

**AMENDMENT TO RULES COMM. PRINT 117–54**

**OFFERED BY MR. CONNOLLY OF VIRGINIA**

At the end of division E, add the following:

1       **TITLE LIX—GLOBAL HEALTH**  
2               **SECURITY ACT OF 2022**

3       **SEC. 5901. SHORT TITLE.**

4               This title may be cited as the “Global Health Security  
5 Act of 2022”.

6       **SEC. 5902. 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-

1 tended to accelerate partner countries’ measurable  
2 capabilities to achieve specific targets to prevent, de-  
3 tect, and respond to infectious disease threats,  
4 whether naturally occurring, deliberate, or acci-  
5 dental.

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

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

19 (5) In October 2017 at the GHSA Ministerial  
20 Meeting in Uganda, the United States and more  
21 than 40 GHSA member countries supported the  
22 “Kampala Declaration” to extend the GHSA for an  
23 additional 5 years to 2024.

24 (6) In December 2017, President Trump re-  
25 leased the National Security Strategy, which in-

1 includes the priority action: “Detect and contain bio-  
2 threats at their source: We will work with other  
3 countries to detect and mitigate outbreaks early to  
4 prevent the spread of disease. We will encourage  
5 other countries to invest in basic health care systems  
6 and to strengthen global health security across the  
7 intersection of human and animal health to prevent  
8 infectious disease outbreaks”.

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

16 (8) In January 2021, President Biden issued  
17 Executive Order 13987 (86 Fed. Reg. 7019; relating  
18 to Organizing and Mobilizing the United States Gov-  
19 ernment to Provide a Unified and Effective Re-  
20 sponse to Combat COVID–19 and to Provide United  
21 States Leadership on Global Health and Security),  
22 as well as National Security Memorandum on  
23 United States Global Leadership to Strengthen the  
24 International COVID–19 Response and to Advance  
25 Global Health Security and Biological Preparedness,

1 which include objectives to strengthen and reform  
2 the World Health Organization, increase United  
3 States leadership in the global response to COVID–  
4 19, and to finance and advance global health secu-  
5 rity and pandemic preparedness.

6 **SEC. 5903. STATEMENT OF POLICY.**

7 It is the policy of the United States to—

8 (1) promote and invest in global health security  
9 and pandemic preparedness as a core national secu-  
10 rity interest;

11 (2) advance the aims of the Global Health Se-  
12 curity Agenda;

13 (3) collaborate with other countries to detect  
14 and mitigate outbreaks early to prevent the spread  
15 of disease;

16 (4) encourage and support other countries to  
17 advance pandemic preparedness by investing in basic  
18 resilient and sustainable health care systems; and

19 (5) strengthen global health security across the  
20 intersection of human and animal health to prepare  
21 for and prevent infectious disease outbreaks and  
22 combat the growing threat of antimicrobial resist-  
23 ance.

1 **SEC. 5904. GLOBAL HEALTH SECURITY AGENDA INTER-**  
2 **AGENCY REVIEW COUNCIL.**

3 (a) ESTABLISHMENT.—The President shall establish  
4 a Global Health Security Agenda Interagency Review  
5 Council (in this section referred to as the “Council”) to  
6 perform the general responsibilities described in sub-  
7 section (c) and the specific roles and responsibilities de-  
8 scribed in subsection (e).

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

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

14 (1) Provide policy-level recommendations to  
15 participating agencies on Global Health Security  
16 Agenda (GHSA) goals, objectives, and implementa-  
17 tion, and other international efforts to strengthen  
18 pandemic preparedness and response.

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

21 (3) Provide a forum for raising and working to  
22 resolve interagency disagreements concerning the  
23 GHSA, and other international efforts to strengthen  
24 pandemic preparedness and response.

25 (4)(A) Review the progress toward and work to  
26 resolve challenges in achieving United States com-

1       mitments under the GHSA, including commitments  
2       to assist other countries in achieving the GHSA tar-  
3       gets.

4               (B) The Council shall consider, among other  
5       issues, the following:

6               (i) The status of United States financial  
7       commitments to the GHSA in the context of  
8       commitments by other donors, and the con-  
9       tributions of partner countries to achieve the  
10      GHSA targets.

