

117TH CONGRESS
1ST SESSION

S. _____

To improve global health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. RISCH (for himself and Mr. MENENDEZ) introduced the following bill;
which was read twice and referred to the Committee on

A BILL

To improve global health, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “International Pandemic Preparedness and COVID-19
6 Response Act of 2021”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Purpose.

TITLE I—ENHANCING THE UNITED STATES’ INTERNATIONAL
RESPONSE TO COVID–19 AND FUTURE PANDEMICS

2

- Sec. 101. Statement of policy regarding international cooperation to end the COVID–19 pandemic.
- Sec. 102. Oversight of United States foreign assistance to end the COVID–19 pandemic.
- Sec. 103. United States contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria COVID–19 response mechanism.
- Sec. 104. Global COVID–19 vaccine distribution and delivery.
- Sec. 105. Leveraging United States bilateral global health programs for the international COVID–19 response.
- Sec. 106. Report on humanitarian response to the COVID–19 pandemic.
- Sec. 107. Safeguarding democracy and human rights during the COVID–19 pandemic.
- Sec. 108. Public diplomacy and combating disinformation and misinformation about COVID–19.
- Sec. 109. Findings and sense of Congress regarding the United States International Development Finance Corporation.
- Sec. 110. Sense of Congress regarding international cooperation to prevent and respond to future pandemics.
- Sec. 111. Roles of the Department of State, the United States Agency for International Development, and the Centers for Disease Control and Prevention in pandemic response.
- Sec. 112. USAID disaster surge capacity.
- Sec. 113. Statement of policy on humanitarian assistance to countries affected by pandemics.

TITLE II—INTERNATIONAL PANDEMIC PREVENTION AND
PREPAREDNESS

- Sec. 201. Partner country defined.
- Sec. 202. Global health security strategy and report.
- Sec. 203. Committee on Global Health Security and Pandemic and Biological Threats.
- Sec. 204. United States overseas global health security and diplomacy coordination and strategy.
- Sec. 205. Resilience.
- Sec. 206. Strengthening health systems.
- Sec. 207. Additional authorities.
- Sec. 208. Authorization for United States participation in the Coalition for Epidemic Preparedness Innovations.
- Sec. 209. National intelligence estimate and briefing regarding novel diseases and pandemic threats.
- Sec. 210. Pandemic early warning network.
- Sec. 211. International emergency operations.

TITLE III—FINANCING MECHANISM FOR GLOBAL HEALTH
SECURITY AND PANDEMIC PREVENTION AND PREPAREDNESS

- Sec. 301. Eligible partner country defined.
- Sec. 302. Establishment of Fund for Global Health Security and Pandemic Prevention and Preparedness.
- Sec. 303. Authorities.
- Sec. 304. Administration.
- Sec. 305. Advisory Board.
- Sec. 306. Reports to Congress.
- Sec. 307. United States contributions.

Sec. 308. Compliance with the Foreign Aid Transparency and Accountability Act of 2016.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—The term “appropriate congressional committees” means—

6 (A) the Committee on Foreign Relations of
7 the Senate;

8 (B) the Committee on Appropriations of
9 the Senate;

10 (C) the Committee on Foreign Affairs of
11 the House of Representatives; and

12 (D) the Committee on Appropriations of
13 the House of Representatives.

14 (2) **GLOBAL HEALTH SECURITY AGENDA;**
15 **GHSA.**—The terms “Global Health Security Agenda”
16 and “GHSA” mean the multi-sectoral initiative
17 launched in 2014 and renewed in 2017 that brings
18 together countries, regions, international organiza-
19 tions, nongovernmental organizations, and the pri-
20 vate sector to elevate global health security as a na-
21 tional-level priority, to share best practices, and to
22 facilitate national capacity to comply with and ad-
23 here to—

1 (A) the International Health Regulations
2 (2005);

3 (B) the World Organisation for Animal
4 Health international standards and guidelines;

5 (C) United Nations Security Council Reso-
6 lution 1540 (2004);

7 (D) the Convention on the Prohibition of
8 the Development, Production and Stockpiling of
9 Bacteriological and Toxin Weapons and on
10 their Destruction, done at Washington, London,
11 and Moscow, April 10, 1972 (commonly re-
12 ferred to as the “Biological Weapons Conven-
13 tion”);

14 (E) the Global Health Security Agenda
15 2024 Framework; and

16 (F) other relevant frameworks that con-
17 tribute to global health security.

18 (3) GLOBAL HEALTH SECURITY INDEX.—The
19 term “Global Health Security Index” means the
20 comprehensive assessment and benchmarking of
21 health security and related capabilities across the
22 countries that make up the States Parties to the
23 International Health Regulations (2005).

24 (4) GLOBAL HEALTH SECURITY INITIATIVE.—
25 The term “Global Health Security Initiative” means

1 the informal network of countries and organizations
2 that came together in 2001 to undertake concerted
3 global action to strengthen public health prepared-
4 ness and response to chemical, biological, radio-
5 logical, and nuclear threats, as well as pandemic in-
6 fluenza.

7 (5) JOINT EXTERNAL EVALUATION.—The term
8 “Joint External Evaluation” means the World
9 Health Organization-facilitated, voluntary, collabo-
10 rative, multi-sectoral process to assess country ca-
11 pacity to prevent, detect, and rapidly respond to
12 public health risks occurring naturally or due to de-
13 liberate or accidental events, assess progress in
14 achieving the targets under the International Health
15 Regulations (2005), and recommend priority actions.

16 (6) KEY STAKEHOLDERS.—The term “key
17 stakeholders” means actors engaged in efforts to ad-
18 vance global health security programs and objectives,
19 including—

20 (A) national and local governments in
21 partner countries;

22 (B) other bilateral donors;

23 (C) international, regional, and local orga-
24 nizations, including private, voluntary, non-
25 governmental, and civil society organizations;

1 (D) international, regional, and local finan-
2 cial institutions;

3 (E) representatives of historically
4 marginalized groups, including women, youth,
5 and indigenous peoples;

6 (F) the private sector, including medical
7 device, technology, pharmaceutical, manufac-
8 turing, logistics, and other relevant companies;
9 and

10 (G) public and private research and aca-
11 demic institutions.

12 (7) ONE HEALTH APPROACH.—The term “One
13 Health approach” means the collaborative, multi-sec-
14 toral, and transdisciplinary approach toward achiev-
15 ing optimal health outcomes in a manner that recog-
16 nizes the interconnection between people, animals,
17 plants, and their shared environment.

18 (8) RELEVANT FEDERAL DEPARTMENTS AND
19 AGENCIES.—The term “relevant Federal depart-
20 ments and agencies” means any Federal department
21 or agency implementing United States policies and
22 programs relevant to the advancement of United
23 States global health security and diplomacy overseas,
24 which may include—

25 (A) the Department of State;

1 (B) the United States Agency for Inter-
2 national Development;

3 (C) the Department of Health and Human
4 Services;

5 (D) the Centers for Disease Control and
6 Prevention;

7 (E) the National Institutes of Health;

8 (F) the Department of the Treasury;

9 (G) the Department of Agriculture;

10 (H) the Department of Defense;

11 (I) the Defense Threat Reduction Agency;

12 (J) the Millennium Challenge Corporation;

13 (K) the Development Finance Corporation;

14 (L) the Peace Corps; and

15 (M) any other department or agency that
16 the President determines to be relevant for
17 these purposes.

18 (9) RESILIENCE.—The term “resilience” means
19 the ability of people, households, communities, sys-
20 tems, institutions, countries, and regions to reduce,
21 mitigate, withstand, adapt to, and quickly recover
22 from stresses and shocks in a manner that reduces
23 chronic vulnerability and facilitates inclusive growth.

1 **SEC. 3. PURPOSE.**

2 The purpose of this Act is to accelerate and enhance
3 the United States international response to pandemics, in-
4 cluding the COVID–19 pandemic, and to operationalize
5 lessons learned from current and prior emergency re-
6 sponses in a manner that—

7 (1) advances the global health security and di-
8 plomacy objectives of the United States;

9 (2) improves coordination among the relevant
10 Federal departments and agencies implementing
11 United States foreign assistance for global health se-
12 curity; and

13 (3) more effectively enables partner countries to
14 strengthen and sustain resilient health systems and
15 supply chains with the resources, capacity, and per-
16 sonnel required to prevent, prepare for, detect, and
17 respond to infectious disease threats before they be-
18 come pandemics.

1 **TITLE I—ENHANCING THE**
2 **UNITED STATES’ INTER-**
3 **NATIONAL RESPONSE TO**
4 **COVID-19 AND FUTURE**
5 **PANDEMICS**

6 **SEC. 101. STATEMENT OF POLICY REGARDING INTER-**
7 **NATIONAL COOPERATION TO END THE**
8 **COVID-19 PANDEMIC.**

9 It shall be the policy of the United States to lead and
10 implement a comprehensive and coordinated international
11 response to end the COVID-19 pandemic in a manner
12 that recognizes the critical role that multilateral and re-
13 gional organizations can and should play in pandemic re-
14 sponse, including by—

15 (1) seeking adoption of a United Nations Secu-
16 rity Council resolution that—

17 (A) declares pandemics, including the
18 COVID-19 pandemic, to be a threat to inter-
19 national peace and security; and

20 (B) urges member states to address this
21 threat by aligning their health preparedness
22 plans with international best practices and
23 those established by the Global Health Security
24 Agenda to improve country capacity to prevent,

1 detect, and respond to infectious disease
2 threats;

3 (2) advancing efforts to reform the World
4 Health Organization so that it serves as an effective
5 normative and capable coordinating body empowered
6 to align member countries around a single strategic
7 operating plan to detect, contain, treat, and deter
8 the further spread of COVID-19;

9 (3) providing timely, appropriate levels of finan-
10 cial support to United Nations agencies responding
11 to the COVID-19 pandemic;

12 (4) prioritizing United States foreign assistance
13 for the COVID-19 response in the most vulnerable
14 countries and regions;

15 (5) encouraging other donor governments to
16 similarly increase contributions to the United Na-
17 tions agencies responding to the COVID-19 pan-
18 demic in the world's poorest and most vulnerable
19 countries;

20 (6) working with key stakeholders to accelerate
21 progress toward meeting and exceeding, as prac-
22 ticable, the global COVID-19 vaccination goals
23 jointly proposed by the International Monetary
24 Fund, the World Health Organization, the World

1 Bank, and the World Trade Organization, where-
2 by—

3 (A) at least 40 percent of the population in
4 all countries is vaccinated by the end of 2021;
5 and

6 (B) at least 60 percent of the population
7 in all countries is vaccinated by the first half of
8 2022;

9 (7) engaging with key stakeholders, including
10 through multilateral facilities such as the COVID-
11 19 Vaccines Global Access initiative (referred to in
12 this title as “COVAX”) and the Access to COVID-
13 19 Tools (ACT) Accelerator initiative, and expand-
14 ing bilateral efforts, including through the Inter-
15 national Development Finance Corporation, to accel-
16 erate the development, manufacturing, local produc-
17 tion, and efficient and equitable distribution of—

18 (A) vaccines and related raw materials to
19 meet or exceed the vaccination goals under
20 paragraph (6); and

21 (B) global health commodities, including
22 personal protective equipment, test kits, medi-
23 cines and therapeutics, and other essential sup-
24 plies to combat COVID-19;

1 (8) supporting global COVID–19 vaccine dis-
2 tribution strategies that strengthen underlying
3 health systems and ensure that people living in vul-
4 nerable and marginalized communities, including
5 women, do not face undue barriers to vaccination;

6 (9) working with key stakeholders, including
7 through the World Bank Group, the International
8 Monetary Fund, the World Trade Organization, the
9 International Finance Corporation, and other rel-
10 evant regional and bilateral financial institutions, to
11 address the economic and financial implications of
12 the COVID–19 pandemic, while taking into account
13 the differentiated needs of disproportionately af-
14 fected, vulnerable, and marginalized populations;

15 (10) establishing clear timelines, benchmarks,
16 and goals for COVID–19 response strategies and ac-
17 tivities under this section; and

18 (11) generating commitments of resources in
19 support of the goals referred to in paragraph (10).

20 **SEC. 102. OVERSIGHT OF UNITED STATES FOREIGN ASSIST-**
21 **ANCE TO END THE COVID–19 PANDEMIC.**

22 (a) REPORTING REQUIREMENTS.—Not later than 60
23 days after the date of the enactment of this Act, the Sec-
24 retary of State and the Administrator for the United

1 States Agency for International Development shall jointly
2 submit to the appropriate congressional committees—

3 (1) an unclassified report containing a descrip-
4 tion of funds already obligated and expended under
5 title X of the American Rescue Plan Act of 2021
6 (Public Law 117–2); and

7 (2) a plan that describes the objectives and
8 timeline for the obligation and expenditure of all re-
9 maining funds appropriated under the American
10 Rescue Plan Act of 2021, which shall be submitted
11 in an unclassified form, and should include a de-
12 scription of steps taken pursuant to each objective
13 specified in the plan.

