

**AMENDMENT TO H.R. 391**  
**OFFERED BY MR. McCAUL OF TEXAS**

Strike sections 8, 9, and 10 and insert the following:

1 **SEC. 8. ESTABLISHMENT OF FUND FOR GLOBAL HEALTH**  
2 **SECURITY AND PANDEMIC PREPAREDNESS.**

3 (a) NEGOTIATIONS FOR ESTABLISHMENT OF A FUND  
4 FOR GLOBAL HEALTH SECURITY AND PANDEMIC PRE-  
5 PAREDNESS.—The Secretary of State, in coordination  
6 with the Secretary of the Treasury, the Administrator of  
7 the United States Agency for International Development,  
8 the Secretary of Health and Human Services, and the  
9 heads of other relevant Federal departments and agencies  
10 as necessary and appropriate, should seek to enter into  
11 negotiations with donors, relevant United Nations agen-  
12 cies, including the World Health Organization, and other  
13 key multilateral stakeholders, for the establishment of—

14 (1) a multilateral, catalytic financing mecha-  
15 nism for global health security and pandemic pre-  
16 paredness, which may be known as the Fund for  
17 Global Health Security and Pandemic Preparedness  
18 (in this title referred to as “the Fund”), in accord-  
19 ance with the provisions of this section; and

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

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

9           (1) prioritizes capacity building and financing  
10          availability in eligible partner countries;

11          (2) incentivizes countries to prioritize the use of  
12          domestic resources for global health security and  
13          pandemic preparedness;

14          (3) leverages government, nongovernment, and  
15          private sector investments;

16          (4) regularly responds to and evaluates progress  
17          based on clear metrics and benchmarks, such as the  
18          Joint External Evaluation and Global Health Secu-  
19          rity Index;

20          (5) aligns with and complements ongoing bilat-  
21          eral and multilateral efforts and financing, including  
22          through the World Bank, the World Health Organi-  
23          zation, the Global Fund to Fight AIDS, Tuber-  
24          culosis, and Malaria, and Gavi, the Vaccine Alliance;  
25          and

1           (6) accelerates country compliance with the  
2 International Health Regulations (2005) and fulfill-  
3 ment of the Global Health Security Agenda 2024  
4 Framework, in coordination with the ongoing Joint  
5 External Evaluation national action planning pro-  
6 cess.

7           (c) EXECUTIVE BOARD.—

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

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

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

1 (B) determine operational procedures such  
2 that the Fund is able to effectively fulfill its  
3 mission; and

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

8 (3) COMPOSITION.—The Executive Board  
9 should include—

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

19 (B) term members, who are from academic  
20 institutions, civil society, and the private sector  
21 and are selected by the permanent members on  
22 the basis of their experience and commitment to  
23 innovation, best practices, and the advancement  
24 of global health security objectives; and

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

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

9 (5) CONFLICTS OF INTEREST.—

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

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

21 (6) UNITED STATES REPRESENTATION.—

22 (A) IN GENERAL.—

23 (i) FOUNDING PERMANENT MEM-  
24 BER.—The Secretary of State shall seek to

1 establish the United States as a founding  
2 permanent member of the Fund.

3 (ii) COORDINATOR OF UNITED STATES  
4 GOVERNMENT ACTIVITIES TO ADVANCE  
5 GLOBAL HEALTH SECURITY.—The United  
6 States shall be represented on the Execu-  
7 tive Board by an officer or employee of the  
8 United States appointed by the President.

9 (B) EFFECTIVE AND TERMINATION  
10 DATES.—

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

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

20 (7) REMOVAL PROCEDURES.—The Fund should  
21 establish procedures for the removal of members of  
22 the Executive Board who engage in a consistent pat-  
23 tern of human rights abuses, fail to uphold global  
24 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 international emergency operations centers  
3 to be established under title II;

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 Coordinator of United States Gov-  
19 ernment Activities to Advance Global Health  
20 Security and Diplomacy, established pursuant  
21 to section 103.

