

**AMENDMENT TO RULES COMM. PRINT 117-13**  
**OFFERED BY MR. CONNOLLY OF VIRGINIA**

At the appropriate place in title LX of division E,  
insert the following:

1 **SEC. \_\_\_\_ . GLOBAL HEALTH SECURITY ACT OF 2021.**

2 (a) GLOBAL HEALTH SECURITY AGENDA INTER-  
3 AGENCY REVIEW COUNCIL.—

4 (1) ESTABLISHMENT.—The President shall es-  
5 tablish a Global Health Security Agenda Interagency  
6 Review Council (in this section referred to as the  
7 “Council”) to perform the general responsibilities  
8 described in paragraph (3) and the specific roles and  
9 responsibilities described in paragraph (5).

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

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

15 (A) Provide policy-level recommendations  
16 to participating agencies on Global Health Se-  
17 curity Agenda (GHSA) goals, objectives, and  
18 implementation, and other international efforts

1 to strengthen pandemic preparedness and re-  
2 sponse.

3 (B) Facilitate interagency, multi-sectoral  
4 engagement to carry out GHSA implementa-  
5 tion.

6 (C) Provide a forum for raising and work-  
7 ing to resolve interagency disagreements con-  
8 cerning the GHSA, and other international ef-  
9 forts to strengthen pandemic preparedness and  
10 response.

11 (D)(i) Review the progress toward and  
12 work to resolve challenges in achieving United  
13 States commitments under the GHSA, includ-  
14 ing commitments to assist other countries in  
15 achieving the GHSA targets.

16 (ii) The Council shall consider, among  
17 other issues, the following:

18 (I) The status of United States  
19 financial commitments to the GHSA  
20 in the context of commitments by  
21 other donors, and the contributions of  
22 partner countries to achieve the  
23 GHSA targets.

24 (II) The progress toward the  
25 milestones outlined in GHSA national

1 plans for those countries where the  
2 United States Government has com-  
3 mitted to assist in implementing the  
4 GHSA and in annual work-plans out-  
5 lining agency priorities for imple-  
6 menting the GHSA.

7 (III) The external evaluations of  
8 United States and partner country ca-  
9 pabilities to address infectious disease  
10 threats, including the ability to  
11 achieve the targets outlined within the  
12 WHO Joint External Evaluation tool,  
13 as well as gaps identified by such ex-  
14 ternal evaluations.

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

21 (A) The Department of State.

22 (B) The Department of Defense.

23 (C) The Department of Justice.

24 (D) The Department of Agriculture.

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

3 (F) The Department of the Treasury.

4 (G) The Department of Labor.

5 (H) The Department of Homeland Secu-  
6 rity.

7 (I) The Office of Management and Budget.

8 (J) The Office of the Director of National  
9 Intelligence.

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

12 (L) The Environmental Protection Agency.

13 (M) The Centers for Disease Control and  
14 Prevention.

15 (N) The Office of Science and Technology  
16 Policy.

17 (O) The National Institutes of Health.

18 (P) The National Institute of Allergy and  
19 Infectious Diseases.

20 (Q) Such other agencies as the Council de-  
21 termines to be appropriate.

22 (5) SPECIFIC ROLES AND RESPONSIBILITIES.—

23 (A) IN GENERAL.—The heads of agencies  
24 described in paragraph (4) shall—

1 (i) make the GHSA and its implemen-  
2 tation and global pandemic preparedness a  
3 high priority within their respective agen-  
4 cies, and include GHSA- and global pan-  
5 demic preparedness-related activities with-  
6 in their respective agencies' strategic plan-  
7 ning and budget processes;

8 (ii) designate a senior-level official to  
9 be responsible for the implementation of  
10 this Act;

11 (iii) designate, in accordance with  
12 paragraph (4), an appropriate representa-  
13 tive at the Assistant Secretary level or  
14 higher to participate on the Council;

15 (iv) keep the Council apprised of  
16 GHSA-related activities undertaken within  
17 their respective agencies;

18 (v) maintain responsibility for agency-  
19 related programmatic functions in coordi-  
20 nation with host governments, country  
21 teams, and GHSA in-country teams, and  
22 in conjunction with other relevant agencies;

23 (vi) coordinate with other agencies  
24 that are identified in this section to satisfy  
25 programmatic goals, and further facilitate

1 coordination of country teams, implemen-  
2 ters, and donors in host countries; and

3 (vii) coordinate across national health  
4 security action plans and with GHSA and  
5 other partners, as appropriate, to which  
6 the United States is providing assistance.

7 (B) ADDITIONAL ROLES AND RESPON-  
8 SIBILITIES.—In addition to the roles and re-  
9 sponsibilities described in subparagraph (A),  
10 the heads of agencies described in paragraph  
11 (4) shall carry out their respective roles and re-  
12 sponsibilities described in subsections (b)  
13 through (i) of section 3 of Executive Order  
14 13747 (81 Fed. Reg. 78701; relating to Ad-  
15 vancing the Global Health Security Agenda to  
16 Achieve a World Safe and Secure from Infec-  
17 tious Disease Threats), as in effect on the day  
18 before the date of the enactment of this Act.