14 (b) CONGRESSIONAL CONSULTATION.—Not less fre-
15 quently than once every 60 days, until the completion or
16 termination of the implementation plan required under
17 subsection (a)(2), and upon the request from one or more
18 of the appropriate congressional committees, the Secretary
19 of State and the Administrator for the United States
20 Agency for International Development shall provide a
21 briefing to the appropriate congressional committees re-
22 garding the report required under subsection (a)(1) and
23 the status of the implementation of the plan required
24 under subsection (a)(2).

1 (c) BRANDING.—In providing assistance under this
2 title, the Secretary of State and the Administrator of the
3 United States Agency for International Development, with
4 due consideration for the safety and security of imple-
5 menting partners and beneficiaries, and pursuant to cur-
6 rent branding and marking regulations and procedures
7 shall prescribe the use of logos or other insignia, which
8 may include the flag of the United States, to appropriately
9 identify such assistance as being from the people of the
10 United States.

11 **SEC. 103. UNITED STATES CONTRIBUTIONS TO THE GLOBAL**
12 **FUND TO FIGHT AIDS, TUBERCULOSIS, AND**
13 **MALARIA COVID-19 RESPONSE MECHANISM.**

14 (a) UNITED STATES CONTRIBUTIONS TO THE GLOB-
15 AL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA
16 COVID-19 RESPONSE MECHANISM.—United States con-
17 tributions to the Global Fund to Fight AIDS, Tuber-
18 culosis, and Malaria COVID-19 Response Mechanism
19 under section 10003(a)(2) of the American Rescue Plan
20 Act of 2021 (Public Law 107-2)—

21 (1) shall be meaningfully leveraged in a manner
22 that incentivizes other public and private donor con-
23 tributions; and

24 (2) shall be subject to the reporting and with-
25 holding requirements under subsections (c),

1 (d)(4)(A)(ii), (d)(4)(C), (d)(5), (d)(6), (f), and (g) of
2 section 202 of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003
4 (22 U.S.C. 7622).

5 **SEC. 104. GLOBAL COVID-19 VACCINE DISTRIBUTION AND**
6 **DELIVERY.**

7 (a) ACCELERATING GLOBAL VACCINE DISTRIBUTION
8 STRATEGY.—The Secretary of State, in consultation with
9 the Secretary of Health and Human Services, the Admin-
10 istrator of the United States Agency for International De-
11 velopment, the Chief Executive Officer of the United
12 States International Development Finance Corporation,
13 and the heads of other relevant Federal departments and
14 agencies, as determined by the President, shall develop a
15 strategy to expand access to, and accelerate the global dis-
16 tribution of, COVID-19 vaccines to other countries, which
17 shall—

18 (1) identify the countries that have the highest
19 infection and death rates due to COVID-19, the
20 lowest COVID-19 vaccination rates, and face the
21 most difficult, political, logistical, and financial chal-
22 lenges to obtaining and delivering COVID-19 vac-
23 cines, and describe the basis and metrics used to
24 make such determinations;

1 (2) identify which countries and regions will be
2 prioritized and targeted for COVID–19 vaccine de-
3 livery, and the rationale for such prioritization;

4 (3) describe efforts that the United States is
5 making to increase COVID–19 vaccine manufac-
6 turing capacity, including through the provision of
7 development finance, and estimate when, how many,
8 and which types of vaccines will be provided by the
9 United States Government bilaterally and through
10 COVAX;

11 (4) describe efforts to encourage international
12 partners to take actions similar to the efforts re-
13 ferred to in paragraph (3);

14 (5) describe how the United States Government
15 will ensure efficient delivery of COVID–19 vaccines
16 to intended recipients, including United States citi-
17 zens residing overseas, and identify complementary
18 United States foreign assistance that will facilitate
19 vaccine readiness, distribution, delivery, monitoring,
20 and administration activities;

21 (6) describe the roles, responsibilities, tasks,
22 and, as appropriate, the authorities of the Secretary
23 of State, the Administrator of the United States
24 Agency for International Development, the Secretary
25 of Health and Human Services, the Chief Executive

1 Officer of the United States International Develop-
2 ment Finance Corporation, and the heads of other
3 relevant Federal departments and agencies with re-
4 spect to the implementation of such strategy; and

5 (7) summarize the United States public diplo-
6 macy strategies for branding and addressing vaccine
7 misinformation and hesitancy.

8 (b) SUBMISSION OF STRATEGY.—Not later than 90
9 days after the date of the enactment of this Act, the Sec-
10 retary of State shall submit the strategy described in sub-
11 section (a) to the appropriate congressional committees.

12 **SEC. 105. LEVERAGING UNITED STATES BILATERAL GLOB-**
13 **AL HEALTH PROGRAMS FOR THE INTER-**
14 **NATIONAL COVID-19 RESPONSE.**

15 (a) AUTHORIZATION FOR LEVERAGING BILATERAL
16 PROGRAM ACTIVITIES.—Amounts authorized to be appro-
17 priated or otherwise made available to carry out section
18 104 of the Foreign Assistance Act (22 U.S.C. 2151b) may
19 be used in countries receiving United States foreign assist-
20 ance—

21 (1) to combat the COVID-19 pandemic, includ-
22 ing through the sharing of COVID-19 vaccines; and

23 (2) to support related activities, including—

24 (A) strengthening vaccine readiness;

1 (B) reducing vaccine hesitancy and misin-
2 formation;

3 (C) delivering and administering COVID-
4 19 vaccines;

5 (D) strengthening health systems and sup-
6 ply chains;

7 (E) supporting health care workforce plan-
8 ning, training, and management;

9 (F) enhancing transparency, quality, and
10 reliability of health data;

11 (G) increasing bidirectional testing; and

12 (H) building lab capacity.

13 (b) ADJUSTMENT OF TARGETS AND GOALS.—The
14 Secretary of State, in coordination with the heads of other
15 relevant Federal departments and agencies, shall submit
16 an annual report to the appropriate congressional commit-
17 tees that identifies—

18 (1) any adjustments to original program targets
19 and goals that result from the use of funds for the
20 purposes authorized under subsection (a); and

21 (2) the amounts needed in the following fiscal
22 year to meet the original program goals.

1 **SEC. 106. REPORT ON HUMANITARIAN RESPONSE TO THE**
2 **COVID-19 PANDEMIC.**

3 (a) IN GENERAL.—Not later than 120 days after the
4 date of the enactment of this Act, the Secretary of State,
5 in consultation with the Administrator of the United
6 States Agency for International Development and the Sec-
7 retary of Health and Human Services, shall submit a re-
8 port to the appropriate congressional committees that—

9 (1) assesses the global humanitarian response
10 to COVID-19; and

11 (2) outlines specific elements of the United
12 States Government’s country-level response to the
13 COVID-19 pandemic.

14 (b) ELEMENTS.—The report required under sub-
15 section (a) shall include—

16 (1) for countries receiving United States assist-
17 ance, a description of humanitarian and health-
18 worker access to crisis-affected areas, including—

19 (A) legal and bureaucratic restrictions on
20 the entry of humanitarian workers from abroad,
21 to include visa authorizations that do not allow
22 adequate time for humanitarian workers to
23 quarantine upon arrival in-line with host coun-
24 try regulations, conduct needs assessments, and
25 subsequently implement multilateral and United

1 States-funded programming in an efficient, ef-
2 fective, and unrestricted manner;

3 (B) restrictions on travel by humanitarian
4 workers within such country to reach the areas
5 of operation where vulnerable and marginalized
6 populations reside;

7 (C) access to medical evacuation in the
8 event of a health emergency;

9 (D) access to personal protective equip-
10 ment for United States Government imple-
11 menting partners; and

12 (E) efforts to support access to COVID-19
13 vaccines for humanitarian and health-workers
14 and crisis-affected communities;

15 (2) an analysis and description of countries (re-
16 gardless of whether such countries have received di-
17 rect United States assistance) that have expressly
18 prevented vulnerable populations from accessing nec-
19 essary assistance related to COVID-19, including—

20 (A) the omission of vulnerable populations
21 from national response plans;

22 (B) laws, policies, or practices that restrict
23 or preclude treatment of vulnerable populations
24 at public hospitals and health facilities; and

1 (C) exclusion of, or discrimination against,
2 vulnerable populations in law, policy, or practice
3 that prevents equal access to food, shelter, and
4 other basic assistance;

5 (3) a description of United States Government
6 efforts to facilitate greater humanitarian access, in-
7 cluding—

8 (A) advocacy and diplomatic efforts with
9 relevant foreign governments and multilateral
10 institutions to ensure that vulnerable and
11 marginalized populations are included in na-
12 tional response plans and other relevant plans
13 developed in response to the COVID–19 pan-
14 demic; and

15 (B) advocacy and diplomatic efforts with
16 relevant foreign governments to ensure that ap-
17 propriate visas, work permits, and domestic
18 travel exemptions are issued for humanitarian
19 and health workers responding to the COVID–
20 19 pandemic; and

21 (4) a description of United States Government
22 plans and efforts to address the second-order im-
23 pacts of the COVID–19 pandemic and an assess-
24 ment of the resources required to implement such
25 plans, including efforts to address—

- 1 (A) famine and acute food insecurity;
- 2 (B) gender-based violence;
- 3 (C) mental health and psychosocial support
- 4 needs;
- 5 (D) child protection needs;
- 6 (E) health, education, and livelihoods;
- 7 (F) shelter; and
- 8 (G) attempts to close civil society space,
- 9 including through bureaucratic, administrative,
- 10 and health or security related impediments.

11 **SEC. 107. SAFEGUARDING DEMOCRACY AND HUMAN**

12 **RIGHTS DURING THE COVID-19 PANDEMIC.**

13 (a) SENSE OF CONGRESS.—It is the sense of Con-

14 gress that—

15 (1) governments may be required to take appro-

16 priate extraordinary measures during public health

17 emergencies to halt the spread of disease, including

18 closing businesses and public events, limiting access

19 to public spaces, and restricting the movement of

20 people;

21 (2) certain foreign governments have taken

22 measures in response to COVID-19 that violate the

23 human rights of their citizens without clear public

24 health justification, oversight measures, or sunset

25 provisions;

1 (3) governments using the COVID–19 pan-
2 demic as a pretext for repression have undermined
3 democratic institutions, debilitated institutions for
4 transparency and public integrity, quashed legiti-
5 mate dissent, and attacked journalists, civil society
6 organizations, activists, independent voices, and vul-
7 nerable and marginalized populations, including ref-
8 ugees and migrants, with far-reaching consequences
9 that will extend beyond the current crisis;

10 (4) COVID–19 threatens to roll back decades of
11 progress for women and girls, disproportionately af-
12 fecting women economically, educationally, and with
13 respect to health, while also leading to alarming
14 rises in gender based violence; and

15 (5) during and after the pandemic, the Depart-
16 ment of State and the United States Agency for
17 International Development should directly, and
18 through nongovernmental organizations or inter-
19 national organizations, provide assistance and imple-
20 ment programs that support democratic institutions,
21 civil society, free media, and the advancement of
22 internationally recognized human rights.

23 (b) FUNDING FOR CIVIL SOCIETY AND HUMAN
24 RIGHTS DEFENDERS.—

1 (1) PROGRAM PRIORITIES.—Amounts made
2 available for each of the fiscal years 2022 through
3 2026 to carry out the purposes of sections 101 and
4 102 of the Foreign Assistance Act of 1961 (22
5 U.S.C. 2151 and 2151–1), including programs to
6 support democratic institutions, human rights de-
7 fenders, civil society, and freedom of the press,
8 should be targeted, to the extent feasible, toward
9 civil society organizations in countries in which
10 emergency government measures taken in response
11 to the COVID–19 pandemic have violated inter-
12 nationally recognized human rights.

13 (2) ELIGIBLE ORGANIZATIONS.—Civil society
14 organizations operating in countries in which emer-
15 gency government measures taken in response to the
16 COVID–19 pandemic violated internationally recog-
17 nized human rights shall be eligible to receive funds
18 made available to carry out the purposes of sections
19 101 and 102 of the Foreign Assistance Act of 1961
20 for each of the fiscal years 2022 through 2026,
21 for—

22 (A) programs designed to strengthen and
23 support civil society, human rights defenders,
24 freedom of association, and the freedom of the
25 press;

1 (B) programs to restore democratic institu-
2 tions; and

3 (C) peacebuilding and conflict prevention
4 to address the impacts of COVID–19 on social
5 cohesion, public trust, and conflict dynamics by
6 adapting existing programs or investing in new
7 ones.