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

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

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

7 (3) demonstrated political and financial com-  
8 mitment to pandemic preparedness; and

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

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

18 **SEC. 10. FUND ADMINISTRATION.**

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

23 (b) **AUTHORITY TO SOLICIT AND ACCEPT CONTRIBU-**  
24 **TIONS.**—The Fund should be authorized to solicit and ac-  
25 cept contributions from governments, the private sector,

1 foundations, individuals, and nongovernmental entities of  
2 all kinds.

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

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

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

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

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

23 (2) minimum standards for ensuring eligible  
24 partner country ownership and commitment to long-

1 term results, including requirements for domestic  
2 budgeting, resource mobilization, and co-investment;

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

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

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

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

13 (e) ADDITIONAL TRANSPARENCY AND ACCOUNT-  
14 ABILITY REQUIREMENTS.—

15 (1) INSPECTOR GENERAL.—

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



1 (B) SENSE OF CONGRESS ON CORRUP-  
2 TION.—It is the sense of Congress that—

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

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

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

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

23 (4) EXEMPTION FROM DUTIES AND TAXES.—  
24 The Secretary should ensure that the Fund adopts  
25 rules that condition grants upon agreement by the

1 relevant national authorities in an eligible partner  
2 country to exempt from duties and taxes all products  
3 financed by such grants, including procurements by  
4 any principal or sub-recipient for the purpose of car-  
5 rying out such grants.

6 **SEC. 11. FUND ADVISORY BOARD.**

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

9 (b) APPOINTMENTS.—The members of the Advisory  
10 Board should be composed of—

11 (1) individuals with experience and leadership  
12 in the fields of development, global health, epidemi-  
13 ology, medicine, biomedical research, and social  
14 sciences; and

15 (2) representatives of relevant United Nations  
16 agencies, including the World Health Organization,  
17 and nongovernmental organizations with on-the-  
18 ground experience in implementing global health  
19 programs in low and lower-middle income countries.

20 (c) RESPONSIBILITIES.—The Advisory Board should  
21 provide advice and guidance to the Executive Board of the  
22 Fund on the development and implementation of programs  
23 and projects to be assisted by the Fund and on leveraging  
24 donations to the Fund.

1 (d) PROHIBITION ON PAYMENT OF COMPENSA-  
2 TION.—

3 (1) IN GENERAL.—Except for travel expenses  
4 (including per diem in lieu of subsistence), no mem-  
5 ber of the Advisory Board should receive compensa-  
6 tion for services performed as a member of the  
7 Board.

8 (2) UNITED STATES REPRESENTATIVE.—Not-  
9 withstanding any other provision of law (including  
10 an international agreement), a representative of the  
11 United States on the Advisory Board may not accept  
12 compensation for services performed as a member of  
13 the Board, except that such representative may ac-  
14 cept travel expenses, including per diem in lieu of  
15 subsistence, while away from the representative's  
16 home or regular place of business in the perform-  
17 ance of services for the Board.

18 (e) CONFLICTS OF INTEREST.—Members of the Advi-  
19 sory Board should be required to disclose any potential  
20 conflicts of interest prior to serving on the Advisory  
21 Board.

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

23 (a) STATUS REPORT.—Not later than 6 months after  
24 the date of enactment of this Act, the Secretary of State,  
25 in coordination with the Administrator of the United

1 States Agency for International Development, and the  
2 heads of other relevant Federal departments and agencies,  
3 shall submit to the appropriate congressional committees  
4 a report detailing the progress of international negotia-  
5 tions to establish the Fund.

6 (b) ANNUAL REPORT.—

7 (1) IN GENERAL.—Not later than 1 year after  
8 the date of the establishment of the Fund, and an-  
9 nually thereafter for the duration of the Fund, the  
10 Secretary of State, shall submit to the appropriate  
11 congressional committees a report on the Fund.

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

14 (A) the goals of the Fund;

15 (B) the programs, projects, and activities  
16 supported by the Fund;

17 (C) private and governmental contributions  
18 to the Fund; and

19 (D) the criteria utilized to determine the  
20 programs and activities that should be assisted  
21 by the Fund.

22 (c) GAO REPORT ON EFFECTIVENESS.—Not later  
23 than 2 years after the date that the Fund comes into ef-  
24 fect, the Comptroller General of the United States shall

1 submit to the appropriate congressional committees a re-  
2 port evaluating the effectiveness of the Fund, including—

3 (1) the effectiveness of the programs, projects,  
4 and activities supported by the Fund; and

5 (2) an assessment of the merits of continued  
6 United States participation in the Fund.