19 (b) UNITED STATES COORDINATOR FOR GLOBAL  
20 HEALTH SECURITY.—

21 (1) IN GENERAL.—The President shall appoint  
22 an individual to the position of United States Coor-  
23 dinator for Global Health Security, who shall be re-  
24 sponsible for the coordination of the interagency  
25 process for responding to global health security

1 emergencies. As appropriate, the designee shall co-  
2 ordinate with the President's Special Coordinator for  
3 International Disaster Assistance.

4 (2) CONGRESSIONAL BRIEFING.—Not less fre-  
5 quently than twice each year, the employee des-  
6 ignated under this section shall provide to the appro-  
7 priate congressional committees a briefing on the re-  
8 sponsibilities and activities of the individual under  
9 this section.

10 (c) STRATEGY AND REPORTS.—

11 (1) STATEMENT OF POLICY.—It is the policy of  
12 the United States to—

13 (A) promote and invest in global health se-  
14 curity and pandemic preparedness as a core na-  
15 tional security interest;

16 (B) advance the aims of the Global Health  
17 Security Agenda;

18 (C) collaborate with other countries to de-  
19 tect and mitigate outbreaks early to prevent the  
20 spread of disease;

21 (D) encourage and support other countries  
22 to advance pandemic preparedness by investing  
23 in basic resilient and sustainable health care  
24 systems; and

1           (E) strengthen global health security  
2 across the intersection of human and animal  
3 health to prepare for and prevent infectious dis-  
4 ease outbreaks and combat the growing threat  
5 of antimicrobial resistance.

6           (2) STRATEGY.—The President shall coordinate  
7 the development and implementation of a strategy to  
8 implement the policy aims described in paragraph  
9 (1), which shall—

10           (A) seek to strengthen United States diplo-  
11 matic leadership and improve the effectiveness  
12 of United States foreign assistance for global  
13 health security to prevent, detect, and respond  
14 to infectious disease threats, including through  
15 advancement of the Global Health Security  
16 Agenda (GHSA), the International Health Reg-  
17 ulations (2005), and other relevant frameworks  
18 that contribute to global health security and  
19 pandemic preparedness;

20           (B) establish specific and measurable  
21 goals, benchmarks, timetables, performance  
22 metrics, and monitoring and evaluation plans  
23 for United States foreign assistance for global  
24 health security that promote learning and re-  
25 flect international best practices relating to



1 global health security, transparency, and ac-  
2 countability;

3 (C) establish mechanisms to improve co-  
4 ordination and avoid duplication of effort be-  
5 tween the United States Government and part-  
6 ner countries, donor countries, the private sec-  
7 tor, multilateral organizations, and other key  
8 stakeholders;

9 (D) prioritize working with partner coun-  
10 tries with demonstrated—

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

19 (ii) commitment to transparency, in-  
20 cluding budget and global health data  
21 transparency, complying with the Inter-  
22 national Health Regulations (2005), in-  
23 vesting in domestic health systems, and  
24 achieving measurable results;

1 (E) reduce long-term reliance upon United  
2 States foreign assistance for global health secu-  
3 rity by promoting partner country ownership,  
4 improved domestic resource mobilization, co-fi-  
5 nancing, and appropriate national budget allo-  
6 cations for global health security and pandemic  
7 preparedness and response;

8 (F) assist partner countries in building the  
9 technical capacity of relevant ministries, sys-  
10 tems, and networks to prepare, execute, mon-  
11 itor, and evaluate effective national action plans  
12 for health security, including mechanisms to en-  
13 hance budget and global health data trans-  
14 parency, as necessary and appropriate;

15 (G) support and be aligned with country-  
16 owned global health security policy and invest-  
17 ment plans developed with input from key  
18 stakeholders, as appropriate;

19 (H) facilitate communication and collabo-  
20 ration, as appropriate, among local stakeholders  
21 in support of a multi-sectoral approach to glob-  
22 al health security;

23 (I) support the long-term success of pro-  
24 grams by building the capacity of local organi-

1 zations and institutions in target countries and  
2 communities;

3 (J) develop community resilience to infec-  
4 tious disease threats and emergencies;

5 (K) support global health budget and  
6 workforce planning in partner countries, includ-  
7 ing training in financial management and budg-  
8 et and global health data transparency;

9 (L) align United States foreign assistance  
10 for global health security with national action  
11 plans for health security in partner countries,  
12 developed with input from key stakeholders, in-  
13 cluding the private sector, to the greatest extent  
14 practicable and appropriate;