8 (3) FINAL REPORT.—Not later than 180 days
9 after the date of the enactment of this Act, the Sec-
10 retary of State shall submit a report to the appro-
11 priate congressional committees that—

12 (A) lists the countries whose emergency
13 measures limiting internationally recognized
14 human rights in a manner inconsistent with the
15 principles of limitation and derogation remain
16 in place;

17 (B) describes such countries' emergency
18 measures, including—

19 (i) how such procedures violate inter-
20 nationally recognized human rights; and

21 (ii) an analysis of the impact of such
22 measures on access to health and efforts to
23 control the COVID–19 pandemic within
24 the country;

25 (C) describes—

1 (i) security and intelligence surveil-
2 lance measures implemented by countries
3 during the COVID–19 pandemic;

4 (ii) the extent to which such measures
5 have been, or have not been, rolled back;
6 and

7 (iii) whether and how such measures
8 impact internationally recognized human
9 rights; and

10 (D) includes a strategic plan by the De-
11 partment of State and the United States Agen-
12 cy for International Development that address-
13 es, through multilateral and bilateral diplomacy
14 and foreign assistance, the persistent issues re-
15 lated to the restriction of internationally recog-
16 nized human rights in the COVID–19 response.

17 **SEC. 108. PUBLIC DIPLOMACY AND COMBATING**
18 **DISINFORMATION AND MISINFORMATION**
19 **ABOUT COVID-19.**

20 (a) UNITED STATES AGENCY FOR GLOBAL MEDIA.—

21 (1) FINDING.—Congress finds that the United
22 States Agency for Global Media (referred to in this
23 section as “USAGM”) broadcasting entities and
24 grantees have proven valuable in providing timely

1 and accurate information, particularly in countries
2 in which the free press is under threat.

3 (2) SENSE OF CONGRESS.—It is the sense of
4 Congress that—

5 (A) accurate, investigative, and scientific
6 journalism is critical for societies to effectively
7 combat global health threats; and

8 (B) Congress supports—

9 (i) accurate and objective investigative
10 and scientific reporting by USAGM net-
11 works and grantees regarding COVID–19;
12 and

13 (ii) platforms that help dispel and
14 combat misinformation about the COVID–
15 19 pandemic.

16 (3) VOICE OF AMERICA.—It is the sense of Con-
17 gress that amounts authorized to be appropriated or
18 otherwise made available to Voice of America should
19 be used—

20 (A) to expand programs such as POLY-
21 GRAPH.info;

22 (B) to provide critical tools for combating
23 propaganda associated with COVID–19; and

24 (C) to assist journalists in providing accu-
25 rate information to local media outlets.

1 (4) OFFICE OF CUBA BROADCASTING.—It is the
2 sense of Congress that Radio Televisión Martí and
3 Digital Martí should continue to broadcast programs
4 that detect, highlight, and dispel disinformation.

5 (5) RADIO FREE EUROPE/RADIO LIBERTY.—

6 (A) FINDING.—Congress finds that Radio
7 Free Europe/Radio Liberty (referred to in this
8 section as “RFE/RL”) operate in media mar-
9 kets in which authoritarian state and nonstate
10 actors, including Russia, heavily invest in misin-
11 formation and disinformation campaigns de-
12 signed to promote confusion and mistrust.

13 (B) SENSE OF CONGRESS.—It is the sense
14 of Congress that RFE/RL should—

15 (i) increase investigative reporting re-
16 garding the impacts of COVID–19, the po-
17 litical and social responses governments
18 are taking in response to COVID–19, and
19 the lasting impacts such actions will have
20 on key political freedoms; and

21 (ii) expand its “digital first” strategy.

22 (6) RADIO FREE ASIA.—

23 (A) FINDING.—Congress finds that Radio
24 Free Asia (RFA) operates in a media market
25 dominated by powerful state-run media that

1 have invested heavily in media distortion and
2 disinformation, including about COVID–19.

3 (B) SENSE OF CONGRESS.—It is the sense
4 of Congress that RFA should—

5 (i) commission technical experts to
6 bolster efforts to counter social media
7 tools, including bots used by some coun-
8 tries to promote misinformation;

9 (ii) expand digital programming and
10 local coverage to expose China’s media ma-
11 nipulation techniques; and

12 (iii) increase English language content
13 to help counter China’s propaganda di-
14 rected toward English-speaking audiences.

15 (7) MIDDLE EAST BROADCASTING NET-
16 WORKS.—

17 (A) FINDING.—Congress finds that the
18 Middle East Broadcasting Networks operate
19 largely in closed media markets in which malign
20 state and nonstate actors remain active.

21 (B) SENSE OF CONGRESS.—It is the sense
22 of Congress that the Middle East Broadcasting
23 Networks should—

24 (i) continue plans to expand an inves-
25 tigative news unit; and

1 (ii) work to ensure that reporting con-
2 tinues amidst operational challenges on the
3 ground.

4 (8) OPEN TECHNOLOGY FUND.—

5 (A) FINDING.—Congress finds that the
6 Open Technology Fund works to advance inter-
7 net freedom in repressive environments by sup-
8 porting technologies that—

9 (i) provide secure and uncensored ac-
10 cess to USAGM’s content and the broader
11 internet; and

12 (ii) counter attempts by authoritarian
13 governments to control the internet and re-
14 strict freedom online.

15 (B) SENSE OF CONGRESS.—It is the sense
16 of Congress that the Open Technology Fund
17 should—

18 (i) support a broad range of tech-
19 nologies to respond to increasingly aggres-
20 sive and sophisticated censorship and sur-
21 veillance threats and provide more com-
22 prehensive and tailored support to
23 USAGM’s networks; and

24 (ii) provide direct assistance to
25 USAGM’s networks to improve the digital

1 security of reporting operations and jour-
2 nalists.

3 (b) DEPARTMENT OF STATE PUBLIC DIPLOMACY
4 PROGRAMS.—

5 (1) FINDINGS.—Congress finds the following:

6 (A) The Department of State’s public di-
7 plomacy programs build global networks that
8 can address shared challenges, such as the
9 COVID–19 pandemic, including through ex-
10 changes of researchers, public health experts,
11 and scientists.

12 (B) The programs referred to in subpara-
13 graph (A) play a critical role in creating open
14 and resilient information environments where
15 democracies can thrive, as articulated in the
16 2020 Public Diplomacy Strategic Plan, includ-
17 ing by—

18 (i) improving media quality with jour-
19 nalist training and reporting tours;

20 (ii) conducting media literacy pro-
21 grams; and

22 (iii) supporting media access activi-
23 ties.

24 (C) The International Visitor Leadership
25 Program and Digital Communications Network

1 engaged journalists around the world to combat
2 COVID–19 disinformation, promote unbiased
3 reporting, and strengthen media literacy.

4 (D) More than 12,000 physicians holding
5 J–1 visas from 130 countries—

6 (i) are engaged in residency or fellow-
7 ship training at approximately 750 hos-
8 pitals throughout the United States, the
9 majority of whom are serving in States
10 that have been the hardest hit by COVID–
11 19; and

12 (ii) throughout the pandemic, have
13 served on the front lines of the medical
14 workforce and in United States university
15 labs researching ways to detect and treat
16 the virus.

17 (2) VISA PROCESSING BRIEFING.—Not later
18 than 30 days after the date of the enactment of this
19 Act, the Assistant Secretary for Consular Affairs
20 shall brief the appropriate congressional committees
21 by providing—

22 (A) a timeline for increasing visa proc-
23 essing capacities at embassies around the world,
24 notably where there are—

1 (i) many American citizens, including
2 dual nationals; and

3 (ii) many visa applicants for edu-
4 cational and cultural exchange programs
5 that promote United States foreign policy
6 objectives and economic stability to small
7 businesses, universities, and communities
8 across the United States; and

9 (B) a detailed plan for using existing au-
10 thorities to waive in-person appointments and
11 interviews.

12 (3) GLOBAL ENGAGEMENT CENTER.—

13 (A) FINDING.—Congress finds that since
14 the beginning of the COVID–19 pandemic, pub-
15 lications, websites, and platforms associated
16 with China, Russia, and Iran have sponsored
17 disinformation campaigns related to the
18 COVID–19 pandemic, including falsely blaming
19 the United States for the disease.

20 (B) SENSE OF CONGRESS.—It is the sense
21 of Congress that the Global Engagement Center
22 should continue its efforts to expose and
23 counter state and non-state-sponsored
24 disinformation related to COVID–19, the ori-

1 gins of COVID–19, and COVID–19 vaccina-
2 tions.

3 **SEC. 109. FINDINGS AND SENSE OF CONGRESS REGARDING**
4 **THE UNITED STATES INTERNATIONAL DE-**
5 **VELOPMENT FINANCE CORPORATION.**

6 (a) FINDINGS.—Congress finds the following:

7 (1) The COVID–19 pandemic is causing a glob-
8 al economic recession, as evidenced by the global
9 economic indicators described in paragraphs (2)
10 through (4).

11 (2) The United Nations Conference on Trade
12 and Development determined that the COVID–19
13 pandemic pushed the global economy into recession
14 in 2020 on a scale that has not been witnessed since
15 the 1930s.

16 (3) Developed countries are expected to experi-
17 ence a relatively more significant rebound in gross
18 domestic product growth during 2021 than is ex-
19 pected to be experienced in developing countries,
20 leading to concerns about a further expansion in the
21 gap between rich and poor countries, particularly if
22 this trend continues into 2022.

23 (4) Global markets have suffered losses ranging
24 between 5 percent and over 10 percent since the be-
25 ginning of the pandemic. While markets are recov-

1 ering in 2021, global job losses and unemployment
2 rates remain high, with—

3 (A) approximately 33,000,000 labor hours
4 have been lost globally (13 per cent of the total
5 hours lost) due to outright unemployment; and

6 (B) an estimated additional 81,000,000
7 labor hours have been lost due to inactivity or
8 underemployment.

9 (5) Given the prolonged nature of the COVID—
10 19 pandemic, African finance ministers have re-
11 quested continued efforts to provide—

12 (A) additional liquidity;

13 (B) better market access;

14 (C) more concessional resources; and

15 (D) an extension in the Debt Service Sus-
16 pension Initiative established by the Group of
17 20.

18 (b) SENSE OF CONGRESS.—It is the sense of Con-
19 gress that—

20 (1) even when markets begin to recover in the
21 future, it is likely that access to capital will be espe-
22 cially challenging for developing countries, which still
23 will be struggling with the containment of, and the
24 recovery from, the COVID–19 pandemic;

1 (2) economic uncertainty and the inability of in-
2 dividuals and households to generate income are
3 major drivers of political instability and social dis-
4 cord, which creates conditions for insecurity;

5 (3) it is in the security and economic interests
6 of the United States to assist in the economic recov-
7 ery of developing countries that are made more vul-
8 nerable and unstable from the public health and eco-
9 nomic impacts of the COVID–19 pandemic;

10 (4) United States foreign assistance and devel-
11 opment finance institutions should seek to blunt the
12 impacts of a COVID–19 related economic recession
13 by supporting investments in sectors critical to
14 maintaining economic stability and resilience in low
15 and middle income countries;

16 (5) the need for the United States International
17 Development Finance Corporation’s support for ad-
18 vancing development outcomes in less developed
19 countries, as mandated by the Better Utilization of
20 Investments Leading to Development Act of 2018
21 (22 U.S.C. 9601 et seq.), is critical to ensuring last-
22 ing and resilient economic growth in light of the
23 COVID–19 pandemic’s exacerbation of economic
24 hardships and challenges;

1 (6) The United States International Develop-
2 ment Finance Corporation should adjust its view of
3 risk versus return by taking smart risks that may
4 produce a lower rate of financial return, but produce
5 significant development outcomes in responding to
6 the economic effects of COVID–19;

7 (7) to mitigate the economic impacts of the
8 COVID–19 recession, the United States Inter-
9 national Development Finance Corporation should
10 use its resources and authorities, among other
11 things—

12 (A) to ensure loan support for small- and
13 medium-sized enterprises;

14 (B) to offer local currency loans to bor-
15 rowers for working capital needs;

16 (C) to create dedicated financing opportu-
17 nities for new “customers” that are experi-
18 encing financial hardship due to the COVID–19
19 pandemic; and

20 (D) to work with other development fi-
21 nance institutions to create co-financing facili-
22 ties to support customers experiencing hardship
23 due to the COVID–19 pandemic.