11              (ii) The progress toward the milestones  
12      outlined in GHSA national plans for those  
13      countries where the United States Government  
14      has committed to assist in implementing the  
15      GHSA and in annual work-plans outlining  
16      agency priorities for implementing the GHSA.

17              (iii) The external evaluations of United  
18      States and partner country capabilities to ad-  
19      dress infectious disease threats, including the  
20      ability to achieve the targets outlined within the  
21      WHO Joint External Evaluation tool, as well as  
22      gaps identified by such external evaluations.

23              (d) PARTICIPATION.—The Council shall be headed by  
24      the Assistant to the President for National Security Af-  
25      fairs, in coordination with the heads of relevant Federal

1 agencies. The Council shall consist of representatives from  
2 the following agencies:

3 (1) The Department of State.

4 (2) The Department of Defense.

5 (3) The Department of Justice.

6 (4) The Department of Agriculture.

7 (5) The Department of Health and Human  
8 Services.

9 (6) The Department of the Treasury.

10 (7) The Department of Labor.

11 (8) The Department of Homeland Security.

12 (9) The Office of Management and Budget.

13 (10) The Office of the Director of National In-  
14 telligence.

15 (11) The United States Agency for Inter-  
16 national Development.

17 (12) The Environmental Protection Agency.

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

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

22 (15) The National Institutes of Health.

23 (16) The National Institute of Allergy and In-  
24 fectious Diseases.

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

3           (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

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

6                   (A) make the GHSA and its implementa-  
7                   tion and global pandemic preparedness a high  
8                   priority within their respective agencies, and in-  
9                   clude GHSA- and global pandemic prepared-  
10                  ness-related activities within their respective  
11                  agencies' strategic planning and budget proc-  
12                  esses;

13                  (B) designate a senior-level official to be  
14                  responsible for the implementation of this title;

15                  (C) designate, in accordance with sub-  
16                  section (d), an appropriate representative at the  
17                  Assistant Secretary level or higher to partici-  
18                  pate on the Council;

19                  (D) keep the Council apprised of GHSA-  
20                  related activities undertaken within their re-  
21                  spective agencies;

22                  (E) maintain responsibility for agency-re-  
23                  lated programmatic functions in coordination  
24                  with host governments, country teams, and



1 GHSA in-country teams, and in conjunction  
2 with other relevant agencies;

3 (F) coordinate with other agencies that are  
4 identified in this section to satisfy pro-  
5 grammatic goals, and further facilitate coordi-  
6 nation of country teams, implementers, and do-  
7 nors in host countries; and

8 (G) coordinate across national health secu-  
9 rity action plans and with GHSA and other  
10 partners, as appropriate, to which the United  
11 States is providing assistance.

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

1 **SEC. 5905. UNITED STATES COORDINATOR FOR GLOBAL**  
2 **HEALTH SECURITY.**

3 (a) IN GENERAL.—The President shall appoint an in-  
4 dividual to the position of United States Coordinator for  
5 Global Health Security, who shall be responsible for the  
6 coordination of the interagency process for responding to  
7 global health security emergencies. As appropriate, the  
8 designee shall coordinate with the President’s Special Co-  
9 ordinator for International Disaster Assistance.

10 (b) CONGRESSIONAL BRIEFING.—Not less frequently  
11 than twice each year, the employee designated under this  
12 section shall provide to the appropriate congressional com-  
13 mittees a briefing on the responsibilities and activities of  
14 the individual under this section.