15 (M) strengthen linkages between com-  
16plementary bilateral and multilateral foreign as-  
17sistance programs, including efforts of the  
18World Bank, the World Health Organization,  
19the Global Fund to Fight AIDS, Tuberculosis,  
20and Malaria, and Gavi, the Vaccine Alliance,  
21that contribute to the development of more re-  
22siliant health systems and supply chains in  
23partner countries with the capacity, resources,  
24and personnel required to prevent, detect, and  
25respond to infectious disease threats;

1 (N) support innovation and public-private  
2 partnerships to improve pandemic preparedness  
3 and response, including for the development  
4 and deployment of effective, accessible, and af-  
5 fordable infectious disease tracking tools,  
6 diagnostics, therapeutics, and vaccines;

7 (O) support collaboration with and among  
8 relevant public and private research entities en-  
9 gaged in global health security; and

10 (P) support collaboration between United  
11 States universities and public and private insti-  
12 tutions in partner countries that promote global  
13 health security and innovation.

14 (3) STRATEGY SUBMISSION.—

15 (A) IN GENERAL.—Not later than 180  
16 days after the date of the enactment of this  
17 Act, the President, in consultation with the  
18 head of each relevant Federal department and  
19 agency, shall submit to the appropriate congres-  
20 sional committees the strategy required under  
21 paragraph (2) that provides a detailed descrip-  
22 tion of how the United States intends to ad-  
23 vance the policy set forth in paragraph (1) and  
24 the agency-specific plans described in subpara-  
25 graph (B).

1 (B) AGENCY-SPECIFIC PLANS.—The strat-  
2 egy required under subsection (a) shall include  
3 specific implementation plans from each rel-  
4 evant Federal department and agency that de-  
5 scribe—

6 (i) the anticipated contributions of the  
7 department or agency, including technical,  
8 financial, and in-kind contributions, to im-  
9 plement the strategy; and

10 (ii) the efforts of the department or  
11 agency to ensure that the activities and  
12 programs carried out pursuant to the  
13 strategy are designed to achieve maximum  
14 impact and long-term sustainability.

15 (4) REPORT.—

16 (A) IN GENERAL.—Not later than 1 year  
17 after the date on which the strategy required  
18 under paragraph (2) is submitted to the appro-  
19 priate congressional committees under para-  
20 graph (3), and not later than October 1 of each  
21 year thereafter, the President shall submit to  
22 the appropriate congressional committees a re-  
23 port that describes the status of the implemen-  
24 tation of the strategy.

1 (B) CONTENTS.—The report required  
2 under subparagraph (A) shall—

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

6 (ii) describe the progress made in im-  
7 plementing the strategy;

8 (iii) identify the indicators used to es-  
9 tablish benchmarks and measure results  
10 over time, as well as the mechanisms for  
11 reporting such results in an open and  
12 transparent manner;

13 (iv) contain a transparent, open, and  
14 detailed accounting of expenditures by rel-  
15 evant Federal departments and agencies to  
16 implement the strategy, including, to the  
17 extent practicable, for each Federal depart-  
18 ment and agency, the statutory source of  
19 expenditures, amounts expended, partners,  
20 targeted populations, and types of activi-  
21 ties supported;

22 (v) describe how the strategy  
23 leverages other United States global health  
24 and development assistance programs and  
25 bilateral and multilateral institutions;

1 (vi) assess efforts to coordinate  
2 United States global health security pro-  
3 grams, activities, and initiatives with key  
4 stakeholders;

5 (vii) incorporate a plan for regularly  
6 reviewing and updating strategies, partner-  
7 ships, and programs and sharing lessons  
8 learned with a wide range of stakeholders,  
9 including key stakeholders, in an open,  
10 transparent manner; and

11 (viii) describe the progress achieved  
12 and challenges concerning the United  
13 States Government's ability to advance  
14 GHSA and pandemic preparedness, includ-  
15 ing data disaggregated by priority country  
16 using indicators that are consistent on a  
17 year-to-year basis and recommendations to  
18 resolve, mitigate, or otherwise address the  
19 challenges identified therein.

20 (5) FORM.—The strategy required under para-  
21 graph (2) and the report required under paragraph  
22 (4) shall be submitted in unclassified form but may  
23 contain a classified annex.

24 (d) ESTABLISHMENT OF FUND FOR GLOBAL  
25 HEALTH SECURITY AND PANDEMIC PREPAREDNESS.—

1           (1) NEGOTIATIONS FOR ESTABLISHMENT OF A  
2           FUND FOR GLOBAL HEALTH SECURITY AND PAN-  
3           DEMIC PREPAREDNESS.—The Secretary of State, in  
4           coordination with the Secretary of the Treasury, the  
5           Administrator of the United States Agency for  
6           International Development, the Secretary of Health  
7           and Human Services, and the heads of other rel-  
8           evant Federal departments and agencies as nec-  
9           essary and appropriate, should seek to enter into ne-  
10          gotiations with donors, relevant United Nations  
11          agencies, including the World Health Organization,  
12          and other key multilateral stakeholders, for the es-  
13          tablishment of—

14                 (A) a multilateral, catalytic financing  
15                 mechanism for global health security and pan-  
16                 demic preparedness, which may be known as  
17                 the Fund for Global Health Security and Pan-  
18                 demic Preparedness (in this title referred to as  
19                 “the Fund”), in accordance with the provisions  
20                 of this section; and

21                 (B) an Advisory Board to the Fund in ac-  
22                 cordance with subsection (g).

