIC PREPAREDNESS.**

13 (a) NEGOTIATIONS FOR ESTABLISHMENT OF A FUND
14 FOR GLOBAL HEALTH SECURITY AND PANDEMIC PRE-
15 PAREDNESS.—The Secretary of State, in coordination
16 with the Secretary of the Treasury, the Administrator of
17 the United States Agency for International Development,
18 the Secretary of Health and Human Services, and the
19 heads of other relevant Federal departments and agencies
20 as necessary and appropriate, should seek to enter into
21 negotiations with donors, relevant United Nations agen-
22 cies, including the World Health Organization, and other
23 key multilateral stakeholders, for the establishment of—

24 (1) a multilateral, catalytic financing mecha-
25 nism for global health security and pandemic pre-

1 paredness, which may be known as the Fund for
2 Global Health Security and Pandemic Preparedness
3 (in this title referred to as “the Fund”), in accord-
4 ance with the provisions of this section; and

5 (2) an Advisory Board to the Fund in accord-
6 ance with section 9.

7 (b) PURPOSE.—The purpose of the Fund should be
8 to close critical gaps in global health security and pan-
9 demic preparedness and build capacity in eligible partner
10 countries in the areas of global health security, infectious
11 disease control, and pandemic preparedness, such that
12 it—

13 (1) prioritizes capacity building and financing
14 availability in eligible partner countries;

15 (2) incentivizes countries to prioritize the use of
16 domestic resources for global health security and
17 pandemic preparedness;

18 (3) leverages government, nongovernment, and
19 private sector investments;

20 (4) regularly responds to and evaluates progress
21 based on clear metrics and benchmarks, such as the
22 Joint External Evaluation and Global Health Secu-
23 rity Index;

24 (5) aligns with and complements ongoing bilat-
25 eral and multilateral efforts and financing, including

1 through the World Bank, the World Health Organi-
2 zation, the Global Fund to Fight AIDS, Tuber-
3 culosis, and Malaria, and Gavi, the Vaccine Alliance;
4 and

5 (6) accelerates country compliance with the
6 International Health Regulations (2005) and fulfill-
7 ment of the Global Health Security Agenda 2024
8 Framework, in coordination with the ongoing Joint
9 External Evaluation national action planning proc-
10 ess.

11 (c) EXECUTIVE BOARD.—

12 (1) IN GENERAL.—The Fund should be gov-
13 erned by an Executive Board, which should be com-
14 posed of not more than 20 representatives of donor
15 governments, foundations, academic institutions,
16 civil society, and the private sector that meet a min-
17 imum threshold in annual contributions and agree to
18 uphold transparency measures.

19 (2) DUTIES.—The Executive Board should be
20 charged with approving strategies, operations, and
21 grant-making authorities, such that it is able to con-
22 duct effective fiduciary, monitoring, and evaluation
23 efforts, and other oversight functions. In addition,
24 the Executive Board should—

1 (A) be comprised only of contributors to
2 the Fund at not less than the minimum thresh-
3 old to be established pursuant to paragraph (1);

4 (B) determine operational procedures such
5 that the Fund is able to effectively fulfill its
6 mission; and

7 (C) provide oversight and accountability
8 for the Fund in collaboration with the Inspector
9 General to be established pursuant to section
10 10(e)(1)(A).

11 (3) COMPOSITION.—The Executive Board
12 should include—

13 (A) representatives of the governments of
14 founding permanent member countries who, in
15 addition to the requirements in paragraph (1),
16 qualify based upon meeting an established ini-
17 tial contribution threshold, which should be not
18 less than 10 percent of total initial contribu-
19 tions, and a demonstrated commitment to sup-
20 porting the International Health Regulations
21 (2005);

22 (B) term members, who are from academic
23 institutions, civil society, and the private sector
24 and are selected by the permanent members on
25 the basis of their experience and commitment to

1 innovation, best practices, and the advancement
2 of global health security objectives; and

3 (C) representatives of the World Health
4 Organization, and the chair of the Global
5 Health Security Steering Group.