1 **SEC. 110. SENSE OF CONGRESS REGARDING INTER-**
2 **NATIONAL COOPERATION TO PREVENT AND**
3 **RESPOND TO FUTURE PANDEMICS.**

4 It is the sense of Congress that—

5 (1) global pandemic preparedness and response
6 requires international and regional cooperation and
7 action;

8 (2) the United States should lead efforts in
9 multilateral fora, such as the Group of 7, the Group
10 of 20, and the United Nations, by collaborating and
11 cooperating with other countries and international
12 and regional organizations, including the World
13 Health Organization and other key stakeholders, to
14 implement international strategies, tools, and agree-
15 ments to better prevent, detect, and respond to fu-
16 ture infectious disease threats before they become
17 pandemics; and

18 (3) the United States should enhance and ex-
19 pand coordination and collaboration among the rel-
20 evant Federal departments and agencies, the Food
21 and Agriculture Organization of the United Nations,
22 the World Health Organization, and the World Or-
23 ganization for Animal Health, to advance a One
24 Health approach toward preventing, detecting, and
25 responding to zoonotic threats in the human-animal
26 interface.

1 **SEC. 111. ROLES OF THE DEPARTMENT OF STATE, THE**
2 **UNITED STATES AGENCY FOR INTER-**
3 **NATIONAL DEVELOPMENT, AND THE CEN-**
4 **TERS FOR DISEASE CONTROL AND PREVEN-**
5 **TION IN PANDEMIC RESPONSE.**

6 (a) DESIGNATION OF LEAD AGENCIES FOR COORDI-
7 NATION OF THE UNITED STATES' RESPONSE TO INFEC-
8 TIOUS DISEASE OUTBREAKS WITH SEVERE OR PANDEMIC
9 POTENTIAL.—In the event of an infectious disease out-
10 break outside of the United States with pandemic poten-
11 tial, the President should designate agencies to lead spe-
12 cific aspects of the response efforts, including—

13 (1) designating the Department of State to
14 serve as the lead for diplomatic engagement, and re-
15 lated foreign policy efforts, including—

16 (A) enhanced coordination of engagement
17 with multilateral organizations and countries,
18 and mobilization of donor contributions; and

19 (B) support for United States citizens
20 abroad;

21 (2) designating the United States Agency for
22 International Development to serve as the key lead
23 agency for design and implementation of the United
24 States' international response, relief, and recovery
25 assistance associated with the potential pandemic

1 outbreak by leading programmatic activities, as nec-
2 essary and appropriate, including—

3 (A) immediate health, disaster assistance,
4 and humanitarian response needs and preven-
5 tion and preparedness activities in neighboring
6 at-risk countries;

7 (B) testing, treatment, and assistance with
8 preventative care units and community care fa-
9 cilities;

10 (C) surveillance, case investigation, and
11 rapid response capability;

12 (D) providing supplies, such as personal
13 protective, screening, and treatment equipment;

14 (E) conducting community outreach and
15 communication and mobilization efforts;

16 (F) logistics support; and

17 (G) serving as lead agency for disease out-
18 break response abroad; and

19 (3) designating the Centers for Disease Control
20 and Prevention to serve as the public health lead for
21 the international response to the potential pandemic
22 outbreak by conducting activities, such as—

23 (A) infection prevention and control, con-
24 tact tracing, and laboratory surveillance and
25 training;

1 (B) building up, in coordination with the
2 United States Agency for International Devel-
3 opment, emergency operation centers;

4 (C) providing education and outreach; and

5 (D) assessing the safety and efficacy of
6 vaccine and treatment candidates in the con-
7 duct of clinical trials in affected countries.

8 **SEC. 112. USAID DISASTER SURGE CAPACITY.**

9 (a) SURGE CAPACITY.—Amounts authorized to be
10 appropriated or otherwise made available to carry out part
11 I and chapter 4 of part II of the Foreign Assistance Act
12 of 1961 (22 U.S.C. 2151 et seq.), including funds made
13 available for “Assistance for Europe, Eurasia and Central
14 Asia”, may be used, in addition to amounts otherwise
15 made available for such purposes, for the cost (including
16 support costs) of individuals detailed to or employed by
17 the United States Agency for International Development
18 whose primary responsibility is to carry out programs in
19 response to global health emergencies and natural or man-
20 made disasters.

21 (b) NOTIFICATION.—Not later than 15 days before
22 making funds available to address man-made disasters
23 pursuant to subsection (a), the Secretary of State or the
24 Administrator of the United States Agency for Inter-

1 national Development shall notify the appropriate congres-
2 sional committees of such action.

3 **SEC. 113. STATEMENT OF POLICY ON HUMANITARIAN AS-**
4 **SISTANCE TO COUNTRIES AFFECTED BY**
5 **PANDEMICS.**

6 (a) STATEMENT OF POLICY.—It shall be the policy
7 of the United States—

8 (1) to ensure that United States assistance to
9 address pandemics, including the provision of vac-
10 cines, reaches vulnerable and marginalized popu-
11 lations, including racial and religious minorities, ref-
12 ugees, internally displaced persons, migrants, state-
13 less persons, women, children, the elderly, and per-
14 sons with disabilities;

15 (2) to ensure that United States assistance, in-
16 cluding development finance, addresses the second
17 order effects of a pandemic, including acute food in-
18 security; and

19 (3) to protect and support humanitarian actors
20 who are essential workers in preventing, mitigating
21 and responding to the spread of a pandemic among
22 vulnerable and marginalized groups described in
23 paragraph (1), including ensuring that such humani-
24 tarian actors—

1 (A) are exempted from unreasonable travel
2 restrictions to ensure that they can effectively
3 provide life-saving assistance; and

4 (B) are prioritized as frontline workers in
5 country vaccine distribution plans.

6 (b) FACILITATING EFFECTIVE AND SAFE HUMANI-
7 TARIAN ASSISTANCE.—The Secretary of State, in coordi-
8 nation with the Administrator of the United States Agen-
9 cy for International Development, should carry out actions
10 that accomplish the policies set forth in subsection (a),
11 including by—

12 (1) taking steps to ensure that travel restric-
13 tions implemented to help contain the spread of a
14 pandemic are not applied to individuals authorized
15 by the United States Government to travel to, or re-
16 side in, a designated country to provide assistance
17 related to, or otherwise impacted by, an outbreak;

18 (2) approving the usage of foreign assistance
19 funding for the procurement of personal protective
20 equipment by United States Government imple-
21 menting partners from businesses within or nearby
22 the country receiving foreign assistance on an urgent
23 basis and in a manner consistent with efforts to re-
24 spond to the spread of a pandemic in the United
25 States; and

1 (3) waiving certain travel restrictions imple-
2 mented to help contain the spread of a pandemic in
3 order to facilitate the medical evacuation of United
4 States Government implementing partners, regard-
5 less of nationality.

6 **TITLE II—INTERNATIONAL PAN-**
7 **DEMIC PREVENTION AND**
8 **PREPAREDNESS**

9 **SEC. 201. PARTNER COUNTRY DEFINED.**

10 In this title, the term “partner country” means a for-
11 eign country in which the relevant Federal departments
12 and agencies are implementing United States assistance
13 for global health security and pandemic prevention and
14 preparedness under this Act.

15 **SEC. 202. GLOBAL HEALTH SECURITY STRATEGY AND RE-**
16 **PORT.**

17 (a) IN GENERAL.—The President shall develop, up-
18 date, maintain, and advance a comprehensive strategy for
19 improving global health security and pandemic prevention,
20 preparedness, and response that—

21 (1) clearly articulates the policy goals related to
22 pandemic prevention, preparedness, and response,
23 and actions necessary to elevate and strengthen
24 United States diplomatic leadership in global health

1 security and pandemic preparedness, including by
2 building the expertise of the diplomatic corps;

3 (2) improves the effectiveness of United States
4 foreign assistance to prevent, detect, and respond to
5 infectious disease threats, through a One Health ap-
6 proach, including through the advancement of the
7 Global Health Security Agenda, the International
8 Health Regulations (2005), and other relevant
9 frameworks and programs that contribute to global
10 health security and pandemic preparedness;

11 (3) establishes specific and measurable goals,
12 benchmarks, timetables, performance metrics, and
13 monitoring and evaluation plans for United States
14 foreign policy and assistance for global health secu-
15 rity that promote learning and adaptation and re-
16 flect international best practices relating to global
17 health security, transparency, and accountability;

18 (4) establishes transparent means to improve
19 coordination and performance by the relevant Fed-
20 eral departments and agencies and sets out clear
21 roles and responsibilities that reflect the unique ca-
22 pabilities and resources of each such department and
23 agency;

24 (5) establishes mechanisms to improve coordi-
25 nation and avoid duplication of effort among the rel-

1 evant Federal departments and agencies, partner
2 countries, donor countries, the private sector, multi-
3 lateral organizations, and other key stakeholders,
4 and ensures collaboration at the country level;

5 (6) supports, and is aligned with, partner coun-
6 try-led, global health security policy and investment
7 plans, developed with input from key stakeholders,
8 as appropriate;

9 (7) prioritizes working with partner countries
10 with—

11 (A) demonstrated need, as identified
12 through the Joint External Evaluation process,
13 the Global Health Security Index classification
14 of health systems, national action plans for
15 health security, Global Health Security Agenda
16 Action Packages, other risk-based assessments,
17 and other complementary or successor indica-
18 tors of global health security and pandemic pre-
19 paredness; and

20 (B) demonstrated commitment to trans-
21 parency, including budget and global health
22 data transparency, complying with the Inter-
23 national Health Regulations (2005), investing
24 in domestic health systems, and achieving meas-
25 urable results;

1 (8) reduces long-term reliance upon United
2 States foreign assistance for global health security
3 by—

4 (A) helping build and enhance community
5 resilience to infectious disease emergencies and
6 threats, such as COVID–19 and Ebola;

7 (B) ensuring that United States global
8 health assistance is strategically planned and
9 coordinated in a manner that contributes to the
10 strengthening of overall health systems and
11 builds the capacity of local organizations and
12 institutions;

13 (C) promoting improved domestic resource
14 mobilization, co-financing, and appropriate na-
15 tional budget allocations for strong health sys-
16 tems, global health security, and pandemic pre-
17 paredness and response in partner countries;
18 and

19 (D) ensuring partner country ownership of
20 global health security strategies, data, pro-
21 grams, and outcomes;

22 (9) supports health budget and workforce plan-
23 ning in partner countries, including training in pub-
24 lic financial management and budget data trans-
25 parency;

1 (10) works to ensure that—

2 (A) partner countries have national action
3 plans for health security that are developed
4 with input from key stakeholders, including
5 communities and the private sector; and

6 (B) United States foreign assistance for
7 global health security is aligned with existing
8 national action plans for health security in part-
9 ner countries, developed with input from key
10 stakeholders, including communities and the
11 private sector, to the greatest extent practicable
12 and appropriate;

13 (11) strengthens linkages between complemen-
14 tary bilateral and multilateral foreign assistance pro-
15 grams, including efforts of the World Bank, the
16 World Health Organization, the Global Fund to
17 Fight AIDS, Tuberculosis, and Malaria, Gavi, the
18 Vaccine Alliance, and regional health organizations,
19 that contribute to the development of more resilient
20 health systems and supply chains in partner coun-
21 tries with the capacity, resources, and personnel re-
22 quired to prevent, detect, and respond to infectious
23 disease threats; and

24 (12) supports innovation and partnerships with
25 the private sector, health organizations, civil society,

1 nongovernmental organizations, and health research
2 and academic institutions to improve pandemic pre-
3 paredness and response, including for the prevention
4 and detection of infectious disease, and the develop-
5 ment and deployment of effective, accessible, and af-
6 fordable infectious disease tracking tools,
7 diagnostics, therapeutics, and vaccines.

8 (b) SUBMISSION OF STRATEGY.—Not later than 120
9 days after the date of the enactment of this Act, the Presi-
10 dent shall submit the strategy required under subsection
11 (a) to the appropriate congressional committees.

12 (c) ANNUAL REPORT.—

13 (1) IN GENERAL.—Not later than 1 year after
14 the submission of the strategy to the appropriate
15 congressional committees under subsection (b), and
16 not later than October 1 of each year thereafter for
17 the following 4 fiscal years, the President shall sub-
18 mit a report to the appropriate congressional com-
19 mittees that describes—

20 (A) the status of the implementation of the
21 strategy required under subsection (a);

22 (B) any necessary updates to the strategy;

23 (C) the progress made in implementing the
24 strategy, with specific information related to
25 the progress toward improving countries' ability

1 to detect, respond and prevent the spread of in-
2fectious disease threats, such as COVID-19
3and Ebola; and

4 (D) details on the status of funds made
5available to carry out the purposes of this title.

