AMENDMENT TO H.R. 391
OFFERED BY MR. CHABOT OF OHIO

Strike section 7 and insert the following:

SEC. 7. STRATEGY AND REPORTS.

(a) STRATEGY.—The President shall coordinate the development and implementation of a strategy to implement the policy aims described in section 3, which shall—

(1) seek to strengthen United States diplomatic leadership and improve the effectiveness of United States foreign assistance for global health security to prevent, detect, and respond to infectious disease threats, including through advancement of the Global Health Security Agenda (GHSA), the International Health Regulations (2005), and other relevant frameworks that contribute to global health security and pandemic preparedness;

(2) establish specific and measurable goals, benchmarks, timetables, performance metrics, and monitoring and evaluation plans for United States foreign assistance for global health security that promote learning and reflect international best practices relating to global health security, transparency, and accountability;
(3) establish mechanisms to improve coordination and avoid duplication of effort between the United States Government and partner countries, donor countries, the private sector, multilateral organizations, and other key stakeholders;

(4) prioritize working with partner countries with demonstrated—

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

(B) commitment to transparency, including budget and global health data transparency, complying with the International Health Regulations (2005), investing in domestic health systems, and achieving measurable results;

(5) reduce long-term reliance upon United States foreign assistance for global health security by promoting partner country ownership, improved domestic resource mobilization, co-financing, and appropriate national budget allocations for global
health security and pandemic preparedness and response;

(6) assist partner countries in building the technical capacity of relevant ministries, systems, and networks to prepare, execute, monitor, and evaluate effective national action plans for health security, including mechanisms to enhance budget and global health data transparency, as necessary and appropriate;

(7) support and be aligned with country-owned global health security policy and investment plans developed with input from key stakeholders, as appropriate;

(8) facilitate communication and collaboration, as appropriate, among local stakeholders in support of a multi-sectoral approach to global health security;

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

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

(11) support global health budget and workforce planning in partner countries, including train-
(12) align United States foreign assistance for global health security with national action plans for health security in partner countries, developed with input from key stakeholders, including the private sector, to the greatest extent practicable and appropriate;

(13) strengthen linkages between complementary bilateral and multilateral foreign assistance programs, including efforts of the World Bank, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Gavi, the Vaccine Alliance, that contribute to the development of more resilient health systems and supply chains in partner countries with the capacity, resources, and personnel required to prevent, detect, and respond to infectious disease threats;

(14) support innovation and public-private partnerships to improve pandemic preparedness and response, including for the development and deployment of effective, accessible, and affordable infectious disease tracking tools, diagnostics, therapeutics, and vaccines;
(15) support collaboration with and among relevant public and private research entities engaged in global health security; and

(16) support collaboration between United States universities and public and private institutions in partner countries that promote global health security and innovation.

(b) STRATEGY SUBMISSION.—

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

(2) AGENCY-SPECIFIC PLANS.—The strategy required under subsection (a) shall include specific implementation plans from each relevant Federal department and agency that describes—

(A) the anticipated contributions of the department or agency, including technical, financial, and in-kind contributions, to implement the strategy; and
(B) the efforts of the department or agency to ensure that the activities and programs carried out pursuant to the strategy are designed to achieve maximum impact and long-term sustainability.

(c) REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date on which the strategy required under subsection (a) is submitted to the appropriate congressional committees under subsection (b), and not later than October 1 of each year thereafter, the President shall submit to the appropriate congressional committees a report that describes the status of the implementation of the strategy.

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

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

(B) describe the progress made in implementing the strategy;

(C) identify the indicators used to establish benchmarks and measure results over time, as well as the mechanisms for reporting such results in an open and transparent manner;
(D) contain a transparent, open, and detailed accounting of expenditures by relevant Federal departments and agencies to implement the strategy, including, to the extent practicable, for each Federal department and agency, the statutory source of expenditures, amounts expended, partners, targeted populations, and types of activities supported;

(E) describe how the strategy leverages other United States global health and development assistance programs and bilateral and multilateral institutions;

(F) assess efforts to coordinate United States global health security programs, activities, and initiatives with key stakeholders;

(G) incorporate a plan for regularly reviewing and updating strategies, partnerships, and programs and sharing lessons learned with a wide range of stakeholders, including key stakeholders, in an open, transparent manner; and

(H) describe the progress achieved and challenges concerning the United States Government’s ability to advance GHSA and pandemic preparedness, including data disaggregated by priority country using indica-
tors that are consistent on a year-to-year basis
and recommendations to resolve, mitigate, or
otherwise address the challenges identified
therein.

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

fied annex.