6 (4) QUALIFICATIONS.—Individuals appointed to
7 the Executive Board should have demonstrated
8 knowledge and experience across a variety of sectors,
9 including human and animal health, agriculture, de-
10 velopment, defense, finance, research, and academia.

11 (5) CONFLICTS OF INTEREST.—

12 (A) TECHNICAL EXPERTS.—The Executive
13 Board may include independent technical ex-
14 perts, provided they are not affiliated with or
15 employed by a recipient country or organiza-
16 tion.

17 (B) MULTILATERAL BODIES AND INSTITU-
18 TIONS.—Executive Board members appointed
19 under paragraph (3)(C) should recuse them-
20 selves from matters presenting conflicts of in-
21 terest, including financing decisions relating to
22 such bodies and institutions.

23 (6) UNITED STATES REPRESENTATION.—

24 (A) IN GENERAL.—

1 (i) FOUNDED PERMANENT MEM-
2 BER.—The Secretary of State shall seek to
3 establish the United States as a founding
4 permanent member of the Fund.

5 (ii) UNITED STATES REPRESENTA-
6 TION.—The United States shall be rep-
7 resented on the Executive Board by an of-
8 ficer or employee of the United States ap-
9 pointed by the President.

10 (B) EFFECTIVE AND TERMINATION
11 DATES.—

12 (i) EFFECTIVE DATE.—This para-
13 graph shall take effect upon the date the
14 Secretary of State certifies and transmits
15 to Congress an agreement establishing the
16 Fund.

17 (ii) TERMINATION DATE.—The mem-
18 bership established pursuant to subpara-
19 graph (A) shall terminate upon the date of
20 termination of the Fund.

21 (7) REMOVAL PROCEDURES.—The Fund should
22 establish procedures for the removal of members of
23 the Executive Board who engage in a consistent pat-
24 tern of human rights abuses, fail to uphold global
25 health data transparency requirements, or otherwise

1 violate the established standards of the Fund, in-
2 cluding in relation to corruption.

3 (8) ENFORCEABILITY.—Any agreement con-
4 cluded under the authorities provided by this section
5 shall be legally effective and binding upon the
6 United States, as may be provided in the agreement,
7 upon—

8 (A) the enactment of appropriate imple-
9 menting legislation which provides for the ap-
10 proval of the specific agreement or agreements,
11 including attachments, annexes, and supporting
12 documentation, as appropriate; or

13 (B) if concluded and submitted as a treaty,
14 receiving the necessary consent of the Senate.

15 (9) ELIGIBLE PARTNER COUNTRY DEFINED.—
16 In this section, the term “eligible partner country”
17 means a country with demonstrated—

18 (A) need, as identified through the Joint
19 External Evaluation process, the Global Health
20 Security Index classification of health systems,
21 national action plans for health security, and
22 other complementary or successor indicators of
23 global health security and pandemic prepared-
24 ness; and

1 (B) commitment to transparency, including
2 budget and global health data transparency,
3 complying with the International Health Regu-
4 lations (2005), investing in domestic health sys-
5 tems, and achieving measurable results, and in
6 which the Fund for Global Health Security and
7 Pandemic Preparedness established under this
8 section may finance global health security and
9 pandemic preparedness assistance programs
10 under this Act.

11 **SEC. 9. FUND AUTHORITIES.**

12 (a) PROGRAM OBJECTIVES.—

13 (1) IN GENERAL.—In carrying out the purpose
14 set forth in section 8, the Fund, acting through the
15 Executive Board, should provide grants, including
16 challenge grants, technical assistance, concessional
17 lending, catalytic investment funds, and other inno-
18 vative funding mechanisms, as appropriate, to—

19 (A) help eligible partner countries close
20 critical gaps in health security, as identified
21 through the Joint External Evaluation process,
22 the Global Health Security Index classification
23 of health systems, and national action plans for
24 health security and other complementary or

1 successor indicators of global health security
2 and pandemic preparedness; and

3 (B) support measures that enable such
4 countries, at both national and sub-national lev-
5 els, and in partnership with civil society and the
6 private sector, to strengthen and sustain resil-
7 ient health systems and supply chains with the
8 resources, capacity, and personnel required to
9 prevent, detect, mitigate, and respond to infec-
10 tious disease threats before they become
11 pandemics.

