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.

(a) Global Health Security Agenda Interagency Review Council.—

(1) Establishment.—The President shall establish a Global Health Security Agenda Interagency Review Council (in this section referred to as the “Council”) to perform the general responsibilities described in paragraph (3) and the specific roles and responsibilities described in paragraph (5).

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

(3) General Responsibilities.—The Council shall be responsible for the following activities:

(A) Provide policy-level recommendations to participating agencies on Global Health Security Agenda (GHSA) goals, objectives, and implementation, and other international efforts...
to strengthen pandemic preparedness and response.

(B) Facilitate interagency, multi-sectoral engagement to carry out GHSA implementation.

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

(D)(i) Review the progress toward and work to resolve challenges in achieving United States commitments under the GHSA, including commitments to assist other countries in achieving the GHSA targets.

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

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

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

(III) The external evaluations of United States and partner country capabilities to address infectious disease threats, including the ability to achieve the targets outlined within the WHO Joint External Evaluation tool, as well as gaps identified by such external evaluations.

(4) PARTICIPATION.—The Council shall be headed by the Assistant to the President for National Security Affairs, in coordination with the heads of relevant Federal agencies. The Council shall consist of representatives from the following agencies:

(A) The Department of State.
(B) The Department of Defense.
(C) The Department of Justice.
(D) The Department of Agriculture.
(E) The Department of Health and Human Services.

(F) The Department of the Treasury.

(G) The Department of Labor.

(H) The Department of Homeland Security.

(I) The Office of Management and Budget.

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

(K) The United States Agency for International Development.

(L) The Environmental Protection Agency.

(M) The Centers for Disease Control and Prevention.

(N) The Office of Science and Technology Policy.

(O) The National Institutes of Health.

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

(Q) Such other agencies as the Council determines to be appropriate.

(5) Specific roles and responsibilities.—

(A) In general.—The heads of agencies described in paragraph (4) shall—
(i) make the GHSA and its implementation and global pandemic preparedness a high priority within their respective agencies, and include GHSA- and global pandemic preparedness-related activities within their respective agencies’ strategic planning and budget processes;

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

(iii) designate, in accordance with paragraph (4), an appropriate representative at the Assistant Secretary level or higher to participate on the Council;

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

(v) maintain responsibility for agency-related programmatic functions in coordination with host governments, country teams, and GHSA in-country teams, and in conjunction with other relevant agencies;

(vi) coordinate with other agencies that are identified in this section to satisfy programmatic goals, and further facilitate
coordination of country teams, implementers, and donors in host countries; and

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

(B) ADDITIONAL ROLES AND RESPONSIBILITIES.—In addition to the roles and responsibilities described in subparagraph (A), the heads of agencies described in paragraph (4) shall carry out their respective roles and responsibilities described in subsections (b) through (i) of section 3 of Executive Order 13747 (81 Fed. Reg. 78701; relating to Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats), as in effect on the day before the date of the enactment of this Act.

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

(1) IN GENERAL.—The President shall appoint an individual to the position of United States Coordinator for Global Health Security, who shall be responsible for the coordination of the interagency process for responding to global health security
emergencies. As appropriate, the designee shall co-
ordinate with the President’s Special Coordinator for
International Disaster Assistance.

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

(c) STRATEGY AND REPORTS.—

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

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

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

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

(D) encourage and support other countries
to advance pandemic preparedness by investing
in basic resilient and sustainable health care
systems; and
(E) strengthen global health security across the intersection of human and animal health to prepare for and prevent infectious disease outbreaks and combat the growing threat of antimicrobial resistance.

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

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

(B) establish specific and measurable goals, benchmarks, timetables, performance metrics, and monitoring and evaluation plans for United States foreign assistance for global health security that promote learning and reflect international best practices relating to
global health security, transparency, and accountabil-
ity;

(C) establish mechanisms to improve coordi-
ination and avoid duplication of effort be-
tween the United States Government and part-
ner countries, donor countries, the private sec-
tor, multilateral organizations, and other key
stakeholders;

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

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

(ii) commitment to transparency, in-
cluding budget and global health data
transparency, complying with the Inter-
national Health Regulations (2005), in-
vesting in domestic health systems, and
achieving measurable results;
(E) reduce long-term reliance upon United States foreign assistance for global health security by promoting partner country ownership, improved domestic resource mobilization, co-financing, and appropriate national budget allocations for global health security and pandemic preparedness and response;