15 **SEC. 5906. SENSE OF CONGRESS.**

16 It is the sense of the Congress that, given the complex  
17 and multisectoral nature of global health threats to the  
18 United States, the President—

19 (1) should consider appointing an individual  
20 with significant background and expertise in public  
21 health or emergency response management to the  
22 position of United States Coordinator for Global  
23 Health Security, as required by section 5905(a), who  
24 is an employee of the National Security Council at  
25 the level of Deputy Assistant to the President or  
26 higher; and

1           (2) in providing assistance to implement the  
2           strategy required under section 5907(a), should—

3                   (A) coordinate, through a whole-of-govern-  
4                   ment approach, the efforts of relevant Federal  
5                   departments and agencies to implement the  
6                   strategy;

7                   (B) seek to fully utilize the unique capa-  
8                   bilities of each relevant Federal department and  
9                   agency while collaborating with and leveraging  
10                  the contributions of other key stakeholders; and

11                  (C) utilize open and streamlined solicita-  
12                  tions to allow for the participation of a wide  
13                  range of implementing partners through the  
14                  most appropriate procurement mechanisms,  
15                  which may include grants, contracts, coopera-  
16                  tive agreements, and other instruments as nec-  
17                  essary and appropriate.

18 **SEC. 5907. STRATEGY AND REPORTS.**

19           (a) STRATEGY.—The President shall coordinate the  
20           development and implementation of a strategy to imple-  
21           ment the policy aims described in section 5903, which  
22           shall—

23                   (1) seek to strengthen United States diplomatic  
24                   leadership and improve the effectiveness of United  
25                   States foreign assistance for global health security to

1 prevent, detect, and respond to infectious disease  
2 threats, including through advancement of the Glob-  
3 al Health Security Agenda (GHSA), the Inter-  
4 national Health Regulations (2005), and other rel-  
5 evant frameworks that contribute to global health  
6 security and pandemic preparedness;

7 (2) establish specific and measurable goals,  
8 benchmarks, timetables, performance metrics, and  
9 monitoring and evaluation plans for United States  
10 foreign assistance for global health security that pro-  
11 mote learning and reflect international best practices  
12 relating to global health security, transparency, and  
13 accountability;

14 (3) establish mechanisms to improve coordina-  
15 tion and avoid duplication of effort between the  
16 United States Government and partner countries,  
17 donor countries, the private sector, multilateral orga-  
18 nizations, and other key stakeholders;

19 (4) prioritize working with partner countries  
20 with demonstrated—

21 (A) need, as identified through the Joint  
22 External Evaluation process, the Global Health  
23 Security Index classification of health systems,  
24 national action plans for health security, GHSA  
25 Action Packages, and other complementary or

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

3 (B) commitment to transparency, including  
4 budget and global health data transparency,  
5 complying with the International Health Regu-  
6 lations (2005), investing in domestic health sys-  
7 tems, and achieving measurable results;

8 (5) reduce long-term reliance upon United  
9 States foreign assistance for global health security  
10 by promoting partner country ownership, improved  
11 domestic resource mobilization, co-financing, and ap-  
12 propriate national budget allocations for global  
13 health security and pandemic preparedness and re-  
14 sponse;

15 (6) assist partner countries in building the tech-  
16 nical capacity of relevant ministries, systems, and  
17 networks to prepare, execute, monitor, and evaluate  
18 effective national action plans for health security, in-  
19 cluding mechanisms to enhance budget and global  
20 health data transparency, as necessary and appro-  
21 priate;

22 (7) support and be aligned with country-owned  
23 global health security policy and investment plans  
24 developed with input from key stakeholders, as ap-  
25 propriate;

1           (8) facilitate communication and collaboration,  
2           as appropriate, among local stakeholders in support  
3           of a multi-sectoral approach to global health secu-  
4           rity;

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

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

10          (11) support global health budget and work-  
11          force planning in partner countries, including train-  
12          ing in financial management and budget and global  
13          health data transparency;

14          (12) align United States foreign assistance for  
15          global health security with national action plans for  
16          health security in partner countries, developed with  
17          input from key stakeholders, including the private  
18          sector, to the greatest extent practicable and appro-  
19          priate;

20          (13) strengthen linkages between complemen-  
21          tary bilateral and multilateral foreign assistance pro-  
22          grams, including efforts of the World Bank, the  
23          World Health Organization, the Global Fund to  
24          Fight AIDS, Tuberculosis, and Malaria, and Gavi,  
25          the Vaccine Alliance, that contribute to the develop-