12 (2) ACTIVITIES SUPPORTED.—The activities to
13 be supported by the Fund should include efforts
14 to—

15 (A) enable eligible partner countries to for-
16 mulate and implement national health security
17 and pandemic preparedness action plans, ad-
18 vance action packages under the Global Health
19 Security Agenda, and adopt and uphold com-
20 mitments under the International Health Regu-
21 lations (2005) and other related international
22 health agreements, as appropriate;

23 (B) support global health security budget
24 planning in eligible partner countries, including

1 training in financial management and budget
2 and global health data transparency;

3 (C) strengthen the health security work-
4 force, including hiring, training, and deploying
5 experts to improve frontline preparedness for
6 emerging epidemic and pandemic threats;

7 (D) improve infection control and the pro-
8 tection of healthcare workers within healthcare
9 settings;

10 (E) combat the threat of antimicrobial re-
11 sistance;

12 (F) strengthen laboratory capacity and
13 promote biosafety and biosecurity through the
14 provision of material and technical assistance;

15 (G) reduce the risk of bioterrorism,
16 zoonotic disease spillover, and accidental bio-
17 logical release;

18 (H) build technical capacity to manage
19 global health security related supply chains, in-
20 cluding for personal protective equipment, oxy-
21 gen, testing reagents, and other lifesaving sup-
22 plies, through effective forecasting, procure-
23 ment, warehousing, and delivery from central
24 warehouses to points of service in both the pub-
25 lic and private sectors;

1 (I) enable bilateral, regional, and inter-
2 national partnerships and cooperation, includ-
3 ing through pandemic early warning systems
4 and emergency operations centers, to identify
5 and address transnational infectious disease
6 threats exacerbated by natural and man-made
7 disasters, human displacement, and zoonotic in-
8 fection;

9 (J) establish partnerships for the sharing
10 of best practices and enabling eligible countries
11 to meet targets and indicators under the Joint
12 External Evaluation process, the Global Health
13 Security Index classification of health systems,
14 and national action plans for health security re-
15 lating to the detection, treatment, and preven-
16 tion of neglected tropical diseases;

17 (K) build the technical capacity of eligible
18 partner countries to prepare for and respond to
19 second order development impacts of infectious
20 disease outbreaks, while accounting for the dif-
21 ferentiated needs and vulnerabilities of
22 marginalized populations;

23 (L) develop and utilize metrics to monitor
24 and evaluate programmatic performance and
25 identify best practices, including in accordance

1 with Joint External Evaluation benchmarks,
2 Global Health Security Agenda targets, and
3 Global Health Security Index indicators;

4 (M) develop and deploy mechanisms to en-
5 hance the transparency and accountability of
6 global health security and pandemic prepared-
7 ness programs and data, in compliance with the
8 International Health Regulations (2005), in-
9 cluding through the sharing of trends, risks,
10 and lessons learned; and

11 (N) develop and implement simulation ex-
12 ercises, produce and release after action re-
13 ports, and address related gaps.

14 (3) IMPLEMENTATION OF PROGRAM OBJEC-
15 TIVES.—In carrying out the objectives of paragraph
16 (1), the Fund should work to eliminate duplication
17 and waste by upholding strict transparency and ac-
18 countability standards and coordinating its programs
19 and activities with key partners working to advance
20 global health security and pandemic preparedness,
21 including—

22 (A) governments, civil society, faith-based,
23 and nongovernmental organizations, research
24 and academic institutions, and private sector
25 entities in eligible partner countries;

1 (B) the pandemic early warning systems
2 and emergency operations centers to be estab-
3 lished under section 9;

4 (C) the World Health Organization;

5 (D) the Global Health Security Agenda;

6 (E) the Global Health Security Initiative;

7 (F) the Global Fund to Fight AIDS, Tu-
8 berculosis, and Malaria;

9 (G) the United Nations Office for the Co-
10 ordination of Humanitarian Affairs, UNICEF,
11 and other relevant funds, programs, and spe-
12 cialized agencies of the United Nations;

13 (H) Gavi, the Vaccine Alliance;

14 (I) the Coalition for Epidemic Prepared-
15 ness Innovations (CEPI);

16 (J) the Global Polio Eradication Initiative;

17 and

18 (K) the United States Coordinator for
19 Global Health Security and Diplomacy estab-
20 lished under section 5.