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

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

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

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

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

(K) support global health budget and workforce planning in partner countries, including training in financial management and budget and global health data transparency;

(L) align United States foreign assistance for global health security with national action plans for health security in partner countries, developed with input from key stakeholders, including the private sector, to the greatest extent practicable and appropriate;

(M) strengthen linkages between complementary bilateral and multilateral foreign assistance programs, including efforts of the World Bank, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Gavi, the Vaccine Alliance, that contribute to the development of more resilient health systems and supply chains in partner countries with the capacity, resources, and personnel required to prevent, detect, and respond to infectious disease threats;
(N) support innovation and public-private partnerships to improve pandemic preparedness and response, including for the development and deployment of effective, accessible, and affordable infectious disease tracking tools, diagnostics, therapeutics, and vaccines;

(O) support collaboration with and among relevant public and private research entities engaged in global health security; and

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

(3) STRATEGY SUBMISSION.—

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

(i) the anticipated contributions of the department or agency, including technical, financial, and in-kind contributions, to implement the strategy; and

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

(4) REPORT.—

(A) IN GENERAL.—Not later than 1 year after the date on which the strategy required under paragraph (2) is submitted to the appropriate congressional committees under paragraph (3), and not later than October 1 of each year thereafter, the President shall submit to the appropriate congressional committees a report that describes the status of the implementation of the strategy.
(B) CONTENTS.—The report required under subparagraph (A) shall—

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

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

(iii) identify the indicators used to establish benchmarks and measure results over time, as well as the mechanisms for reporting such results in an open and transparent manner;

(iv) contain a transparent, open, and detailed accounting of expenditures by relevant Federal departments and agencies to implement the strategy, including, to the extent practicable, for each Federal department and agency, the statutory source of expenditures, amounts expended, partners, targeted populations, and types of activities supported;

(v) describe how the strategy leverages other United States global health and development assistance programs and bilateral and multilateral institutions;
(vi) assess efforts to coordinate United States global health security programs, activities, and initiatives with key stakeholders;

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

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

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

(d) ESTABLISHMENT OF FUND FOR GLOBAL HEALTH SECURITY AND PANDEMIC PREPAREDNESS.—
(1) Negotiations for Establishment of a
Fund for Global Health Security and Pan-
demic Preparedness.—The Secretary of State, in
coordination with the Secretary of the Treasury, the
Administrator of the United States Agency for
International Development, the Secretary of Health
and Human Services, and the heads of other rel-
evant Federal departments and agencies as nec-
essary and appropriate, should seek to enter into ne-
gotiations with donors, relevant United Nations
agencies, including the World Health Organization,
and other key multilateral stakeholders, for the es-
establishment of—

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

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

(2) Purpose.—The purpose of the Fund
should be to close critical gaps in global health secu-
rity and pandemic preparedness and build capacity
in eligible partner countries in the areas of global health security, infectious disease control, and pandemic preparedness, such that it—

(A) prioritizes capacity building and financing availability in eligible partner countries;

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

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

(D) regularly responds to and evaluates progress based on clear metrics and benchmarks, such as the Joint External Evaluation and Global Health Security Index;

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

(F) accelerates country compliance with the International Health Regulations (2005) and fulfillment of the Global Health Security Agenda 2024 Framework, in coordination with
the ongoing Joint External Evaluation national action planning process.

(3) EXECUTIVE BOARD.—

(A) IN GENERAL.—The Fund should be governed by an Executive Board, which should be composed of not more than 20 representatives of donor governments, foundations, academic institutions, civil society, and the private sector that meet a minimum threshold in annual contributions and agree to uphold transparency measures.

(B) DUTIES.—The Executive Board should be charged with approving strategies, operations, and grant-making authorities, such that it is able to conduct effective fiduciary, monitoring, and evaluation efforts, and other oversight functions. In addition, the Executive Board should—

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

(ii) determine operational procedures such that the Fund is able to effectively fulfill its mission; and
(iii) provide oversight and accountability for the Fund in collaboration with the Inspector General to be established pursuant to subsection (f)(5)(A).