23           (2) PURPOSE.—The purpose of the Fund  
24           should be to close critical gaps in global health secu-  
25           rity and pandemic preparedness and build capacity



1 in eligible partner countries in the areas of global  
2 health security, infectious disease control, and pan-  
3 demic preparedness, such that it—

4 (A) prioritizes capacity building and fi-  
5 nancing availability in eligible partner countries;

6 (B) incentivizes countries to prioritize the  
7 use of domestic resources for global health secu-  
8 rity and pandemic preparedness;

9 (C) leverages government, nongovernment,  
10 and private sector investments;

11 (D) regularly responds to and evaluates  
12 progress based on clear metrics and bench-  
13 marks, such as the Joint External Evaluation  
14 and Global Health Security Index;

15 (E) aligns with and complements ongoing  
16 bilateral and multilateral efforts and financing,  
17 including through the World Bank, the World  
18 Health Organization, the Global Fund to Fight  
19 AIDS, Tuberculosis, and Malaria, and Gavi, the  
20 Vaccine Alliance; and

21 (F) accelerates country compliance with  
22 the International Health Regulations (2005)  
23 and fulfillment of the Global Health Security  
24 Agenda 2024 Framework, in coordination with

1 the ongoing Joint External Evaluation national  
2 action planning process.

3 (3) EXECUTIVE BOARD.—

4 (A) IN GENERAL.—The Fund should be  
5 governed by an Executive Board, which should  
6 be composed of not more than 20 representa-  
7 tives of donor governments, foundations, aca-  
8 demic institutions, civil society, and the private  
9 sector that meet a minimum threshold in an-  
10 nual contributions and agree to uphold trans-  
11 parency measures.

12 (B) DUTIES.—The Executive Board should  
13 be charged with approving strategies, oper-  
14 ations, and grant-making authorities, such that  
15 it is able to conduct effective fiduciary, moni-  
16 toring, and evaluation efforts, and other over-  
17 sight functions. In addition, the Executive  
18 Board should—

19 (i) be comprised only of contributors  
20 to the Fund at not less than the minimum  
21 threshold to be established pursuant to  
22 subparagraph (A);

23 (ii) determine operational procedures  
24 such that the Fund is able to effectively  
25 fulfill its mission; and

1 (iii) provide oversight and account-  
2 ability for the Fund in collaboration with  
3 the Inspector General to be established  
4 pursuant to subsection (f)(5)(A).

5 (C) COMPOSITION.—The Executive Board  
6 should include—

7 (i) representatives of the governments  
8 of founding permanent member countries  
9 who, in addition to the requirements in  
10 subparagraph (A), qualify based upon  
11 meeting an established initial contribution  
12 threshold, which should be not less than 10  
13 percent of total initial contributions, and a  
14 demonstrated commitment to supporting  
15 the International Health Regulations  
16 (2005);

17 (ii) term members, who are from aca-  
18 demic institutions, civil society, and the  
19 private sector and are selected by the per-  
20 manent members on the basis of their ex-  
21 perience and commitment to innovation,  
22 best practices, and the advancement of  
23 global health security objectives; and

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

4 (D) QUALIFICATIONS.—Individuals ap-  
5 pointed to the Executive Board should have  
6 demonstrated knowledge and experience across  
7 a variety of sectors, including human and ani-  
8 mal health, agriculture, development, defense,  
9 finance, research, and academia.

10 (E) CONFLICTS OF INTEREST.—

11 (i) TECHNICAL EXPERTS.—The Exec-  
12 utive Board may include independent tech-  
13 nical experts, provided they are not affili-  
14 ated with or employed by a recipient coun-  
15 try or organization.

16 (ii) MULTILATERAL BODIES AND IN-  
17 STITUTIONS.—Executive Board members  
18 appointed under subparagraph (C)(iii)  
19 should recuse themselves from matters pre-  
20 senting conflicts of interest, including fi-  
21 nancing decisions relating to such bodies  
22 and institutions.

23 (F) UNITED STATES REPRESENTATION.—

24 (i) IN GENERAL.—

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

6 (II) UNITED STATES REPRESENTEN-  
7 TATION.—The United States shall be  
8 represented on the Executive Board  
9 by an officer or employee of the  
10 United States appointed by the Presi-  
11 dent.

12 (ii) EFFECTIVE AND TERMINATION  
13 DATES.—

14 (I) EFFECTIVE DATE.—This  
15 paragraph shall take effect upon the  
16 date the Secretary of State certifies  
17 and transmits to Congress an agree-  
18 ment establishing the Fund.