1       ment of more resilient health systems and supply  
2       chains in partner countries with the capacity, re-  
3       sources, and personnel required to prevent, detect,  
4       and respond to infectious disease threats;

5           (14) support innovation and public-private part-  
6       nerships to improve pandemic preparedness and re-  
7       sponse, including for the development and deploy-  
8       ment of effective, accessible, and affordable infec-  
9       tious disease tracking tools, diagnostics, thera-  
10      peutics, and vaccines;

11          (15) support collaboration with and among rel-  
12      evant public and private research entities engaged in  
13      global health security; and

14          (16) support collaboration between United  
15      States universities and public and private institu-  
16      tions in partner countries that promote global health  
17      security and innovation.

18      (b) STRATEGY SUBMISSION.—

19          (1) IN GENERAL.—Not later than 180 days  
20      after the date of the enactment of this Act, the  
21      President, in consultation with the head of each rel-  
22      evant Federal department and agency, shall submit  
23      to the appropriate congressional committees the  
24      strategy required under subsection (a) that provides  
25      a detailed description of how the United States in-

1 tends to advance the policy set forth in section 5903  
2 and the agency-specific plans described in paragraph  
3 (2).

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

8 (A) the anticipated contributions of the de-  
9 partment or agency, including technical, finan-  
10 cial, and in-kind contributions, to implement  
11 the strategy; and

12 (B) the efforts of the department or agen-  
13 cy to ensure that the activities and programs  
14 carried out pursuant to the strategy are de-  
15 signed to achieve maximum impact and long-  
16 term sustainability.

17 (c) REPORT.—

18 (1) IN GENERAL.—Not later than 1 year after  
19 the date on which the strategy required under sub-  
20 section (a) is submitted to the appropriate congres-  
21 sional committees under subsection (b), and not  
22 later than October 1 of each year thereafter, the  
23 President shall submit to the appropriate congres-  
24 sional committees a report that describes the status  
25 of the implementation of the strategy.



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

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

6                   (B) describe the progress made in imple-  
7                   menting the strategy;

8                   (C) identify the indicators used to establish  
9                   benchmarks and measure results over time, as  
10                   well as the mechanisms for reporting such re-  
11                   sults in an open and transparent manner;

12                   (D) contain a transparent, open, and de-  
13                   tailed accounting of expenditures by relevant  
14                   Federal departments and agencies to implement  
15                   the strategy, including, to the extent prac-  
16                   ticable, for each Federal department and agen-  
17                   cy, the statutory source of expenditures,  
18                   amounts expended, partners, targeted popu-  
19                   lations, and types of activities supported;

20                   (E) describe how the strategy leverages  
21                   other United States global health and develop-  
22                   ment assistance programs and bilateral and  
23                   multilateral institutions;

1 (F) assess efforts to coordinate United  
2 States global health security programs, activi-  
3 ties, and initiatives with key stakeholders;

4 (G) incorporate a plan for regularly review-  
5 ing and updating strategies, partnerships, and  
6 programs and sharing lessons learned with a  
7 wide range of stakeholders, including key stake-  
8 holders, in an open, transparent manner; and

9 (H) describe the progress achieved and  
10 challenges concerning the United States Gov-  
11 ernment’s ability to advance GHSA and pan-  
12 demic preparedness, including data  
13 disaggregated by priority country using indica-  
14 tors that are consistent on a year-to-year basis  
15 and recommendations to resolve, mitigate, or  
16 otherwise address the challenges identified  
17 therein.

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

22 **SEC. 5908. ESTABLISHMENT OF FUND FOR GLOBAL HEALTH**  
23 **SECURITY AND PANDEMIC PREPAREDNESS.**

24 (a) NEGOTIATIONS FOR ESTABLISHMENT OF A FUND  
25 FOR GLOBAL HEALTH SECURITY AND PANDEMIC PRE-

1 PAREDNESS.—The Secretary of State, in coordination  
2 with the Secretary of the Treasury, the Administrator of  
3 the United States Agency for International Development,  
4 the Secretary of Health and Human Services, and the  
5 heads of other relevant Federal departments and agencies  
6 as necessary and appropriate, should seek to enter into  
7 negotiations with donors, relevant United Nations agen-  
8 cies, including the World Health Organization, and other  
9 key multilateral stakeholders, for the establishment of—

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

16 (2) an Advisory Board to the Fund in accord-  
17 ance with section 5909.