6 (2) AGENCY-SPECIFIC PLANS.—The reports re-
7quired under paragraph (1) shall include specific im-
8plementation plans from each relevant Federal de-
9partment and agency that describe—

10 (A) how updates to the strategy may have
11impacted the agency’s plan during the pre-
12ceding calendar year;

13 (B) the progress made in meeting the
14goals, objectives, and benchmarks under imple-
15mentation plans during the preceding year;

16 (C) the anticipated staffing plans and con-
17tributions of the department or agency, includ-
18ing technical, financial, and in-kind contribu-
19tions, to implement the strategy;

20 (D) a transparent, open, and detailed ac-
21counting of obligations by each of the relevant
22Federal departments and agencies to implement
23the strategy, including—

24 (i) the statutory source of obligated
25funds;

- 1 (ii) the amounts obligated;
2 (iii) implementing partners;
3 (iv) targeted beneficiaries; and
4 (v) activities supported;

5 (E) the efforts of the relevant Federal de-
6 partment or agency to ensure that the activities
7 and programs carried out pursuant to the strat-
8 egy are designed to achieve maximum impact
9 and enduring returns, including through spe-
10 cific activities to strengthen health systems, as
11 appropriate; and

12 (F) a plan for regularly reviewing and up-
13 dating programs and partnerships, and for
14 sharing lessons learned with a wide range of
15 stakeholders in an open, transparent manner.

16 (3) FORM.—The reports required under para-
17 graph (1) shall be submitted in unclassified form,
18 but may contain a classified annex.

19 **SEC. 203. COMMITTEE ON GLOBAL HEALTH SECURITY AND**
20 **PANDEMIC AND BIOLOGICAL THREATS.**

21 (a) STATEMENT OF POLICY.—It shall be the policy
22 of the United States—

23 (1) to promote global health security as a core
24 national and security interest; and

1 (2) to ensure effective coordination and collabo-
2 ration between the relevant Federal departments
3 and agencies engaged domestically and internation-
4 ally in efforts to advance the global health security
5 of the United States, in accordance with paragraph
6 (1).

7 (b) COORDINATION.—

8 (1) DEFINED TERM.—In this subsection, the
9 term “pandemic threat” means any infectious dis-
10 ease that—

11 (A) has an aggregation of cases in a com-
12 munity that rises above what is normally ex-
13 pected in that population in that area;

14 (B) has the potential to spread over several
15 countries or continents; and

16 (C) could, if not addressed, threaten the
17 national security of the United States.

18 (2) COMMITTEE ON GLOBAL HEALTH SECURITY
19 AND PANDEMIC AND BIOLOGICAL THREATS.—There
20 is authorized to be established, within the National
21 Security Council, the Committee on Global Health
22 Security and Pandemic and Biological Threats (re-
23 ferred to in this subsection as the “Committee”),
24 whose day to day operations should be led by the
25 Special Advisor for Global Health Security.

1 (3) SPECIAL ADVISOR FOR GLOBAL HEALTH SE-
2 CURITY.—The Special Advisor for Global Health Se-
3 curity referred to in paragraph (2)—

4 (A) should serve as part of the staff of the
5 National Security Council; and

6 (B) may also be the Senior Director for a
7 Global Health Security and Biodefense Direc-
8 torate within the Executive Office of the Presi-
9 dent, who reports to the Assistant to the Presi-
10 dent for National Security Affairs.

11 (4) COMPOSITION.—The Committee should in-
12 clude the following members:

13 (A) The Director of National Intelligence.

14 (B) The Secretary of State.

15 (C) The Secretary of Defense.

16 (D) The Secretary of Health and Human
17 Services.

18 (E) The Administrator of the United
19 States Agency for International Development.

20 (F) The Secretary of Agriculture.

21 (G) The Secretary of Treasury.

22 (H) The Attorney General.

23 (I) The Secretary of Homeland Security.

24 (J) The Office of Management and Budg-

25 et.

1 (K) The Administrator of the Environ-
2 mental Protection Agency.

3 (L) The Director of the Centers for Dis-
4 ease Control and Prevention.

5 (M) The Director of the Office of Science
6 and Technology Policy.

7 (N) The Assistant to the President for Na-
8 tional Security Affairs, who should serve as the
9 chairperson of the Committee.

10 (O) Such other members as the President
11 may designate.

12 (5) FUNCTIONS.—

13 (A) IN GENERAL.—The functions of the
14 Committee should be—

15 (i) to provide strategic guidance for
16 the development of a policy framework for
17 activities of the United States Government
18 relating to global health security, including
19 pandemic prevention, preparedness and re-
20 sponse; and

21 (ii) to ensure policy coordination be-
22 tween United States Government agencies,
23 especially coordination between—

24 (I) agencies with a primarily do-
25 mestic mandate; and

1 (II) agencies with an inter-
2 national mandate relating to global
3 health security and pandemic threats.

4 (B) ACTIVITIES.—In carrying out the
5 functions described in subparagraph (A), the
6 Committee should—

7 (i) conduct, in coordination with the
8 heads of relevant Federal agencies, a re-
9 view of existing United States health secu-
10 rity policies and strategies and develop rec-
11 ommendations for how the Federal Gov-
12 ernment may regularly update and har-
13 monize such policies and strategies to en-
14 sure the timely development of a com-
15 prehensive coordinated strategy to enable
16 the United States Government to respond
17 to pandemic threats and to monitor the
18 implementation of such strategies;

19 (ii) develop a plan for—

20 (I) establishing an interagency
21 National Center for Epidemic Fore-
22 casting and Outbreak Analytics; and

23 (II) modernizing global early
24 warning and trigger systems for scal-
25 ing action to prevent, detect, respond

1 to, and recover from emerging biological
2 threats;

3 (iii) provide policy-level recommenda-
4 tions to participating agencies regarding
5 the Global Health Security Agenda goals,
6 objectives, and implementation, and other
7 international efforts to strengthen pan-
8 demic prevention, preparedness and re-
9 sponse;

10 (iv) review the progress toward, and
11 working to resolve challenges in, achieving
12 United States commitments under the
13 GHSA;

14 (v) develop protocols for coordinating
15 and deploying a global response to emerg-
16 ing high-consequence infectious disease
17 threats that outline the respective roles for
18 relevant Federal agencies in facilitating
19 and supporting such response operations
20 that should facilitate the operational work
21 of Federal agencies, and of the Special Ad-
22 visor for Global Health Security;

23 (vi) make recommendations regarding
24 appropriate responses to specific pandemic
25 threats and ensure the coordination of do-

1 mestic and international agencies regard-
2 ing the Federal Government's efforts to
3 prevent, detect, respond to, and recover
4 from biological events;

5 (vii) take steps to strengthen the glob-
6 al pandemic supply chain and address any
7 barriers to the timely delivery of supplies
8 in response to a pandemic, including
9 through engagement with the private sec-
10 tor, as appropriate;

11 (C) develop policies and procedures to en-
12 sure the effective sharing of information from
13 domestic and international sources about pan-
14 demic threats among the relevant Federal de-
15 partments and agencies, State and local govern-
16 ments, and international partners and organiza-
17 tions; and

18 (D) develop guidelines to enhance and im-
19 prove the operational coordination between
20 State and local governments and Federal agen-
21 cies with respect to pandemic threats.

22 (6) FOREIGN AFFAIRS RESPONSIBILITIES.—The
23 Committee should not assume any foreign affairs re-
24 sponsibilities of the Secretary of State, including the
25 responsibility to oversee the implementation of pro-

1 grams and policies that advance global health secu-
2 rity within foreign countries.

3 (7) SPECIFIC ROLES AND RESPONSIBILITIES.—

4 (A) IN GENERAL.—The heads of the agen-
5 cies listed in paragraph (4) should—

6 (i) make global health security and
7 pandemic threat reduction a high priority
8 within their respective agencies, and in-
9 clude global health security and pandemic
10 threat reduction-related activities within
11 their respective agencies' strategic plan-
12 ning and budget processes;

13 (ii) designate a senior-level official to
14 be responsible for global health security
15 and pandemic threat reduction at each of
16 their respective agencies;

17 (iii) designate, in accordance with
18 paragraph (4), an appropriate representa-
19 tive at the Assistant Secretary level or
20 higher to participate on the Committee in
21 instances where the head of the agency
22 cannot participate;

23 (iv) keep the Committee apprised of
24 Global Health Security and pandemic

1 threat reduction-related activities under-
2 taken within their respective agencies;

3 (v) ensure interagency cooperation
4 and collaboration and maintain responsi-
5 bility for agency-related programmatic
6 functions including, as applicable, in co-
7 ordination with host governments, country
8 teams, and global health security in-coun-
9 try teams; and

10 (vi) keep the Committee apprised of
11 GHSA-related activities undertaken within
12 their respective agencies.

13 (B) ADDITIONAL ROLES AND RESPON-
14 SIBILITIES.—In addition to the roles and re-
15 sponsibilities described in subparagraph (A),
16 the heads of the agencies described in para-
17 graph (4) should carry out their respective roles
18 and responsibilities described in Executive
19 Order 13747 (81 Fed. Reg. 78701; relating to
20 Advancing the Global Health Security Agenda
21 to Achieve a World Safe and Secure from Infec-
22 tious Disease Threats) and the National Secu-
23 rity Memorandum-1 on United States Global
24 Leadership to Strengthen the International
25 COVID-19 Response and to Advance Global

1 Health Security and Biological Preparedness,
2 as in effect on the day before the date of the
3 enactment of this Act.

4 **SEC. 204. UNITED STATES OVERSEAS GLOBAL HEALTH SE-**
5 **CURITY AND DIPLOMACY COORDINATION**
6 **AND STRATEGY.**

7 (a) ESTABLISHMENT.—There is established, within
8 the Department of State, a Special Representative for
9 United States International Activities to Advance Global
10 Health Security and Diplomacy Overseas (referred to in
11 this section as the “Special Representative”).

12 (b) APPOINTMENT; QUALIFICATIONS.—The Special
13 Representative—

14 (1) shall be appointed by the President, by and
15 with the advice and consent of the Senate;

16 (2) shall report to the Secretary of State; and

17 (3) shall have—

18 (A) demonstrated knowledge and experi-
19 ence in the fields of development and public
20 health, epidemiology, or medicine; and

21 (B) relevant diplomatic, policy, and polit-
22 ical expertise.

23 (c) AUTHORITIES.—The Special Representative is au-
24 thorized—

1 (1) to operate internationally to carry out the
2 purposes of this title;

3 (2) to lead in developing a global pandemic pre-
4 vention, preparedness and response framework to
5 support global pandemic prevention, preparedness,
6 responses and recovery efforts, including through—

7 (A) diplomatic engagement and related for-
8 eign policy efforts, such as multilateral and bi-
9 lateral arrangements, enhanced coordination of
10 engagement with multilateral organizations and
11 countries, and the mobilization of donor con-
12 tributions; and

13 (B) support for United States citizens liv-
14 ing abroad, including consular support;

15 (3) to serve as the representative of the Sec-
16 retary of the State on the Committee on Global
17 Health Security and Pandemic and Biological
18 Threats under section 202;

19 (4) to represent the United States on the Fund
20 for Global Health Security and Pandemic Prevention
21 and Preparedness established pursuant to section
22 302(a);

23 (5) to transfer and allocate United States for-
24 eign assistance funding authorized to be appro-
25 priated pursuant to subsection (f) to the relevant

1 Federal departments and agencies implementing the
2 strategy required under section 202, in coordination
3 with the Office of Management and Budget, the
4 United States Agency for International Develop-
5 ment, the Department of Health and Human Serv-
6 ices, and the Office of Foreign Assistance Resources
7 in the Department of State;

8 (6) to utilize detailees, on a reimbursable or
9 nonreimbursable basis, from the relevant Federal de-
10 partments and agencies and hire personal service
11 contractors, who may operate domestically and inter-
12 nationally, to ensure that the Office of the Special
13 Representative has access to the highest quality ex-
14 perts available to the United States Government to
15 carry out the functions under this Act; and

16 (7) to perform such other functions as the Sec-
17 retary of State may assign.