19 (II) TERMINATION DATE.—The  
20 membership established pursuant to  
21 clause (i) shall terminate upon the  
22 date of termination of the Fund.

23 (G) REMOVAL PROCEDURES.—The Fund  
24 should establish procedures for the removal of  
25 members of the Executive Board who engage in

1 a consistent pattern of human rights abuses,  
2 fail to uphold global health data transparency  
3 requirements, or otherwise violate the estab-  
4 lished standards of the Fund, including in rela-  
5 tion to corruption.

6 (H) ENFORCEABILITY.—Any agreement  
7 concluded under the authorities provided by this  
8 section shall be legally effective and binding  
9 upon the United States, as may be provided in  
10 the agreement, upon—

11 (i) the enactment of appropriate im-  
12 plementing legislation which provides for  
13 the approval of the specific agreement or  
14 agreements, including attachments, an-  
15 nexes, and supporting documentation, as  
16 appropriate; or

17 (ii) if concluded and submitted as a  
18 treaty, receiving the necessary consent of  
19 the Senate.

20 (I) ELIGIBLE PARTNER COUNTRY DE-  
21 FINED.—In this section, the term “eligible part-  
22 ner country” means a country with dem-  
23 onstrated—

24 (i) need, as identified through the  
25 Joint External Evaluation process, the

1 Global Health Security Index classification  
2 of health systems, national action plans for  
3 health security, and other complementary  
4 or successor indicators of global health se-  
5 curity and pandemic preparedness; and

6 (ii) commitment to transparency, in-  
7 cluding budget and global health data  
8 transparency, complying with the Inter-  
9 national Health Regulations (2005), in-  
10 vesting in domestic health systems, and  
11 achieving measurable results, and in which  
12 the Fund for Global Health Security and  
13 Pandemic Preparedness established under  
14 this section may finance global health secu-  
15 rity and pandemic preparedness assistance  
16 programs under this Act.

17 (e) FUND AUTHORITIES.—

18 (1) PROGRAM OBJECTIVES.—

19 (A) IN GENERAL.—In carrying out the  
20 purpose set forth in subsection (d), the Fund,  
21 acting through the Executive Board, should  
22 provide grants, including challenge grants, tech-  
23 nical assistance, concessional lending, catalytic  
24 investment funds, and other innovative funding  
25 mechanisms, as appropriate, to—

1 (i) help eligible partner countries close  
2 critical gaps in health security, as identi-  
3 fied through the Joint External Evaluation  
4 process, the Global Health Security Index  
5 classification of health systems, and na-  
6 tional action plans for health security and  
7 other complementary or successor indica-  
8 tors of global health security and pandemic  
9 preparedness; and

10 (ii) support measures that enable such  
11 countries, at both national and sub-na-  
12 tional levels, and in partnership with civil  
13 society and the private sector, to strenght-  
14 en and sustain resilient health systems and  
15 supply chains with the resources, capacity,  
16 and personnel required to prevent, detect,  
17 mitigate, and respond to infectious disease  
18 threats before they become pandemics.

19 (B) ACTIVITIES SUPPORTED.—The activi-  
20 ties to be supported by the Fund should include  
21 efforts to—

22 (i) enable eligible partner countries to  
23 formulate and implement national health  
24 security and pandemic preparedness action  
25 plans, advance action packages under the



1 Global Health Security Agenda, and adopt  
2 and uphold commitments under the Inter-  
3 national Health Regulations (2005) and  
4 other related international health agree-  
5 ments, as appropriate;

6 (ii) support global health security  
7 budget planning in eligible partner coun-  
8 tries, including training in financial man-  
9 agement and budget and global health data  
10 transparency;

11 (iii) strengthen the health security  
12 workforce, including hiring, training, and  
13 deploying experts to improve frontline pre-  
14 paredness for emerging epidemic and pan-  
15 demic threats;

16 (iv) improve infection control and the  
17 protection of healthcare workers within  
18 healthcare settings;

19 (v) combat the threat of antimicrobial  
20 resistance;

21 (vi) strengthen laboratory capacity  
22 and promote biosafety and biosecurity  
23 through the provision of material and tech-  
24 nical assistance;

1 (vii) reduce the risk of bioterrorism,  
2 zoonotic disease spillover, and accidental  
3 biological release;

4 (viii) build technical capacity to man-  
5 age global health security related supply  
6 chains, including for personal protective  
7 equipment, oxygen, testing reagents, and  
8 other lifesaving supplies, through effective  
9 forecasting, procurement, warehousing,  
10 and delivery from central warehouses to  
11 points of service in both the public and pri-  
12 vate sectors;

13 (ix) enable bilateral, regional, and  
14 international partnerships and cooperation,  
15 including through pandemic early warning  
16 systems and emergency operations centers,  
17 to identify and address transnational infec-  
18 tious disease threats exacerbated by nat-  
19 ural and man-made disasters, human dis-  
20 placement, and zoonotic infection;