18 (b) PURPOSE.—The purpose of the Fund should be  
19 to close critical gaps in global health security and pan-  
20 demic preparedness and build capacity in eligible partner  
21 countries in the areas of global health security, infectious  
22 disease control, and pandemic preparedness, such that  
23 it—

24 (1) prioritizes capacity building and financing  
25 availability in eligible partner countries;

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

4           (3) leverages government, nongovernment, and  
5 private sector investments;

6           (4) regularly responds to and evaluates progress  
7 based on clear metrics and benchmarks, such as the  
8 Joint External Evaluation and Global Health Secu-  
9 rity Index;

10          (5) aligns with and complements ongoing bilat-  
11 eral and multilateral efforts and financing, including  
12 through the World Bank, the World Health Organi-  
13 zation, the Global Fund to Fight AIDS, Tuber-  
14 culosis, and Malaria, and Gavi, the Vaccine Alliance;  
15 and

16          (6) accelerates country compliance with the  
17 International Health Regulations (2005) and fulfill-  
18 ment of the Global Health Security Agenda 2024  
19 Framework, in coordination with the ongoing Joint  
20 External Evaluation national action planning proc-  
21 ess.

22 (c) EXECUTIVE BOARD.—

23           (1) IN GENERAL.—The Fund should be gov-  
24 erned by an Executive Board, which should be com-  
25 posed of not more than 20 representatives of donor

1 governments, foundations, academic institutions,  
2 civil society, and the private sector that meet a min-  
3 imum threshold in annual contributions and agree to  
4 uphold transparency measures.

5 (2) DUTIES.—The Executive Board should be  
6 charged with approving strategies, operations, and  
7 grant-making authorities, such that it is able to con-  
8 duct effective fiduciary, monitoring, and evaluation  
9 efforts, and other oversight functions. In addition,  
10 the Executive Board should—

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

14 (B) determine operational procedures such  
15 that the Fund is able to effectively fulfill its  
16 mission; and

17 (C) provide oversight and accountability  
18 for the Fund in collaboration with the Inspector  
19 General to be established pursuant to section  
20 5910(e)(1)(A).

21 (3) COMPOSITION.—The Executive Board  
22 should include—

23 (A) representatives of the governments of  
24 founding permanent member countries who, in  
25 addition to the requirements in paragraph (1),

1           qualify based upon meeting an established ini-  
2           tial contribution threshold, which should be not  
3           less than 10 percent of total initial contribu-  
4           tions, and a demonstrated commitment to sup-  
5           porting the International Health Regulations  
6           (2005);

7                   (B) term members, who are from academic  
8           institutions, civil society, and the private sector  
9           and are selected by the permanent members on  
10          the basis of their experience and commitment to  
11          innovation, best practices, and the advancement  
12          of global health security objectives; and

13                   (C) representatives of the World Health  
14          Organization, and the chair of the Global  
15          Health Security Steering Group.

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

21          (5) CONFLICTS OF INTEREST.—

22                   (A) TECHNICAL EXPERTS.—The Executive  
23          Board may include independent technical ex-  
24          perts, provided they are not affiliated with or

1 employed by a recipient country or organiza-  
2 tion.

3 (B) MULTILATERAL BODIES AND INSTITU-  
4 TIONS.—Executive Board members appointed  
5 under paragraph (3)(C) should recuse them-  
6 selves from matters presenting conflicts of in-  
7 terest, including financing decisions relating to  
8 such bodies and institutions.

9 (6) UNITED STATES REPRESENTATION.—

10 (A) IN GENERAL.—

11 (i) FOUNDING PERMANENT MEM-  
12 BER.—The Secretary of State shall seek to  
13 establish the United States as a founding  
14 permanent member of the Fund.

15 (ii) UNITED STATES REPRESENTA-  
16 TION.—The United States shall be rep-  
17 resented on the Executive Board by an of-  
18 ficer or employee of the United States ap-  
19 pointed by the President.