21 (b) PRIORITY.—In providing assistance under this
22 section, the Fund should give priority to low-and lower-
23 middle income countries with—

24 (1) low scores on the Global Health Security
25 Index classification of health systems;

1 (2) measurable gaps in global health security
2 and pandemic preparedness identified under Joint
3 External Evaluations and national action plans for
4 health security;

5 (3) demonstrated political and financial com-
6 mitment to pandemic preparedness; and

7 (4) demonstrated commitment to upholding
8 global health budget and data transparency and ac-
9 countability standards, complying with the Inter-
10 national Health Regulations (2005), investing in do-
11 mestic health systems, and achieving measurable re-
12 sults.

13 (c) **ELIGIBLE GRANT RECIPIENTS.**—Governments
14 and nongovernmental organizations should be eligible to
15 receive grants as described in this section.

16 **SEC. 10. FUND ADMINISTRATION.**

17 (a) **APPOINTMENT OF AN ADMINISTRATOR.**—The Ex-
18 ecutive Board of the Fund should appoint an Adminis-
19 trator who should be responsible for managing the day-
20 to-day operations of the Fund.

21 (b) **AUTHORITY TO SOLICIT AND ACCEPT CONTRIBU-**
22 **TIONS.**—The Fund should be authorized to solicit and ac-
23 cept contributions from governments, the private sector,
24 foundations, individuals, and nongovernmental entities of
25 all kinds.

1 (c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR
2 PROGRAMS.—As part of the negotiations described in sec-
3 tion 8(a), the Secretary of the State, shall, consistent with
4 subsection (d)—

5 (1) take such actions as are necessary to ensure
6 that the Fund will have in effect adequate proce-
7 dures and standards to account for and monitor the
8 use of funds contributed to the Fund, including the
9 cost of administering the Fund; and

10 (2) seek agreement on the criteria that should
11 be used to determine the programs and activities
12 that should be assisted by the Fund.

13 (d) SELECTION OF PARTNER COUNTRIES, PROJECTS,
14 AND RECIPIENTS.—The Executive Board should estab-
15 lish—

16 (1) eligible partner country selection criteria, to
17 include transparent metrics to measure and assess
18 global health security and pandemic preparedness
19 strengths and vulnerabilities in countries seeking as-
20 sistance;

21 (2) minimum standards for ensuring eligible
22 partner country ownership and commitment to long-
23 term results, including requirements for domestic
24 budgeting, resource mobilization, and co-investment;

1 (3) criteria for the selection of projects to re-
2 ceive support from the Fund;

3 (4) standards and criteria regarding qualifica-
4 tions of recipients of such support;

5 (5) such rules and procedures as may be nec-
6 essary for cost-effective management of the Fund;
7 and

8 (6) such rules and procedures as may be nec-
9 essary to ensure transparency and accountability in
10 the grant-making process.

11 (e) **ADDITIONAL TRANSPARENCY AND ACCOUNT-**
12 **ABILITY REQUIREMENTS.—**

13 (1) **INSPECTOR GENERAL.—**

14 (A) **IN GENERAL.—**The Secretary of State
15 shall seek to ensure that the Fund maintains
16 an independent Office of the Inspector General
17 and ensure that the office has the requisite re-
18 sources and capacity to regularly conduct and
19 publish, on a publicly accessible website, rig-
20 orous financial, programmatic, and reporting
21 audits and investigations of the Fund and its
22 grantees.

23 (B) **SENSE OF CONGRESS ON CORRUP-**
24 **TION.—**It is the sense of Congress that—

1 (i) corruption within global health
2 programs contribute directly to the loss of
3 human life and cannot be tolerated; and

4 (ii) in making financial recoveries re-
5 lating to a corrupt act or criminal conduct
6 under a grant, as determined by the In-
7 spector General, the responsible grant re-
8 cipient should be assessed at a recovery
9 rate of up to 150 percent of such loss.