21 (x) establish partnerships for the  
22 sharing of best practices and enabling eli-  
23 gible countries to meet targets and indica-  
24 tors under the Joint External Evaluation  
25 process, the Global Health Security Index

1 classification of health systems, and na-  
2 tional action plans for health security re-  
3 lating to the detection, treatment, and pre-  
4 vention of neglected tropical diseases;

5 (xi) build the technical capacity of eli-  
6 gible partner countries to prepare for and  
7 respond to second order development im-  
8 pacts of infectious disease outbreaks, while  
9 accounting for the differentiated needs and  
10 vulnerabilities of marginalized populations;

11 (xii) develop and utilize metrics to  
12 monitor and evaluate programmatic per-  
13 formance and identify best practices, in-  
14 cluding in accordance with Joint External  
15 Evaluation benchmarks, Global Health Se-  
16 curity Agenda targets, and Global Health  
17 Security Index indicators;

18 (xiii) develop and deploy mechanisms  
19 to enhance the transparency and account-  
20 ability of global health security and pan-  
21 demic preparedness programs and data, in  
22 compliance with the International Health  
23 Regulations (2005), including through the  
24 sharing of trends, risks, and lessons  
25 learned; and

1 (xiv) develop and implement simula-  
2 tion exercises, produce and release after  
3 action reports, and address related gaps.

4 (C) IMPLEMENTATION OF PROGRAM OB-  
5 JECTIVES.—In carrying out the objectives of  
6 this paragraph, the Fund should work to elimi-  
7 nate duplication and waste by upholding strict  
8 transparency and accountability standards and  
9 coordinating its programs and activities with  
10 key partners working to advance global health  
11 security and pandemic preparedness, includ-  
12 ing—

13 (i) governments, civil society, faith-  
14 based, and nongovernmental organizations,  
15 research and academic institutions, and  
16 private sector entities in eligible partner  
17 countries;

18 (ii) the pandemic early warning sys-  
19 tems and emergency operations centers to  
20 be established under subparagraph (B)(ix);

21 (iii) the World Health Organization;

22 (iv) the Global Health Security Agen-  
23 da;

24 (v) the Global Health Security Initia-  
25 tive;

1 (vi) the Global Fund to Fight AIDS,  
2 Tuberculosis, and Malaria;

3 (vii) the United Nations Office for the  
4 Coordination of Humanitarian Affairs,  
5 UNICEF, and other relevant funds, pro-  
6 grams, and specialized agencies of the  
7 United Nations;

8 (viii) Gavi, the Vaccine Alliance;

9 (ix) the Coalition for Epidemic Pre-  
10 paredness Innovations;

11 (x) the Global Polio Eradication Ini-  
12 tiative; and

13 (xi) the United States Coordinator for  
14 Global Health Security and Diplomacy es-  
15 tablished under subsection (b).

16 (2) PRIORITY.—In providing assistance under  
17 this section, the Fund should give priority to low-  
18 and lower-middle income countries with—

19 (A) low scores on the Global Health Secu-  
20 rity Index classification of health systems;

21 (B) measurable gaps in global health secu-  
22 rity and pandemic preparedness identified  
23 under Joint External Evaluations and national  
24 action plans for health security;

1 (C) demonstrated political and financial  
2 commitment to pandemic preparedness; and

3 (D) demonstrated commitment to uphold-  
4 ing global health budget and data transparency  
5 and accountability standards, complying with  
6 the International Health Regulations (2005),  
7 investing in domestic health systems, and  
8 achieving measurable results.

9 (3) ELIGIBLE GRANT RECIPIENTS.—Govern-  
10 ments and nongovernmental organizations should be  
11 eligible to receive grants as described in this section.

12 (f) FUND ADMINISTRATION.—

13 (1) APPOINTMENT OF AN ADMINISTRATOR.—  
14 The Executive Board of the Fund should appoint an  
15 Administrator who should be responsible for man-  
16 aging the day-to-day operations of the Fund.

17 (2) AUTHORITY TO SOLICIT AND ACCEPT CON-  
18 TRIBUTIONS.—The Fund should be authorized to so-  
19 licit and accept contributions from governments, the  
20 private sector, foundations, individuals, and non-  
21 governmental entities of all kinds.

22 (3) ACCOUNTABILITY OF FUNDS AND CRITERIA  
23 FOR PROGRAMS.—As part of the negotiations de-  
24 scribed in subsection (d)(1), the Secretary of the  
25 State, shall, consistent with paragraph (4)—

1           (A) take such actions as are necessary to  
2           ensure that the Fund will have in effect ade-  
3           quate procedures and standards to account for  
4           and monitor the use of funds contributed to the  
5           Fund, including the cost of administering the  
6           Fund; and

7           (B) seek agreement on the criteria that  
8           should be used to determine the programs and  
9           activities that should be assisted by the Fund.