20 (B) EFFECTIVE AND TERMINATION  
21 DATES.—

22 (i) EFFECTIVE DATE.—This para-  
23 graph shall take effect upon the date the  
24 Secretary of State certifies and transmits

1 to Congress an agreement establishing the  
2 Fund.

3 (ii) TERMINATION DATE.—The mem-  
4 bership established pursuant to subpara-  
5 graph (A) shall terminate upon the date of  
6 termination of the Fund.

7 (7) REMOVAL PROCEDURES.—The Fund should  
8 establish procedures for the removal of members of  
9 the Executive Board who engage in a consistent pat-  
10 tern of human rights abuses, fail to uphold global  
11 health data transparency requirements, or otherwise  
12 violate the established standards of the Fund, in-  
13 cluding in relation to corruption.

14 (8) ENFORCEABILITY.—Any agreement con-  
15 cluded under the authorities provided by this section  
16 shall be legally effective and binding upon the  
17 United States, as may be provided in the agreement,  
18 upon—

19 (A) the enactment of appropriate imple-  
20 menting legislation which provides for the ap-  
21 proval of the specific agreement or agreements,  
22 including attachments, annexes, and supporting  
23 documentation, as appropriate; or

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



1 (9) ELIGIBLE PARTNER COUNTRY DEFINED.—

2 In this section, the term “eligible partner country”  
3 means a country with demonstrated—

4 (A) need, as identified through the Joint  
5 External Evaluation process, the Global Health  
6 Security Index classification of health systems,  
7 national action plans for health security, and  
8 other complementary or successor indicators of  
9 global health security and pandemic prepared-  
10 ness; and

11 (B) commitment to transparency, including  
12 budget and global health data transparency,  
13 complying with the International Health Regu-  
14 lations (2005), investing in domestic health sys-  
15 tems, and achieving measurable results, and in  
16 which the Fund for Global Health Security and  
17 Pandemic Preparedness established under this  
18 section may finance global health security and  
19 pandemic preparedness assistance programs  
20 under this title.

21 **SEC. 5909. FUND AUTHORITIES.**

22 (a) PROGRAM OBJECTIVES.—

23 (1) IN GENERAL.—In carrying out the purpose  
24 set forth in section 5908, the Fund, acting through  
25 the Executive Board, should provide grants, includ-

1       ing challenge grants, technical assistance,  
2       concessional lending, catalytic investment funds, and  
3       other innovative funding mechanisms, as appro-  
4       priate, to—

5               (A) help eligible partner countries close  
6       critical gaps in health security, as identified  
7       through the Joint External Evaluation process,  
8       the Global Health Security Index classification  
9       of health systems, and national action plans for  
10      health security and other complementary or  
11      successor indicators of global health security  
12      and pandemic preparedness; and

13              (B) support measures that enable such  
14      countries, at both national and sub-national lev-  
15      els, and in partnership with civil society and the  
16      private sector, to strengthen and sustain resil-  
17      ient health systems and supply chains with the  
18      resources, capacity, and personnel required to  
19      prevent, detect, mitigate, and respond to infec-  
20      tious disease threats before they become  
21      pandemics.

22              (2) ACTIVITIES SUPPORTED.—The activities to  
23      be supported by the Fund should include efforts  
24      to—

1 (A) enable eligible partner countries to for-  
2 mulate and implement national health security  
3 and pandemic preparedness action plans, ad-  
4 vance action packages under the Global Health  
5 Security Agenda, and adopt and uphold com-  
6 mitments under the International Health Regu-  
7 lations (2005) and other related international  
8 health agreements, as appropriate;

9 (B) support global health security budget  
10 planning in eligible partner countries, including  
11 training in financial management and budget  
12 and global health data transparency;

13 (C) strengthen the health security work-  
14 force, including hiring, training, and deploying  
15 experts to improve frontline preparedness for  
16 emerging epidemic and pandemic threats;

17 (D) improve infection control and the pro-  
18 tection of healthcare workers within healthcare  
19 settings;