18 (d) DUTIES.—The Special Representative shall co-
19 ordinate, manage, and oversee United States foreign pol-
20 icy, diplomatic efforts, and foreign assistance funded with
21 amounts appropriated pursuant to subsection (f) to ad-
22 vance the United States Global Health Security and Diplo-
23 macy Strategy developed pursuant to section 202, includ-
24 ing by—

1 (1) developing and coordinating a global pan-
2 demic prevention, preparedness and response frame-
3 work to support pandemic preparedness, responses
4 and recovery efforts, and related foreign policy
5 measures, such as multilateral and bilateral arrange-
6 ments;

7 (2) enhancing engagement with multilateral or-
8 ganizations and partner countries, including through
9 the mobilization of donor support ;

10 (3) enhancing coordination of consular services
11 for United States citizens abroad in the event of a
12 global health emergency;

13 (4) ensuring effective program coordination and
14 implementation by the relevant Federal departments
15 and agencies by—

16 (A) formulating, issuing, and updating re-
17 lated policy guidance;

18 (B) establishing, in consultation with the
19 United States Agency for International Devel-
20 opment and the Centers for Disease Control
21 and Prevention, unified auditing, monitoring,
22 and evaluation plans;

23 (C) aligning, in coordination with United
24 States chiefs of mission and country teams in
25 partner countries—

1 (i) the foreign assistance resources
2 funded with amounts appropriated pursu-
3 ant to subsection (f); and

4 (ii) the implementation plans required
5 under section 202(c)(2) with the relevant
6 Federal departments and agencies in a
7 manner that—

8 (I) is consistent with Executive
9 Order 13747 (81 Fed. Reg. 78701;
10 relating to Advancing the Global
11 Health Security Agenda to Achieve a
12 World Safe and Secure from Infec-
13 tious Disease Threats);

14 (II) is consistent with the Na-
15 tional Security Memorandum on
16 United States Global Leadership to
17 Strengthen the International COVID-
18 19 Response and to Advance Global
19 Health Security and Biological Pre-
20 paredness, issued by President Biden
21 on January 21, 2021; and

22 (III) reflects and leverages the
23 unique capabilities of each such de-
24 partment and agency;

1 (D) convening, as appropriate, an inter-
2 agency working group on pandemic prevention
3 and preparedness, headed by the Special Rep-
4 resentative and including representatives from
5 the relevant Federal departments and agencies,
6 to facilitate coordination of activities relating to
7 pandemic prevention and preparedness in part-
8 ner countries under this Act;

9 (E) working with, and leveraging the ex-
10 pertise and activities of, the Office of the
11 United States Global AIDS Coordinator, the
12 Office of the United States Global Malaria Co-
13 ordinator, and similar or successor entities that
14 are implementing United States global health
15 assistance overseas; and

16 (F) avoiding duplication of effort and
17 working to resolve policy, program, and funding
18 disputes among the relevant Federal depart-
19 ments and agencies;

20 (5) leading diplomatic efforts to identify and
21 address current and emerging threats to global
22 health security;

23 (6) ensuring, in coordination with the Secretary
24 of Health and Human Services and the Adminis-
25 trator of the United States Agency for International

1 Development, effective representation of the United
2 States in relevant international forums, including at
3 the World Health Organization, the World Health
4 Assembly, and meetings of the Global Health Secu-
5 rity Agenda and of the Global Health Security Ini-
6 tiative;

7 (7) working to enhance coordination with, and
8 transparency among, the governments of partner
9 countries and key stakeholders, including the private
10 sector;

11 (8) promoting greater donor and national in-
12 vestment in partner countries to build more resilient
13 health systems and supply chains, including through
14 representation and participation in a multilateral,
15 catalytic financing mechanism for global health secu-
16 rity and pandemic prevention and preparedness, con-
17 sistent with title III;

18 (9) securing bilateral and multilateral financing
19 commitments to advance the Global Health Security
20 Agenda, including through funding for the financing
21 mechanism described in title III; and

22 (10) providing regular updates to the appro-
23 priate congressional committees regarding the fulfill-
24 ment of the duties described in this subsection.

1 (e) DEPUTY REPRESENTATIVE.—The Special Rep-
2 resentative should be supported by a deputy, who—

3 (1) should be an employee of the United States
4 Agency for International Development serving in a
5 career or noncareer position in the Senior Executive
6 Service or at the level of a Deputy Assistant Admin-
7 istrator or higher;

8 (2) should have demonstrated knowledge and
9 experience in the fields of development and public
10 health, epidemiology, or medicine; and

11 (3) serves concurrently as the deputy and per-
12 forms the functions described in section 3(h) of Ex-
13 ecutive Order 13747 (81 Fed. Reg. 78701).

14 (f) AUTHORIZATION OF APPROPRIATIONS.—

15 (1) IN GENERAL.—There is authorized to be
16 appropriated \$3,000,000,000, for the 5-year period
17 beginning on October 1, 2022, to carry out the pur-
18 poses of this section and title III, which, in consulta-
19 tion with the appropriate congressional committees
20 and subject to the requirements under chapters 1
21 and 10 of part I and section 634A of the Foreign
22 Assistance Act of 1961 (22 U.S.C. 2151 et seq.),
23 may include support for—

24 (A) enhancing preparedness in partner
25 countries through implementation of the Global

1 Health Security Strategy developed pursuant to
2 section 202;

3 (B) replenishing the Emergency Reserve
4 Fund at the United States Agency for Inter-
5 national Development, established pursuant to
6 section 7058(c)(1) of the Department of State,
7 Foreign Operations, and Related Programs Ap-
8 propriations Act, 2017 (division J of Public
9 Law 115–31) to address new or emerging infec-
10 tious disease threats, as necessary and appro-
11 priate;

12 (C) United States contributions to the
13 World Bank Health Emergency Preparedness
14 and Response Multi-Donor Fund; and

15 (D) United States contributions to a multi-
16 lateral, catalytic financing mechanism for global
17 health security and pandemic prevention and
18 preparedness described in section 302.

19 (2) EXCEPTION.—Section 110 of the Traf-
20 ficking Victims Protection Act of 2000 (22 U.S.C.
21 7107) shall not apply to assistance made available
22 pursuant to this subsection.

23 **SEC. 205. RESILIENCE.**

24 It shall be the policy of the United States to support
25 the growth of healthier, more stable societies, while ad-

1 vancing the global health security interests of the United
2 States by working with key stakeholders—

3 (1) in developing countries that are highly vul-
4 nerable to the emergence, reemergence, and spread
5 of infectious diseases with pandemic potential, in-
6 cluding diseases resulting from natural and man-
7 made disasters, human displacement, loss of natural
8 habitat, poor access to water, sanitation, and hy-
9 giene, and other political, security, economic, and cli-
10 matic shocks and stresses;

11 (2) to develop effective tools to identify, ana-
12 lyze, forecast, and mitigate the risks that make such
13 countries vulnerable;

14 (3) to better integrate short-, medium-, and
15 long-term recovery efforts into global health emer-
16 gency response and disaster relief; and

17 (4) to ensure that international assistance and
18 financing tools are effectively designed, objectively
19 informed, strategically targeted, carefully coordi-
20 nated, reasonably adapted, and rigorously monitored
21 and evaluated in a manner that advances the policy
22 objectives under this section.

23 **SEC. 206. STRENGTHENING HEALTH SYSTEMS.**

24 (a) STATEMENT OF POLICY.—It shall be the policy
25 of the United States to ensure that bilateral global health

1 assistance programs are effectively managed and coordi-
2 nated to contribute to the strengthening of health systems
3 in each country in which such programs are carried out,
4 as necessary and appropriate.

5 (b) COORDINATION.—The Administrator of the
6 United States Agency for International Development (re-
7 ferred to in this section as “USAID”) shall work with the
8 Director of the Centers for Disease Control and Preven-
9 tion, the Global Malaria Coordinator, and the United
10 States Global AIDS Coordinator and Special Representa-
11 tive for Global Health Diplomacy at the Department of
12 State to identify areas of collaboration and coordination
13 in countries with global health programs and activities un-
14 dertaken by USAID pursuant to the United States Lead-
15 ership Against HIV/AIDS, Tuberculosis, and Malaria Act
16 of 2003 (Public Law 108–25) and other relevant statutes
17 to ensure that such activities contribute to health systems
18 strengthening.

19 (c) PILOT PROGRAM.—

20 (1) IN GENERAL.—The Administrator of
21 USAID should identify not fewer than 5 countries in
22 which the United States has significant bilateral in-
23 vestments in global health to develop an integrated
24 approach toward health systems strengthening that
25 takes advantage of all sources of funding for global

1 health in such country, with the aim of establishing
2 a model for coordinating health systems strength-
3 ening activities in additional countries in the future.

4 (2) ASSESSMENT.—In the countries selected
5 under paragraph (1), USAID missions, in consulta-
6 tion with USAID’s Office of Health Systems
7 Strengthening, should conduct an assessment that—

8 (A) takes a comprehensive view of the con-
9 straints in the country’s health system that pre-
10 vent the achievement of desired outcomes of
11 United States Government-supported health
12 programs;

13 (B) identifies the best opportunities for im-
14 proving health systems to achieve improved out-
15 comes, including obstacles to health service de-
16 livery;

17 (C) maps the resources of the country and
18 other donors in the health sector with a focus
19 on investment in health system strengthening;
20 and

21 (D) develops and implements a new or re-
22 vised 5-year strategy for United States assist-
23 ance, based on the results of the assessment de-
24 scribed in subparagraph (A), to strengthen the
25 country’s health system that—

1 (i) provides a framework for imple-
2 menting such strategy;

3 (ii) identifies key areas for United
4 States Government investments to
5 strengthen the health system in alignment
6 with other donors;

7 (iii) specifies the anticipated role of
8 health programs undertaken by each of the
9 relevant Federal departments and agencies
10 operating in the country in implementing
11 such strategy; and

12 (iv) includes clear goals, benchmarks,
13 outputs, desired outcomes, a means of
14 measuring progress and a cost analysis.

15 (3) STRATEGIES TO STRENGTHEN HEALTH SYS-
16 TEMS.—USAID missions in countries identified pur-
17 suant paragraph (1) should develop a strategy to
18 strengthen health systems based on the assessment
19 developed pursuant to paragraph (2) that—

20 (A) ensures complementarity with prior-
21 ities identified under any other action plan fo-
22 cused on strengthening a country's health sys-
23 tem, such as the World Health Organization's
24 Joint External Evaluation and National Action
25 Plans for Health Security;

1 (B) identifies bureaucratic barriers and in-
2 efficiencies, including poor linkages between
3 government ministries and between ministries
4 and donor agencies and the extent of any cor-
5 ruption, and identify actions to overcome such
6 barriers;

7 (C) identifies potential obstacles to the im-
8 plementation of the strategy, such as issues re-
9 lating to lack of political will or poor govern-
10 ance of an effective health system at all levels
11 of the country's public health systems, espe-
12 cially with respect to governing bodies and
13 councils at the provincial, district, and commu-
14 nity levels;

15 (D) includes proposals for mobilizing suffi-
16 cient and durable financing for health systems;

17 (E) identifies barriers to building and re-
18 taining an effective frontline health workforce
19 with key global health security capacities, in-
20 formed by the International Health Regulations
21 (2005), including—

22 (i) strengthened data collection and
23 analysis;

24 (ii) data driven decisionmaking capac-
25 ity; and

1 (iii) recommendations for partner
2 country actions to achieve a workforce that
3 conforms with the World Health Organiza-
4 tion's recommendation for at least 44.5
5 doctors, nurses, and midwives for every
6 10,000 people;

7 (F) identifies deficiencies in information
8 systems and communication technologies that
9 prevent linkages at all levels of the health sys-
10 tem delivery and medical supply systems and
11 promotes interoperability across data systems
12 with real time data, while protecting data secu-
13 rity;

14 (G) identifies weaknesses in supply chain
15 and procurement systems and practices, and
16 recommends ways to improve the efficiency,
17 transparency, and effectiveness of such systems
18 and practices;

19 (H) identifies obstacles to health service
20 access and quality and improved health out-
21 comes for women and girls, and for the poorest
22 and most vulnerable, including a lack of social
23 support and other underlying causes, and rec-
24 ommendations for how to overcome such obsta-
25 cles;

1 (I) includes plans for integrating innova-
2 tions in health technologies, services, and sys-
3 tems;

4 (J) identifies barriers to health literacy,
5 community engagement, and patient empower-
6 ment, and recommendations for overcoming
7 such barriers;

8 (K) includes proposals for strengthening
9 community health systems and the community-
10 based health workforce informed by the World
11 Health Organization guideline on health policy
12 and system support to optimize community
13 health worker programmes (2018), including
14 the professionalization of community health
15 workers; and

16 (L) describes the role of the private sector
17 and nongovernmental health providers, includ-
18 ing community groups engaged in health pro-
19 motion and mutual assistance and other institu-
20 tions engaged in health delivery, including the
21 extent to which the local population utilizes
22 such health services.

23 (4) CONSULTATION.—In developing a strategy
24 pursuant to paragraph (3), each USAID mission

1 should consult with a wide variety of stakeholders,
2 including—

3 (A) relevant partner government institu-
4 tions;

5 (B) professional associations;

6 (C) patient groups;

7 (D) civil society organizations (including
8 international nongovernmental organizations
9 with relevant expertise in program implementa-
10 tion); and

11 (E) the private sector.