10          (4) SELECTION OF PARTNER COUNTRIES,  
11          PROJECTS, AND RECIPIENTS.—The Executive Board  
12          should establish—

13               (A) eligible partner country selection cri-  
14               teria, to include transparent metrics to measure  
15               and assess global health security and pandemic  
16               preparedness strengths and vulnerabilities in  
17               countries seeking assistance;

18               (B) minimum standards for ensuring eligi-  
19               ble partner country ownership and commitment  
20               to long-term results, including requirements for  
21               domestic budgeting, resource mobilization, and  
22               co-investment;

23               (C) criteria for the selection of projects to  
24               receive support from the Fund;

1 (D) standards and criteria regarding quali-  
2 fications of recipients of such support;

3 (E) such rules and procedures as may be  
4 necessary for cost-effective management of the  
5 Fund; and

6 (F) such rules and procedures as may be  
7 necessary to ensure transparency and account-  
8 ability in the grant-making process.

9 (5) ADDITIONAL TRANSPARENCY AND AC-  
10 COUNTABILITY REQUIREMENTS.—

11 (A) INSPECTOR GENERAL.—

12 (i) IN GENERAL.—The Secretary of  
13 State shall seek to ensure that the Fund  
14 maintains an independent Office of the In-  
15 spector General and ensure that the office  
16 has the requisite resources and capacity to  
17 regularly conduct and publish, on a pub-  
18 licly accessible website, rigorous financial,  
19 programmatic, and reporting audits and  
20 investigations of the Fund and its grant-  
21 ees.

22 (ii) SENSE OF CONGRESS ON CORRUP-  
23 TION.—It is the sense of Congress that—

24 (I) corruption within global  
25 health programs contribute directly to



1 the loss of human life and cannot be  
2 tolerated; and

3 (II) in making financial recov-  
4 eries relating to a corrupt act or  
5 criminal conduct under a grant, as de-  
6 termined by the Inspector General,  
7 the responsible grant recipient should  
8 be assessed at a recovery rate of up to  
9 150 percent of such loss.

10 (B) ADMINISTRATIVE EXPENSES.—The  
11 Secretary of State shall seek to ensure the  
12 Fund establishes, maintains, and makes pub-  
13 licly available a system to track the administra-  
14 tive and management costs of the Fund on a  
15 quarterly basis.

16 (C) FINANCIAL TRACKING SYSTEMS.—The  
17 Secretary of State shall ensure that the Fund  
18 establishes, maintains, and makes publicly  
19 available a system to track the amount of funds  
20 disbursed to each grant recipient and sub-re-  
21 cipient during a grant's fiscal cycle.

22 (g) FUND ADVISORY BOARD.—

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

1           (2) APPOINTMENTS.—The members of the Ad-  
2       visory Board should be composed of—

3           (A) individuals with experience and leader-  
4       ship in the fields of development, global health,  
5       epidemiology, medicine, biomedical research,  
6       and social sciences; and

7           (B) representatives of relevant United Na-  
8       tions agencies, including the World Health Or-  
9       ganization, and nongovernmental organizations  
10      with on-the-ground experience in implementing  
11      global health programs in low and lower-middle  
12      income countries.

13          (3) RESPONSIBILITIES.—The Advisory Board  
14      should provide advice and guidance to the Executive  
15      Board of the Fund on the development and imple-  
16      mentation of programs and projects to be assisted  
17      by the Fund and on leveraging donations to the  
18      Fund.

19          (4) PROHIBITION ON PAYMENT OF COMPENSA-  
20      TION.—

21           (A) IN GENERAL.—Except for travel ex-  
22      penses (including per diem in lieu of subsist-  
23      ence), no member of the Advisory Board should  
24      receive compensation for services performed as  
25      a member of the Board.

1 (B) UNITED STATES REPRESENTATIVE.—

2 Notwithstanding any other provision of law (in-  
3 cluding an international agreement), a rep-  
4 resentative of the United States on the Advi-  
5 sory Board may not accept compensation for  
6 services performed as a member of the Board,  
7 except that such representative may accept  
8 travel expenses, including per diem in lieu of  
9 subsistence, while away from the representa-  
10 tive's home or regular place of business in the  
11 performance of services for the Board.

12 (5) CONFLICTS OF INTEREST.—Members of the  
13 Advisory Board should be required to disclose any  
14 potential conflicts of interest prior to serving on the  
15 Advisory Board.

16 (h) REPORTS TO CONGRESS ON THE FUND.—

17 (1) STATUS REPORT.—Not later than 180 days  
18 after the date of enactment of this Act, the Sec-  
19 retary of State, in coordination with the Adminis-  
20 trator of the United States Agency for International  
21 Development, and the heads of other relevant Fed-  
22 eral departments and agencies, shall submit to the  
23 appropriate congressional committees a report de-  
24 tailing the progress of international negotiations to  
25 establish the Fund.