20 (E) combat the threat of antimicrobial re-  
21 sistance;

22 (F) strengthen laboratory capacity and  
23 promote biosafety and biosecurity through the  
24 provision of material and technical assistance;

1           (G) reduce the risk of bioterrorism,  
2           zoonotic disease spillover, and accidental bio-  
3           logical release;

4           (H) build technical capacity to manage  
5           global health security related supply chains, in-  
6           cluding for personal protective equipment, oxy-  
7           gen, testing reagents, and other lifesaving sup-  
8           plies, through effective forecasting, procure-  
9           ment, warehousing, and delivery from central  
10          warehouses to points of service in both the pub-  
11          lic and private sectors;

12          (I) enable bilateral, regional, and inter-  
13          national partnerships and cooperation, includ-  
14          ing through pandemic early warning systems  
15          and emergency operations centers, to identify  
16          and address transnational infectious disease  
17          threats exacerbated by natural and man-made  
18          disasters, human displacement, and zoonotic in-  
19          fection;

20          (J) establish partnerships for the sharing  
21          of best practices and enabling eligible countries  
22          to meet targets and indicators under the Joint  
23          External Evaluation process, the Global Health  
24          Security Index classification of health systems,  
25          and national action plans for health security re-

1           lating to the detection, treatment, and preven-  
2           tion of neglected tropical diseases;

3           (K) build the technical capacity of eligible  
4           partner countries to prepare for and respond to  
5           second order development impacts of infectious  
6           disease outbreaks, while accounting for the dif-  
7           ferentiated needs and vulnerabilities of  
8           marginalized populations;

9           (L) develop and utilize metrics to monitor  
10          and evaluate programmatic performance and  
11          identify best practices, including in accordance  
12          with Joint External Evaluation benchmarks,  
13          Global Health Security Agenda targets, and  
14          Global Health Security Index indicators;

15          (M) develop and deploy mechanisms to en-  
16          hance the transparency and accountability of  
17          global health security and pandemic prepared-  
18          ness programs and data, in compliance with the  
19          International Health Regulations (2005), in-  
20          cluding through the sharing of trends, risks,  
21          and lessons learned; and

22          (N) develop and implement simulation ex-  
23          ercises, produce and release after action re-  
24          ports, and address related gaps.

1           (3) IMPLEMENTATION OF PROGRAM OBJEC-  
2           TIVES.—In carrying out the objectives of paragraph  
3           (1), the Fund should work to eliminate duplication  
4           and waste by upholding strict transparency and ac-  
5           countability standards and coordinating its programs  
6           and activities with key partners working to advance  
7           global health security and pandemic preparedness,  
8           including—

9                   (A) governments, civil society, faith-based,  
10                   and nongovernmental organizations, research  
11                   and academic institutions, and private sector  
12                   entities in eligible partner countries;

13                   (B) the pandemic early warning systems  
14                   and emergency operations centers to be estab-  
15                   lished under section 5909;

16                   (C) the World Health Organization;

17                   (D) the Global Health Security Agenda;

18                   (E) the Global Health Security Initiative;

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

21                   (G) the United Nations Office for the Co-  
22                   ordination of Humanitarian Affairs, UNICEF,  
23                   and other relevant funds, programs, and spe-  
24                   cialized agencies of the United Nations;

25                   (H) Gavi, the Vaccine Alliance;

1 (I) the Coalition for Epidemic Prepared-  
2 ness Innovations (CEPI);

3 (J) the Global Polio Eradication Initiative;  
4 and

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

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

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

13 (2) measurable gaps in global health security  
14 and pandemic preparedness identified under Joint  
15 External Evaluations and national action plans for  
16 health security;

17 (3) demonstrated political and financial com-  
18 mitment to pandemic preparedness; and

19 (4) demonstrated commitment to upholding  
20 global health budget and data transparency and ac-  
21 countability standards, complying with the Inter-  
22 national Health Regulations (2005), investing in do-  
23 mestic health systems, and achieving measurable re-  
24 sults.

1 (c) ELIGIBLE GRANT RECIPIENTS.—Governments  
2 and nongovernmental organizations should be eligible to  
3 receive grants as described in this section.