12 (d) INTERNATIONAL EFFORTS.—

13 (1) COORDINATION.—The Secretary of State, in
14 coordination with the Administrator of USAID,
15 should work with the Global Fund to Fight AIDS,
16 Tuberculosis, and Malaria, Gavi, the Vaccine Alli-
17 ance, bilateral donors, and other relevant multilat-
18 eral and international organizations and stake-
19 holders to develop—

20 (A) shared core indicators for strengthened
21 health systems;

22 (B) agreements among donors that report-
23 ing requirements for health systems come from
24 country systems to reduce the burden placed on
25 partner countries;

1 (C) structures for joint assessments, plans,
2 auditing, and consultations; and

3 (D) a regularized approach to coordination
4 on health systems strengthening.

5 (e) PUBLIC PRIVATE PARTNERSHIPS TO IMPROVE
6 HEALTH SYSTEMS STRENGTHENING.—

7 (1) INCLUSION IN COUNTRY STRATEGIES.—The
8 country strategies developed under subsection (e)(3)
9 should include a section that—

10 (A) discusses the role of the private sector
11 (including corporate, local, and international or-
12 ganizations with relevant expertise); and

13 (B) identifies relevant opportunities for the
14 private sector—

15 (i) to accelerate research and develop-
16 ment of innovative health and information
17 technology, and to offer training related to
18 its use;

19 (ii) to contribute to improvements in
20 health administration and management
21 processes;

22 (iii) to improve system efficiency;

23 (iv) to develop training related to clin-
24 ical practice guidelines; and

1 (v) to help countries develop systems
2 for documenting outcomes and achieve-
3 ments related to activities undertaken to
4 strengthen the health sector.

5 (f) AUTHORIZATION FOR USE OF FUNDS.—Amounts
6 authorized to be appropriated or otherwise made available
7 to carry out section 104 of the Foreign Assistance Act
8 of 1961 (22 U.S.C. 2151b) may be made available to carry
9 out this section.

10 **SEC. 207. ADDITIONAL AUTHORITIES.**

11 (a) FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1
12 of part I of the Foreign Assistance Act of 1961 (22 U.S.C.
13 2151 et seq.) is amended—

14 (1) in section 104(c)(1) (22 U.S.C.
15 2151b(c)(1)), by inserting “(emphasizing health sys-
16 tems strengthening, as appropriate)” after “health
17 services”;

18 (2) in section 104A (22 U.S.C. 2151b–2)—

19 (A) in subsection (b)(3)(D), by striking
20 “including health care systems, under other
21 international donor support” and inserting “in-
22 cluding through support for health systems
23 strengthening, under other donor support”; and

24 (B) in subsection (f)(3)(Q), by inserting
25 “the Office of the United States Global AIDS

1 Coordinator, partner countries, and the Global
2 Fund to Fight AIDS, Tuberculosis, and Ma-
3 laria to ensure that their actions support the
4 activities taken to strengthen the overall health
5 systems in recipient countries, and efforts by”
6 after “efforts by”; and

7 (3) in section 104B(g)(2) (22 U.S.C. 2151b-
8 3(g)(2)), by inserting “strengthening the health sys-
9 tem of the country and” after “contribute to”.

10 (b) UNITED STATES LEADERSHIP AGAINST HIV/
11 AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003.—
12 Section 204 of the United States Leadership Against HIV/
13 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
14 7623) is amended—

15 (1) in subsection (a) —

16 (A) in paragraph (1)(A), by inserting “in
17 a manner that is coordinated with, and contrib-
18 utes to, efforts through other assistance activi-
19 ties being carried out to strengthen national
20 health systems and health policies” after “sys-
21 tems”; and

22 (B) in paragraph (2)—

23 (i) in subparagraph (C), by inserting
24 “as part of a strategy to improve overall
25 health” before the semicolon at the end;

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

3 (iii) in subparagraph (E), by striking
4 the period at the end and inserting “;
5 and”; and

6 (iv) by adding at the end the fol-
7 lowing:

8 “(F) to contribute to efforts that build
9 health systems capable of preventing, detecting
10 and responding to HIV/AIDS, tuberculosis, ma-
11 laria and other infectious diseases with pan-
12 demic potential.”; and

13 (2) in subsection (b), by striking “receive fund-
14 ing to carry out programs to combat HIV/AIDS, tu-
15 berculosis, and malaria” and inserting “more effec-
16 tively budget for and receive funding to carry out
17 programs to strengthen health systems such that
18 countries are able to more effectively combat HIV/
19 AIDS, tuberculosis, and malaria, to prevent, respond
20 and detect other diseases with pandemic potential,”.

1 **SEC. 208. AUTHORIZATION FOR UNITED STATES PARTICI-**
2 **PATION IN THE COALITION FOR EPIDEMIC**
3 **PREPAREDNESS INNOVATIONS.**

4 (a) IN GENERAL.—The United States is authorized
5 to participate in the Coalition for Epidemic Preparedness
6 Innovations (referred to in this section as “CEPI”).

7 (b) INVESTORS COUNCIL AND BOARD OF DIREC-
8 TORS.—

9 (1) INITIAL DESIGNATION.—The President
10 shall designate an employee of the United States
11 Agency for International Development to serve on
12 the Investors Council and, if nominated, on the
13 Board of Directors of CEPI, as a representative of
14 the United States during the period beginning on
15 the date of such designation and ending on Sep-
16 tember 30, 2022.

17 (2) ONGOING DESIGNATIONS.—The President
18 may designate an employee of the relevant Federal
19 department or agency with fiduciary responsibility
20 for United States contributions to CEPI to serve on
21 the Investors Council and, if nominated, on the
22 Board of Directors of CEPI, as a representative of
23 the United States.

24 (3) QUALIFICATIONS.—Any employee des-
25 ignated pursuant to paragraph (1) or (2) shall have
26 demonstrated knowledge and experience in the fields

1 of development and public health, epidemiology, or
2 medicine, from the Federal department or agency
3 with primary fiduciary responsibility for United
4 States contributions pursuant to subsection (c).

5 (c) CONSULTATION.—Not later than 60 days after
6 the date of the enactment of this Act, the employee des-
7 ignated pursuant to subsection (b)(1) shall consult with
8 the appropriate congressional committees regarding—

9 (1) the manner and extent to which the United
10 States plans to participate in CEPI, including
11 through the governance of CEPI;

12 (2) any planned financial contributions from
13 the United States to CEPI; and

14 (3) how participation in CEPI is expected to
15 support—

16 (A) the United States Global Health Secu-
17 rity Strategy required under this Act;

18 (B) the applicable revision of the National
19 Biodefense Strategy required under section
20 1086 of the National Defense Authorization Act
21 for Fiscal Year 2017 (6 U.S.C. 104); and

22 (C) any other relevant programs relating
23 to global health security and biodefense.

24 (d) UNITED STATES CONTRIBUTIONS.—

1 (1) SENSE OF CONGRESS.—It is the sense of
2 Congress that the President, consistent with the pro-
3 visions under section 10003(a)(1) of the American
4 Rescue Plan Act of 2021, should make an immediate
5 contribution to CEPI in the amount of
6 \$300,000,000, to expand research and development
7 of vaccines to combat the spread of COVID–19
8 variants.

9 (2) NOTIFICATION.—Not later than 15 days be-
10 fore a contribution is made available pursuant to
11 paragraph (1), the President shall notify the appro-
12 priate congressional committees of the details of the
13 amount, purposes, and national interests served by
14 such contribution.

15 **SEC. 209. NATIONAL INTELLIGENCE ESTIMATE AND BRIEF-**
16 **ING REGARDING NOVEL DISEASES AND PAN-**
17 **DEMIC THREATS.**

18 (a) DEFINED TERM.—In this section, the term “ap-
19 propriate committees of Congress” means—

20 (1) the Committee on Foreign Relations of the
21 Senate;

22 (2) the Select Committee on Intelligence of the
23 Senate;

24 (3) the Committee on Health, Education,
25 Labor, and Pensions of the Senate;

1 (4) the Committee on Foreign Affairs of the
2 House of Representatives;

3 (5) the Permanent Select Committee on Intel-
4 ligence of the House of Representatives; and

5 (6) the Committee on Energy and Commerce of
6 the House of Representatives.

7 (b) NATIONAL INTELLIGENCE ESTIMATES.—

8 (1) IN GENERAL.—Not later than 1 year after
9 the date of the enactment of this Act, and annually
10 thereafter for the following 4 years, the National In-
11 telligence Council shall submit to the appropriate
12 committees of Congress a National Intelligence Esti-
13 mate regarding the risks posed to the national secu-
14 rity interests of the United States by the emergence,
15 reemergence, and overseas transmission of patho-
16 gens with pandemic potential.

17 (2) ELEMENTS.—The National Intelligence Es-
18 timate submitted pursuant to paragraph (1) shall—

19 (A) identify the countries or regions most
20 vulnerable to the emergence or reemergence of
21 a pathogen with pandemic potential, including
22 the most likely sources and pathways of such
23 emergence or reemergence, whether naturally
24 occurring, accidental, or deliberate;

1 (B) assess the likelihood that a pathogen
2 described in subparagraph (A) will spread to
3 the United States, the United States Armed
4 Forces, diplomatic or development personnel of
5 the United States stationed abroad, or citizens
6 of the United States living abroad in a manner
7 that could lead to lead to an epidemic in the
8 United States or otherwise affect the national
9 security or economic prosperity of the United
10 States;

11 (C) assess the preparedness of countries
12 around the world, particularly those identified
13 pursuant to subparagraph (A), to prevent, de-
14 tect, and respond to pandemic threats; and

15 (D) identify any scientific, capacity, or
16 governance gaps in the preparedness of coun-
17 tries identified pursuant to subparagraph (A),
18 including an analysis of the capacity and per-
19 formance of any country or entity described in
20 subparagraph (C) in complying with biosecurity
21 standards, as applicable.

22 (c) CONGRESSIONAL BRIEFINGS.—The National In-
23 telligence Council shall provide an annual briefing to the
24 appropriate committees of Congress regarding—

1 (1) the most recent National Intelligence Esti-
2 mate submitted pursuant to subsection (b)(1); and

3 (2) the emergence or reemergence of pathogens
4 with pandemic potential that could lead to an epi-
5 demic described in subsection (b)(2)(B).

6 (d) **PUBLIC AVAILABILITY.**—The Director of Na-
7 tional Intelligence shall make publicly available an unclas-
8 sified version of each National Intelligence Estimate sub-
9 mitted pursuant to subsection (b)(1).

10 **SEC. 210. PANDEMIC EARLY WARNING NETWORK.**

11 (a) **IN GENERAL.**—The Secretary of State, in coordi-
12 nation with the Administrator of the United States Agen-
13 cy for International Development, the Secretary of Health
14 and Human Services, and the heads of the other relevant
15 Federal departments and agencies, shall work with the
16 World Health Organization and other key stakeholders to
17 establish or strengthen effective early warning systems, at
18 the partner country, regional, and international levels,
19 that utilize innovative information and analytical tools and
20 robust review processes to track, document, analyze, and
21 forecast infectious disease threats with epidemic and pan-
22 demic potential.

23 (b) **REPORT.**—Not later than 1 year after the date
24 of the enactment of this Act, the Secretary of State, in
25 coordination with the Secretary of Health and Human

1 Services and the heads of the other relevant Federal de-
2 partments and agencies, shall submit a report to the ap-
3 propriate congressional committees that describes United
4 States Government efforts and opportunities to establish
5 or strengthen effective early warning systems for infec-
6 tious disease threats.

7 **SEC. 211. INTERNATIONAL EMERGENCY OPERATIONS.**

8 (a) SENSE OF CONGRESS.—It is the sense of Con-
9 gress that it is essential to enhance the capacity of key
10 stakeholders to effectively operationalize early warning
11 and execute multi-sectoral emergency operations during
12 an infectious disease outbreak, particularly in countries
13 and areas that deliberately withhold critical global health
14 data and delay access during an infectious disease out-
15 break in advance of the next infectious disease outbreak
16 with pandemic potential.

17 (b) PUBLIC HEALTH EMERGENCIES OF INTER-
18 NATIONAL CONCERN.—The Secretary of State, in coordi-
19 nation with the Secretary of Health and Human Services,
20 should work with the World Health Organization and like-
21 minded member states to adopt an approach toward as-
22 sessing infectious disease threats under the International
23 Health Regulations (2005) for the World Health Organi-
24 zation to identify and transparently communicate, on an
25 ongoing basis, varying levels of risk leading up to a dec-

1 laration by the Director General of the World Health Or-
2 ganization of a Public Health Emergency of International
3 Concern for the duration and in the aftermath of such
4 declaration.