10 (2) ADMINISTRATIVE EXPENSES.—The Sec-
11 retary of State shall seek to ensure the Fund estab-
12 lishes, maintains, and makes publicly available a sys-
13 tem to track the administrative and management
14 costs of the Fund on a quarterly basis.

15 (3) FINANCIAL TRACKING SYSTEMS.—The Sec-
16 retary of State shall ensure that the Fund estab-
17 lishes, maintains, and makes publicly available a sys-
18 tem to track the amount of funds disbursed to each
19 grant recipient and sub-recipient during a grant's
20 fiscal cycle.

21 **SEC. 11. FUND ADVISORY BOARD.**

22 (a) IN GENERAL.—There should be an Advisory
23 Board to the Fund.

24 (b) APPOINTMENTS.—The members of the Advisory
25 Board should be composed of—

1 (1) individuals with experience and leadership
2 in the fields of development, global health, epidemi-
3 ology, medicine, biomedical research, and social
4 sciences; and

5 (2) representatives of relevant United Nations
6 agencies, including the World Health Organization,
7 and nongovernmental organizations with on-the-
8 ground experience in implementing global health
9 programs in low and lower-middle income countries.

10 (c) RESPONSIBILITIES.—The Advisory Board should
11 provide advice and guidance to the Executive Board of the
12 Fund on the development and implementation of programs
13 and projects to be assisted by the Fund and on leveraging
14 donations to the Fund.

15 (d) PROHIBITION ON PAYMENT OF COMPENSA-
16 TION.—

17 (1) IN GENERAL.—Except for travel expenses
18 (including per diem in lieu of subsistence), no mem-
19 ber of the Advisory Board should receive compensa-
20 tion for services performed as a member of the
21 Board.

22 (2) UNITED STATES REPRESENTATIVE.—Not-
23 withstanding any other provision of law (including
24 an international agreement), a representative of the
25 United States on the Advisory Board may not accept

1 compensation for services performed as a member of
2 the Board, except that such representative may ac-
3 cept travel expenses, including per diem in lieu of
4 subsistence, while away from the representative's
5 home or regular place of business in the perform-
6 ance of services for the Board.

7 (e) CONFLICTS OF INTEREST.—Members of the Advi-
8 sory Board should be required to disclose any potential
9 conflicts of interest prior to serving on the Advisory
10 Board.

11 **SEC. 12. REPORTS TO CONGRESS ON THE FUND.**

12 (a) STATUS REPORT.—Not later than 6 months after
13 the date of enactment of this Act, the Secretary of State,
14 in coordination with the Administrator of the United
15 States Agency for International Development, and the
16 heads of other relevant Federal departments and agencies,
17 shall submit to the appropriate congressional committees
18 a report detailing the progress of international negotia-
19 tions to establish the Fund.

20 (b) ANNUAL REPORT.—

21 (1) IN GENERAL.—Not later than 1 year after
22 the date of the establishment of the Fund, and an-
23 nually thereafter for the duration of the Fund, the
24 Secretary of State, shall submit to the appropriate
25 congressional committees a report on the Fund.

1 (2) REPORT ELEMENTS.—The report shall in-
2 clude a description of—

3 (A) the goals of the Fund;

4 (B) the programs, projects, and activities
5 supported by the Fund;

6 (C) private and governmental contributions
7 to the Fund; and

8 (D) the criteria utilized to determine the
9 programs and activities that should be assisted
10 by the Fund.

11 (c) GAO REPORT ON EFFECTIVENESS.—Not later
12 than 2 years after the date that the Fund comes into ef-
13 fect, the Comptroller General of the United States shall
14 submit to the appropriate congressional committees a re-
15 port evaluating the effectiveness of the Fund, including—

16 (1) the effectiveness of the programs, projects,
17 and activities supported by the Fund; and

18 (2) an assessment of the merits of continued
19 United States participation in the Fund.

20 **SEC. 13. UNITED STATES CONTRIBUTIONS.**

21 (a) IN GENERAL.—Subject to submission of the cer-
22 tification under this section, the President is authorized
23 to make available for United States contributions to the
24 Fund such funds as may be authorized to be made avail-
25 able for such purpose.