4 **SEC. 5910. FUND ADMINISTRATION.**

5 (a) APPOINTMENT OF AN ADMINISTRATOR.—The Ex-  
6 ecutive Board of the Fund should appoint an Adminis-  
7 trator who should be responsible for managing the day-  
8 to-day operations of the Fund.

9 (b) AUTHORITY TO SOLICIT AND ACCEPT CONTRIBU-  
10 TIONS.—The Fund should be authorized to solicit and ac-  
11 cept contributions from governments, the private sector,  
12 foundations, individuals, and nongovernmental entities of  
13 all kinds.

14 (c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR  
15 PROGRAMS.—As part of the negotiations described in sec-  
16 tion 5908(a), the Secretary of the State, shall, consistent  
17 with subsection (d)—

18 (1) take such actions as are necessary to ensure  
19 that the Fund will have in effect adequate proce-  
20 dures and standards to account for and monitor the  
21 use of funds contributed to the Fund, including the  
22 cost of administering the Fund; and

23 (2) seek agreement on the criteria that should  
24 be used to determine the programs and activities  
25 that should be assisted by the Fund.



1 (d) SELECTION OF PARTNER COUNTRIES, PROJECTS,  
2 AND RECIPIENTS.—The Executive Board should estab-  
3 lish—

4 (1) eligible partner country selection criteria, to  
5 include transparent metrics to measure and assess  
6 global health security and pandemic preparedness  
7 strengths and vulnerabilities in countries seeking as-  
8 sistance;

9 (2) minimum standards for ensuring eligible  
10 partner country ownership and commitment to long-  
11 term results, including requirements for domestic  
12 budgeting, resource mobilization, and co-investment;

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

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

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

20 (6) such rules and procedures as may be nec-  
21 essary to ensure transparency and accountability in  
22 the grant-making process.

23 (e) ADDITIONAL TRANSPARENCY AND ACCOUNT-  
24 ABILITY REQUIREMENTS.—

25 (1) INSPECTOR GENERAL.—

1           (A) IN GENERAL.—The Secretary of State  
2           shall seek to ensure that the Fund maintains  
3           an independent Office of the Inspector General  
4           and ensure that the office has the requisite re-  
5           sources and capacity to regularly conduct and  
6           publish, on a publicly accessible website, rig-  
7           orous financial, programmatic, and reporting  
8           audits and investigations of the Fund and its  
9           grantees.

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

12                   (i) corruption within global health  
13                   programs contribute directly to the loss of  
14                   human life and cannot be tolerated; and

15                   (ii) in making financial recoveries re-  
16                   lating to a corrupt act or criminal conduct  
17                   under a grant, as determined by the In-  
18                   spector General, the responsible grant re-  
19                   cipient should be assessed at a recovery  
20                   rate of up to 150 percent of such loss.

21           (2) ADMINISTRATIVE EXPENSES.—The Sec-  
22           retary of State shall seek to ensure the Fund estab-  
23           lishes, maintains, and makes publicly available a sys-  
24           tem to track the administrative and management  
25           costs of the Fund on a quarterly basis.

1           (3) FINANCIAL TRACKING SYSTEMS.—The Sec-  
2           retary of State shall ensure that the Fund estab-  
3           lishes, maintains, and makes publicly available a sys-  
4           tem to track the amount of funds disbursed to each  
5           grant recipient and sub-recipient during a grant’s  
6           fiscal cycle.

7   **SEC. 5911. FUND ADVISORY BOARD.**

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

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

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

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

21           (c) RESPONSIBILITIES.—The Advisory Board should  
22           provide advice and guidance to the Executive Board of the  
23           Fund on the development and implementation of programs  
24           and projects to be assisted by the Fund and on leveraging  
25           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. 5912. 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. 5913. 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. 5914. 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 (D), by striking “and” at  
25          the end;



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

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

4                   “(F) the Global Health Security Act of  
5                   2022.”.

6 **SEC. 5915. DEFINITIONS.**

7           In this title:

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. 5916. SUNSET.**

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