1 (2) ANNUAL REPORT.—

2 (A) IN GENERAL.—Not later than 1 year  
3 after the date of the establishment of the Fund,  
4 and annually thereafter for the duration of the  
5 Fund, the Secretary of State, shall submit to  
6 the appropriate congressional committees a re-  
7 port on the Fund.

8 (B) REPORT ELEMENTS.—The report shall  
9 include a description of—

10 (i) the goals of the Fund;

11 (ii) the programs, projects, and activi-  
12 ties supported by the Fund;

13 (iii) private and governmental con-  
14 tributions to the Fund; and

15 (iv) the criteria utilized to determine  
16 the programs and activities that should be  
17 assisted by the Fund.

18 (3) GAO REPORT ON EFFECTIVENESS.—Not  
19 later than 2 years after the date that the Fund  
20 comes into effect, the Comptroller General of the  
21 United States shall submit to the appropriate con-  
22 gressional committees a report evaluating the effec-  
23 tiveness of the Fund, including—

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

4 (B) an assessment of the merits of contin-  
5 ued United States participation in the Fund.

6 (i) UNITED STATES CONTRIBUTIONS.—

7 (1) IN GENERAL.—Subject to submission of the  
8 certification under this section, the President is au-  
9 thorized to make available for United States con-  
10 tributions to the Fund such funds as may be author-  
11 ized to be made available for such purpose.

12 (2) NOTIFICATION.—The Secretary of State  
13 shall notify the appropriate congressional committees  
14 not later than 15 days in advance of making a con-  
15 tribution to the Fund, including—

16 (A) the amount of the proposed contribu-  
17 tion;

18 (B) the total of funds contributed by other  
19 donors; and

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

22 (3) LIMITATION.—At no point during the 5  
23 years after the date of the enactment of this Act  
24 shall a United States contribution to the Fund cause  
25 the cumulative total of United States contributions

1 to the Fund to exceed 33 percent of the total con-  
2 tributions to the Fund from all sources.

3 (4) WITHHOLDINGS.—

4 (A) SUPPORT FOR ACTS OF INTER-  
5 NATIONAL TERRORISM.—If at any time the Sec-  
6 retary of State determines that the Fund has  
7 provided assistance to a country, the govern-  
8 ment of which the Secretary of State has deter-  
9 mined, for purposes of section 620A of the For-  
10 eign Assistance Act of 1961 (22 U.S.C. 2371)  
11 has repeatedly provided support for acts of  
12 international terrorism, the United States shall  
13 withhold from its contribution to the Fund for  
14 the next fiscal year an amount equal to the  
15 amount expended by the Fund to the govern-  
16 ment of such country.

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

1           ary of each such individual exceeds the salary  
2           of the Vice President of the United States.

3           (C) ACCOUNTABILITY CERTIFICATION RE-  
4           QUIREMENT.—The Secretary of State may  
5           withhold not more than 20 percent of planned  
6           United States contributions to the Fund until  
7           the Secretary certifies to the appropriate con-  
8           gressional committees that the Fund has estab-  
9           lished procedures to provide access by the Of-  
10          fice of Inspector General of the Department of  
11          State, as cognizant Inspector General, the In-  
12          spector General of the Department of Health  
13          and Human Services, the Inspector General of  
14          the United States Agency for International De-  
15          velopment, and the Comptroller General of the  
16          United States to the Fund’s financial data and  
17          other information relevant to United States  
18          contributions to the Fund (as determined by  
19          the Inspector General of the Department of  
20          State, in consultation with the Secretary of  
21          State).

22          (j) COMPLIANCE WITH THE FOREIGN AID TRANS-  
23          PARENCY AND ACCOUNTABILITY ACT OF 2016.—Section  
24          2(3) of the Foreign Aid Transparency and Accountability

1 Act of 2016 (Public Law 114–191; 22 U.S.C. 2394c note)

2 is amended—

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

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

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

8 “(E) section [\_\_\_\_\_] of the National De-  
9 fense Authorization Act for Fiscal Year 2022.”.

10 (k) DEFINITIONS.—In this section:

11 (1) APPROPRIATE CONGRESSIONAL COMMIT-  
12 TEES.—The term “appropriate congressional Com-  
13 mittees” means—

14 (A) the Committee on Foreign Affairs and  
15 the Committee on Appropriations of the House  
16 of Representatives; and

17 (B) the Committee on Foreign Relations  
18 and the Committee on Appropriations of the  
19 Senate.

20 (2) GLOBAL HEALTH SECURITY.—The term  
21 “global health security” means activities supporting  
22 epidemic and pandemic preparedness and capabili-  
23 ties at the country and global levels in order to mini-  
24 mize vulnerability to acute public health events that



1 can endanger the health of populations across geo-  
2 graphical regions and international boundaries.

3 (l) SUNSET.—This section, and the amendments  
4 made by this section, shall cease to have force or effect  
5 on the date that is 5 years after the date of the enactment  
6 of this Act.