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

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

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

(D) QUALIFICATIONS.—Individuals appointed to the Executive Board should have demonstrated knowledge and experience across a variety of sectors, including human and animal health, agriculture, development, defense, finance, research, and academia.

(E) CONFLICTS OF INTEREST.—

(i) TECHNICAL EXPERTS.—The Executive Board may include independent technical experts, provided they are not affiliated with or employed by a recipient country or organization.

(ii) MULTILATERAL BODIES AND INSTITUTIONS.—Executive Board members appointed under subparagraph (C)(iii) should recuse themselves from matters presenting conflicts of interest, including financing decisions relating to such bodies and institutions.

(F) UNITED STATES REPRESENTATION.—

(i) IN GENERAL.—
(I) Founding Permanent Member.—The Secretary of State shall seek to establish the United States as a founding permanent member of the Fund.

(II) United States Representation.—The United States shall be represented on the Executive Board by an officer or employee of the United States appointed by the President.

(ii) Effective and Termination Dates.—

(I) Effective Date.—This paragraph shall take effect upon the date the Secretary of State certifies and transmits to Congress an agreement establishing the Fund.

(II) Termination Date.—The membership established pursuant to clause (i) shall terminate upon the date of termination of the Fund.

(G) Removal Procedures.—The Fund should establish procedures for the removal of members of the Executive Board who engage in
a consistent pattern of human rights abuses,
fail to uphold global health data transparency
requirements, or otherwise violate the estab-
lished standards of the Fund, including in rela-
tion to corruption.

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

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

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

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

(i) need, as identified through the

Joint External Evaluation process, the
Global Health Security Index classification of health systems, national action plans for health security, and other complementary or successor indicators of global health security and pandemic preparedness; and

(ii) commitment to transparency, including budget and global health data transparency, complying with the International Health Regulations (2005), investing in domestic health systems, and achieving measurable results, and in which the Fund for Global Health Security and Pandemic Preparedness established under this section may finance global health security and pandemic preparedness assistance programs under this Act.

(c) Fund Authorities.—

(1) Program Objectives.—

(A) In general.—In carrying out the purpose set forth in subsection (d), the Fund, acting through the Executive Board, should provide grants, including challenge grants, technical assistance, concessional lending, catalytic investment funds, and other innovative funding mechanisms, as appropriate, to—
(i) help eligible partner countries close critical gaps in health security, as identified through the Joint External Evaluation process, the Global Health Security Index classification of health systems, and national action plans for health security and other complementary or successor indicators of global health security and pandemic preparedness; and

(ii) support measures that enable such countries, at both national and sub-national levels, and in partnership with civil society and the private sector, to strengthen and sustain resilient health systems and supply chains with the resources, capacity, and personnel required to prevent, detect, mitigate, and respond to infectious disease threats before they become pandemics.

(B) ACTIVITIES SUPPORTED.—The activities to be supported by the Fund should include efforts to—

(i) enable eligible partner countries to formulate and implement national health security and pandemic preparedness action plans, advance action packages under the
Global Health Security Agenda, and adopt and uphold commitments under the International Health Regulations (2005) and other related international health agreements, as appropriate;

(ii) support global health security budget planning in eligible partner countries, including training in financial management and budget and global health data transparency;

(iii) strengthen the health security workforce, including hiring, training, and deploying experts to improve frontline preparedness for emerging epidemic and pandemic threats;

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

(v) combat the threat of antimicrobial resistance;

(vi) strengthen laboratory capacity and promote biosafety and biosecurity through the provision of material and technical assistance;
(vii) reduce the risk of bioterrorism, zoonotic disease spillover, and accidental biological release;

(viii) build technical capacity to manage global health security related supply chains, including for personal protective equipment, oxygen, testing reagents, and other lifesaving supplies, through effective forecasting, procurement, warehousing, and delivery from central warehouses to points of service in both the public and private sectors;

(ix) enable bilateral, regional, and international partnerships and cooperation, including through pandemic early warning systems and emergency operations centers, to identify and address transnational infectious disease threats exacerbated by natural and man-made disasters, human displacement, and zoonotic infection;

(x) establish partnerships for the sharing of best practices and enabling eligible countries to meet targets and indicators under the Joint External Evaluation process, the Global Health Security Index
classification of health systems, and national action plans for health security relating to the detection, treatment, and prevention of neglected tropical diseases;

(xii) develop and utilize metrics to monitor and evaluate programmatic performance and identify best practices, including in accordance with Joint External Evaluation benchmarks, Global Health Security Agenda targets, and Global Health Security Index indicators;

(xiii) develop and deploy mechanisms to enhance the transparency and accountability of global health security and pandemic preparedness programs and data, in compliance with the International Health Regulations (2005), including through the sharing of trends, risks, and lessons learned; and
(xiv) develop and implement simulation exercises, produce and release after action reports, and address related gaps.