7 **SEC. 13. UNITED STATES CONTRIBUTIONS.**

8 (a) **IN GENERAL.**—Subject to submission of the cer-  
9 tification under this section, the President is authorized  
10 to make available for United States contributions to the  
11 Fund such funds as may be authorized to be made avail-  
12 able for such purpose.

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

17 (1) the amount of the proposed contribution;

18 (2) the total of funds contributed by other do-  
19 nors; and

20 (3) the national interests served by United  
21 States participation in the Fund.

22 (c) **LIMITATION.**—At no point during the five years  
23 after enactment of this Act shall a United States contribu-  
24 tion to the Fund cause the cumulative total of United

1 States contributions to the Fund to exceed 33 percent of  
2 the total contributions to the Fund from all sources.

3 (d) WITHHOLDINGS.—

4 (1) SUPPORT FOR ACTS OF INTERNATIONAL  
5 TERRORISM.—If at any time the Secretary of State  
6 determines that the Fund has provided assistance to  
7 a country, the government of which the Secretary of  
8 State has determined, for purposes of section 620A  
9 of the Foreign Assistance Act of 1961 (22 U.S.C.  
10 2371) has repeatedly provided support for acts of  
11 international terrorism, the United States shall with-  
12 hold from its contribution to the Fund for the next  
13 fiscal year an amount equal to the amount expended  
14 by the Fund to the government of such country.

15 (2) EXCESSIVE SALARIES.—If at any time dur-  
16 ing the five years after enactment of this Act, the  
17 Secretary of State determines that the salary of any  
18 individual employed by the Fund exceeds the salary  
19 of the Vice President of the United States for that  
20 fiscal year, then the United States should withhold  
21 from its contribution for the next fiscal year an  
22 amount equal to the aggregate amount by which the  
23 salary of each such individual exceeds the salary of  
24 the Vice President of the United States.

1           (3) ACCOUNTABILITY CERTIFICATION REQUIRE-  
2           MENT.—The Secretary of State may withhold not  
3           more than 20 percent of planned United States con-  
4           tributions to the Fund until the Secretary certifies  
5           to the appropriate congressional committees that the  
6           Fund has established procedures to provide access  
7           by the Office of Inspector General of the Depart-  
8           ment of State, as cognizant Inspector General, the  
9           Inspector General of the Department of Health and  
10          Human Services, the Inspector General of the  
11          United States Agency for International Develop-  
12          ment, and the Comptroller General of the United  
13          States to the Fund’s financial data and other infor-  
14          mation relevant to United States contributions to  
15          the Fund (as determined by the Inspector General  
16          of the Department of State, in consultation with the  
17          Secretary of State).

18 **SEC. 14. COMPLIANCE WITH THE FOREIGN AID TRANS-**  
19                                   **PARENCY AND ACCOUNTABILITY ACT OF**  
20                                   **2016.**

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

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

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

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

4                   “(E) the Global Health Security Act of  
5                   2021.”.

6 **SEC. 15. DEFINITIONS.**

7           In this Act:

8                   (1) **APPROPRIATE CONGRESSIONAL COMMIT-**  
9                   **TEES.**—The term “appropriate congressional Com-  
10                   **mittees” means—**

11                           (A) the Committee on Foreign Affairs and  
12                           the Committee on Appropriations of the House  
13                           of Representatives; and

14                           (B) the Committee on Foreign Relations  
15                           and the Committee on Appropriations of the  
16                           Senate.

17                   (2) **GLOBAL HEALTH SECURITY.**—The term  
18                   “global health security” means activities supporting  
19                   epidemic and pandemic preparedness and capabili-  
20                   ties at the country and global levels in order to mini-  
21                   mize vulnerability to acute public health events that  
22                   can endanger the health of populations across geo-  
23                   graphical regions and international boundaries.



1 **SEC. 16. SUNSET.**

2       This Act, and the amendments made by this Act shall  
3 cease to be effective 5 fiscal years after the enactment of  
4 this Act.