1 (b) NOTIFICATION.—The Secretary of State shall no-
2 tify the appropriate congressional committees not later
3 than 15 days in advance of making a contribution to the
4 Fund, including—

5 (1) the amount of the proposed contribution;

6 (2) the total of funds contributed by other do-
7 nors; and

8 (3) the national interests served by United
9 States participation in the Fund.

10 (c) LIMITATION.—At no point during the five years
11 after enactment of this Act shall a United States contribu-
12 tion to the Fund cause the cumulative total of United
13 States contributions to the Fund to exceed 33 percent of
14 the total contributions to the Fund from all sources.

15 (d) WITHHOLDINGS.—

16 (1) SUPPORT FOR ACTS OF INTERNATIONAL
17 TERRORISM.—If at any time the Secretary of State
18 determines that the Fund has provided assistance to
19 a country, the government of which the Secretary of
20 State has determined, for purposes of section 620A
21 of the Foreign Assistance Act of 1961 (22 U.S.C.
22 2371) has repeatedly provided support for acts of
23 international terrorism, the United States shall with-
24 hold from its contribution to the Fund for the next

1 fiscal year an amount equal to the amount expended
2 by the Fund to the government of such country.

3 (2) EXCESSIVE SALARIES.—If at any time dur-
4 ing the five years after enactment of this Act, the
5 Secretary of State determines that the salary of any
6 individual employed by the Fund exceeds the salary
7 of the Vice President of the United States for that
8 fiscal year, then the United States should withhold
9 from its contribution for the next fiscal year an
10 amount equal to the aggregate amount by which the
11 salary of each such individual exceeds the salary of
12 the Vice President of the United States.

13 (3) ACCOUNTABILITY CERTIFICATION REQUIRE-
14 MENT.—The Secretary of State may withhold not
15 more than 20 percent of planned United States con-
16 tributions to the Fund until the Secretary certifies
17 to the appropriate congressional committees that the
18 Fund has established procedures to provide access
19 by the Office of Inspector General of the Depart-
20 ment of State, as cognizant Inspector General, the
21 Inspector General of the Department of Health and
22 Human Services, the Inspector General of the
23 United States Agency for International Develop-
24 ment, and the Comptroller General of the United
25 States to the Fund's financial data and other infor-

1 mation relevant to United States contributions to
2 the Fund (as determined by the Inspector General
3 of the Department of State, in consultation with the
4 Secretary of State).

5 **SEC. 14. COMPLIANCE WITH THE FOREIGN AID TRANS-**
6 **PARENCY AND ACCOUNTABILITY ACT OF**
7 **2016.**

8 Section 2(3) of the Foreign Aid Transparency and
9 Accountability Act of 2016 (Public Law 114–191; 22
10 U.S.C. 2394c note) is amended—

11 (1) in subparagraph (C), by striking “and” at
12 the end;

13 (2) in subparagraph (D), by striking the period
14 at the end and inserting “; and”; and

15 (3) by adding at the end the following:

16 “(E) the Global Health Security Act of
17 2021.”.

18 **SEC. 15. DEFINITIONS.**

19 In this Act:

20 (1) **APPROPRIATE CONGRESSIONAL COMMIT-**
21 **TEES.**—The term “appropriate congressional Com-22 mittees” means—

23 (A) the Committee on Foreign Affairs and
24 the Committee on Appropriations of the House
25 of Representatives; and

1 (B) the Committee on Foreign Relations
2 and the Committee on Appropriations of the
3 Senate.

4 (2) GLOBAL HEALTH SECURITY.—The term
5 “global health security” means activities supporting
6 epidemic and pandemic preparedness and capabili-
7 ties at the country and global levels in order to mini-
8 mize vulnerability to acute public health events that
9 can endanger the health of populations across geo-
10 graphical regions and international boundaries.

11 **SEC. 16. SUNSET.**

12 This Act, and the amendments made by this Act shall
13 cease to be effective 5 fiscal years after the enactment of
14 this Act.