(C) Implementation of Program Objectives.—In carrying out the objectives of this paragraph, the Fund should work to eliminate duplication and waste by upholding strict transparency and accountability standards and coordinating its programs and activities with key partners working to advance global health security and pandemic preparedness, including—

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

(ii) the pandemic early warning systems and emergency operations centers to be established under subparagraph (B)(ix);

(iii) the World Health Organization;

(iv) the Global Health Security Agenda;

(v) the Global Health Security Initiative;
(vi) the Global Fund to Fight AIDS, Tuberculosis, and Malaria;

(vii) the United Nations Office for the Coordination of Humanitarian Affairs, UNICEF, and other relevant funds, programs, and specialized agencies of the United Nations;

(viii) Gavi, the Vaccine Alliance;

(ix) the Coalition for Epidemic Preparedness Innovations;

(x) the Global Polio Eradication Initiative; and

(xi) the United States Coordinator for Global Health Security and Diplomacy established under subsection (b).

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

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

(B) measurable gaps in global health security and pandemic preparedness identified under Joint External Evaluations and national action plans for health security;
(C) demonstrated political and financial commitment to pandemic preparedness; and

(D) demonstrated commitment to upholding global health budget and data transparency and accountability standards, complying with the International Health Regulations (2005), investing in domestic health systems, and achieving measurable results.

(3) Eligible Grant Recipients.—Governments and nongovernmental organizations should be eligible to receive grants as described in this section.

(f) Fund Administration.—

(1) Appointment of an Administrator.—The Executive Board of the Fund should appoint an Administrator who should be responsible for managing the day-to-day operations of the Fund.

(2) Authority to Solicit and Accept Contributions.—The Fund should be authorized to solicit and accept contributions from governments, the private sector, foundations, individuals, and nongovernmental entities of all kinds.

(3) Accountability of Funds and Criteria for Programs.—As part of the negotiations described in subsection (d)(1), the Secretary of the State, shall, consistent with paragraph (4)—
(A) take such actions as are necessary to ensure that the Fund will have in effect adequate procedures and standards to account for and monitor the use of funds contributed to the Fund, including the cost of administering the Fund; and

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

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

(A) eligible partner country selection criteria, to include transparent metrics to measure and assess global health security and pandemic preparedness strengths and vulnerabilities in countries seeking assistance;

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

(C) criteria for the selection of projects to receive support from the Fund;
(D) standards and criteria regarding qualifications of recipients of such support;

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

(F) such rules and procedures as may be necessary to ensure transparency and accountability in the grant-making process.

(5) ADDITIONAL TRANSPARENCY AND ACCOUNTABILITY REQUIREMENTS.—

(A) INSPECTOR GENERAL.—

(i) IN GENERAL.—The Secretary of State shall seek to ensure that the Fund maintains an independent Office of the Inspector General and ensure that the office has the requisite resources and capacity to regularly conduct and publish, on a publicly accessible website, rigorous financial, programmatic, and reporting audits and investigations of the Fund and its grantees.

(ii) SENSE OF CONGRESS ON CORRUPTION.—It is the sense of Congress that—

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

(II) in making financial recov-

eries relating to a corrupt act or criminal conduct under a grant, as de-

termined by the Inspector General, the responsible grant recipient should be assessed at a recovery rate of up to 150 percent of such loss.

(B) ADMINISTRATIVE EXPENSES.—The Secretary of State shall seek to ensure the Fund establishes, maintains, and makes publicly available a system to track the administrative and management costs of the Fund on a quarterly basis.

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

(g) FUND ADVISORY BOARD.—

(1) IN GENERAL.—There should be an Advisory Board to the Fund.
(2) APPOINTMENTS.—The members of the Advisory Board should be composed of—

(A) individuals with experience and leadership in the fields of development, global health, epidemiology, medicine, biomedical research, and social sciences; and

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

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

(4) PROHIBITION ON PAYMENT OF COMPENSATION.—

(A) IN GENERAL.—Except for travel expenses (including per diem in lieu of subsistence), no member of the Advisory Board should receive compensation for services performed as a member of the Board.
(B) UNITED STATES REPRESENTATIVE.—

Notwithstanding any other provision of law (including an international agreement), a representative of the United States on the Advisory Board may not accept compensation for services performed as a member of the Board, except that such representative may accept travel expenses, including per diem in lieu of subsistence, while away from the representative’s home or regular place of business in the performance of services for the Board.

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

(h) REPORTS TO CONGRESS ON THE FUND.—

(1) STATUS REPORT.—Not later than 180 days after the date of enactment of this Act, the Secretary of State, in coordination with the Administrator of the United States Agency for International Development, and the heads of other relevant Federal departments and agencies, shall submit to the appropriate congressional committees a report detailing the progress of international negotiations to establish the Fund.
(2) Annual Report.—

(A) In General.—Not later than 1 year after the date of the establishment of the Fund, and annually thereafter for the duration of the Fund, the Secretary of State, shall submit to the appropriate congressional committees a report on the Fund.

(B) Report Elements.—The report shall include a description of—

(i) the goals of the Fund;

(ii) the programs, projects, and activities supported by the Fund;

(iii) private and governmental contributions to the Fund; and

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

(3) GAO Report on Effectiveness.—Not later than 2 years after the date that the Fund comes into effect, the Comptroller General of the United States shall submit to the appropriate congressional committees a report evaluating the effectiveness of the Fund, including—
(A) the effectiveness of the programs, projects, and activities supported by the Fund; and

(B) an assessment of the merits of continued United States participation in the Fund.

(i) UNITED STATES CONTRIBUTIONS.—

(1) IN GENERAL.—Subject to submission of the certification under this section, the President is authorized to make available for United States contributions to the Fund such funds as may be authorized to be made available for such purpose.

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

(A) the amount of the proposed contribution;

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

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

(3) LIMITATION.—At no point during the 5 years after the date of the enactment of this Act shall a United States contribution to the Fund cause the cumulative total of United States contributions
to the Fund to exceed 33 percent of the total contributions to the Fund from all sources.

(4) WITHHOLDINGS.—

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

(B) EXCESSIVE SALARIES.—If at any time during the five years after enactment of this Act, the Secretary of State determines that the salary of any individual employed by the Fund exceeds the salary of the Vice President of the United States for that fiscal year, then the United States should withhold from its contribution for the next fiscal year an amount equal to the aggregate amount by which the sal-
ary of each such individual exceeds the salary of the Vice President of the United States.

(C) ACCOUNTABILITY CERTIFICATION REQUIREMENT.—The Secretary of State may withhold not more than 20 percent of planned United States contributions to the Fund until the Secretary certifies to the appropriate congressional committees that the Fund has established procedures to provide access by the Office of Inspector General of the Department of State, as cognizant Inspector General, the Inspector General of the Department of Health and Human Services, the Inspector General of the United States Agency for International Development, and the Comptroller General of the United States to the Fund’s financial data and other information relevant to United States contributions to the Fund (as determined by the Inspector General of the Department of State, in consultation with the Secretary of State).

(j) COMPLIANCE WITH THE FOREIGN AID TRANSPARENCY AND ACCOUNTABILITY ACT OF 2016.—Section 2(3) of the Foreign Aid Transparency and Accountability
Act of 2016 (Public Law 114–191; 22 U.S.C. 2394c note) is amended—

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

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

(3) by adding at the end the following: 

“(E) section [____] of the National Defense Authorization Act for Fiscal Year 2022.”.

(k) DEFINITIONS.—In this section:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional Committees” means—

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

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

(2) GLOBAL HEALTH SECURITY.—The term “global health security” means activities supporting epidemic and pandemic preparedness and capabilities at the country and global levels in order to minimize vulnerability to acute public health events that...
can endanger the health of populations across geographical regions and international boundaries.

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