5 (c) EMERGENCY OPERATIONS.—The Secretary of
6 State, in coordination with the United States Agency for
7 International Development and other relevant Federal de-
8 partments and agencies and consistent with the require-
9 ments under the International Health Regulations (2005)
10 and the objectives of the World Health Organization’s
11 Health Emergencies Programme, the Global Health Secu-
12 rity Agenda, and national actions plans for health secu-
13 rity, shall work, in coordination with the World Health
14 Organization, with partner countries and other key stake-
15 holders to support the establishment, strengthening, and
16 rapid response capacity of global health emergency oper-
17 ations centers, at the national and international levels, in-
18 cluding efforts—

19 (1) to collect and share data, assess risk, and
20 operationalize early warning;

21 (2) to secure, including through utilization of
22 stand-by arrangements and emergency funding
23 mechanisms, the staff, systems, and resources nec-
24 essary to execute cross-sectoral emergency oper-
25 ations during the 48-hour period immediately fol-

1 lowing an infectious disease outbreak with pandemic
2 potential; and

3 (3) to organize and conduct emergency simula-
4 tions.

5 **TITLE III—FINANCING MECHA-**
6 **NISM FOR GLOBAL HEALTH**
7 **SECURITY AND PANDEMIC**
8 **PREVENTION AND PRE-**
9 **PAREDNESS**

10 **SEC. 301. ELIGIBLE PARTNER COUNTRY DEFINED.**

11 In this title, the term “eligible partner country”
12 means a country in which the Fund for Global Health Se-
13 curity and Pandemic Prevention and Preparedness to be
14 established under section 302 may finance global health
15 security and pandemic prevention and preparedness assist-
16 ance programs under this Act based on the country’s dem-
17 onstrated—

18 (1) need, as identified through the Joint Exter-
19 nal Evaluation process, the Global Health Security
20 Index classification of health systems, national ac-
21 tion plans for health security, and other complemen-
22 tary or successor indicators of global health security
23 and pandemic prevention and preparedness; and

24 (2) commitment to transparency, including—

1 (A) budget and global health data trans-
2 parency;

3 (B) complying with the International
4 Health Regulations (2005);

5 (C) investing in domestic health systems;
6 and

7 (D) achieving measurable results.

8 **SEC. 302. ESTABLISHMENT OF FUND FOR GLOBAL HEALTH**
9 **SECURITY AND PANDEMIC PREVENTION AND**
10 **PREPAREDNESS.**

11 (a) NEGOTIATIONS FOR ESTABLISHMENT OF FUND
12 FOR GLOBAL HEALTH SECURITY AND PANDEMIC PRE-
13 VENTION AND PREPAREDNESS.—The Secretary of State,
14 in coordination with the Secretary of the Treasury, the
15 Administrator of the United States Agency for Inter-
16 national Development, the Secretary of Health and
17 Human Services, and the heads of other relevant Federal
18 departments and agencies, as necessary and appropriate,
19 should seek to enter into negotiations with donors, rel-
20 evant United Nations agencies, including the World
21 Health Organization, and other key multilateral stake-
22 holders, to establish—

23 (1) a multilateral, catalytic financing mecha-
24 nism for global health security and pandemic preven-
25 tion and preparedness, which may be known as the

1 Fund for Global Health Security and Pandemic Pre-
2 vention and Preparedness (in this title referred to as
3 “the Fund”), to address the need for and secure du-
4 rable financing in accordance with the provisions of
5 this section; and

6 (2) an Advisory Board to the Fund in accord-
7 ance with section 305.

8 (b) PURPOSES.—The purposes of the Fund should
9 be—

10 (1) to close critical gaps in global health secu-
11 rity and pandemic prevention and preparedness; and

12 (2) to build capacity in eligible partner coun-
13 tries in the areas of global health security, infectious
14 disease control, and pandemic prevention and pre-
15 paredness, in a manner that—

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

18 (B) incentivizes countries to prioritize the
19 use of domestic resources for global health secu-
20 rity and pandemic prevention and preparedness;

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

23 (D) regularly responds to and evaluates
24 progress based on clear metrics and bench-

1 marks, such as the Joint External Evaluation
2 and the Global Health Security Index;

3 (E) aligns with and complements ongoing
4 bilateral and multilateral efforts and financing,
5 including through the World Bank, the World
6 Health Organization, the Global Fund to Fight
7 AIDS, Tuberculosis, and Malaria, the Coalition
8 for Epidemic Preparedness and Innovation, and
9 Gavi, the Vaccine Alliance; and

10 (F) helps countries accelerate and achieve
11 compliance with the International Health Regu-
12 lations (2005) and the fulfillment of the Global
13 Health Security Agenda 2024 Framework not
14 later than 5 years after the date on which the
15 Fund is established, in coordination with the
16 ongoing Joint External Evaluation national ac-
17 tion planning process.

18 (c) EXECUTIVE BOARD.—

19 (1) IN GENERAL.—The Fund should be gov-
20 erned by a transparent and accountable body (re-
21 ferred to in this title as the “Executive Board”),
22 which should be composed of not more than 20 rep-
23 resentatives of donor governments, foundations, aca-
24 demic institutions, civil society, indigenous people,
25 and the private sector that meet a minimum thresh-

1 old in annual contributions and agree to uphold
2 transparency measures.

3 (2) DUTIES.—The Executive Board should—

4 (A) be charged with approving strategies,
5 operations, and grant making authorities in
6 order to conduct effective fiduciary, monitoring,
7 and evaluation efforts, and other oversight
8 functions;

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

12 (C) determine operational procedures such
13 that the Fund is able to effectively fulfill its
14 mission;

15 (D) provide oversight and accountability
16 for the Fund in collaboration with the Inspector
17 General to be established pursuant to section
18 304(e)(1)(A); and

19 (E) develop and utilize a mechanism to ob-
20 tain formal input from partner countries rel-
21 ative to lessons learned with regard to program
22 implementation.

23 (3) COMPOSITION.—The Executive Board
24 should include—

1 (A) representatives of the governments of
2 founding permanent member countries who, in
3 addition to the requirements under paragraph
4 (1), qualify based upon meeting an established
5 initial contribution threshold, which should be
6 not less than 10 percent of total initial con-
7 tributions, and a demonstrated commitment to
8 supporting the International Health Regula-
9 tions (2005);

10 (B) a geographically diverse group of term
11 members who—

12 (i) come from academic institutions,
13 civil society, including indigenous organiza-
14 tions, and the private sector; and

15 (ii) are selected by the permanent
16 members on the basis of their experience
17 and commitment to innovation, best prac-
18 tices, and the advancement of global health
19 security objectives;

20 (C) representatives of the World Health
21 Organization;

22 (D) the chair of the Global Health Security
23 Steering Group; and

1 (E) representatives from low- and middle-
2 income countries that are or will be imple-
3 menting a national pandemic prevention plan.

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

9 (5) CONFLICTS OF INTEREST.—

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

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

20 (6) UNITED STATES REPRESENTATION.—

21 (A) FOUNDING PERMANENT MEMBER.—

22 The Secretary of State should seek—

23 (i) to establish the United States as a
24 founding permanent member of the Fund;
25 and

1 (ii) to ensure that the United States
2 is represented on the Executive Board by
3 an officer or employee of the United
4 States, who shall be appointed by the
5 President.

6 (B) EFFECTIVE AND TERMINATION
7 DATES.—

8 (i) EFFECTIVE DATE.—This para-
9 graph shall take effect upon the date on
10 which the Secretary of State certifies and
11 submits to Congress an agreement estab-
12 lishing the Fund.

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

17 (7) REMOVAL PROCEDURES.—The Fund should
18 establish procedures for the removal of members of
19 the Executive Board who—

20 (A) engage in a consistent pattern of
21 human rights abuses;

22 (B) fail to uphold global health data trans-
23 parency requirements; or

1 (C) otherwise violate the established stand-
2 ards of the Fund, including in relation to cor-
3 ruption.

4 **SEC. 303. AUTHORITIES.**

5 (a) PROGRAM OBJECTIVES.—

6 (1) IN GENERAL.—In carrying out the purpose
7 set forth in section 302, the Fund, acting through
8 the Executive Board, should—

9 (A) provide grants, including challenge
10 grants, technical assistance, concessional lend-
11 ing, catalytic investment funds, and other inno-
12 vative funding mechanisms, as appropriate—

13 (i) to help eligible partner countries
14 close critical gaps in health security, as
15 identified through the Joint External Eval-
16 uation process, the Global Health Security
17 Index classification of health systems, and
18 national action plans for health security
19 and other complementary or successor in-
20 dicators of global health security and pan-
21 demic prevention and preparedness; and

22 (ii) to support measures that enable
23 such countries, at the national and sub-
24 national levels, and in partnership with
25 civil society and the private sector, to

1 strengthen and sustain resilient health sys-
2 tems and supply chains with the resources,
3 capacity, and personnel required to pre-
4 vent, detect, mitigate, and respond to in-
5 fectious disease threats, including zoonotic
6 spillover, before they become pandemics;
7 and

8 (B) develop recommendations for a mecha-
9 nism for assisting countries that are at high
10 risk for zoonotic spillover events with pandemic
11 potential to participate in the Global Health Se-
12 curity Agenda and the Joint External Evalua-
13 tions.

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

16 (A) to enable eligible partner countries to
17 formulate and implement national health secu-
18 rity and pandemic prevention and preparedness
19 action plans, advance action packages under the
20 Global Health Security Agenda, and adopt and
21 uphold commitments under the International
22 Health Regulations (2005) and other related
23 international health agreements and arrange-
24 ments, as appropriate;

1 (B) to support health security budget plan-
2 ning in eligible partner countries, including
3 training in public financial management and
4 budget and health data transparency;

5 (C) to strengthen the health workforce, in-
6 cluding hiring, training, and deploying experts
7 to improve frontline prevention of, and moni-
8 toring and preparedness for, unknown, new,
9 emerging, or reemerging pathogens, epidemics,
10 and pandemic threats;

11 (D) to improve infection prevention and
12 control and the protection of healthcare workers
13 within healthcare settings;

14 (E) to combat the threat of antimicrobial
15 resistance;

16 (F) to strengthen laboratory capacity and
17 promote biosafety and biosecurity through the
18 provision of material and technical assistance;

19 (G) to reduce the risk of bioterrorism,
20 zoonotic disease spillover, and accidental bio-
21 logical release;

22 (H) to build technical capacity to manage
23 health supply chains for commodities, equip-
24 ment, and supplies, including for personal pro-
25 tective equipment, testing reagents, and other

1 lifesaving supplies, through effective fore-
2 casting, procurement, warehousing, and delivery
3 from central warehouses to points of service in
4 both the public and private sectors;

5 (I) to enable bilateral, regional, and inter-
6 national partnerships and cooperation, includ-
7 ing through pandemic early warning systems
8 and emergency operations centers, to identify
9 and address transnational infectious disease
10 threats exacerbated by natural and man-made
11 disasters, human displacement, and zoonotic in-
12 fection;

13 (J) to establish partnerships for the shar-
14 ing of best practices and enabling eligible coun-
15 tries to meet targets and indicators under the
16 Joint External Evaluation process, the Global
17 Health Security Index classification of health
18 systems, and national action plans for health
19 security relating to the prevention, detection,
20 and treatment of neglected tropical diseases;

21 (K) to build the technical capacity of eligi-
22 ble partner countries to prepare for and re-
23 spond to second order development impacts of
24 infectious disease outbreaks, while accounting

1 for the differentiated needs and vulnerabilities
2 of marginalized populations;

3 (L) to develop and utilize metrics to mon-
4 itor and evaluate programmatic performance
5 and identify best practices, including in accord-
6 ance with Joint External Evaluation bench-
7 marks, Global Health Security Agenda targets,
8 and Global Health Security Index indicators;

9 (M) to develop and deploy mechanisms to
10 enhance the transparency and accountability of
11 global health security and pandemic prevention
12 and preparedness programs and data, in com-
13 pliance with the International Health Regula-
14 tions (2005), including through the sharing of
15 trends, risks, and lessons learned;

16 (N) to develop and implement simulation
17 exercises, produce and release after action re-
18 ports, and address related gaps;

19 (O) to support countries in conducting
20 Joint External Evaluations; and

21 (P) to improve surveillance capacity in
22 partner counties such that those countries are
23 better able to detect and respond to known and
24 unknown pathogens and zoonotic infectious dis-
25 eases.

1 (3) IMPLEMENTATION OF PROGRAM OBJEC-
2 TIVES.—In carrying out the objectives under para-
3 graph (1), the Fund should work to eliminate dupli-
4 cation and waste by upholding strict transparency
5 and accountability standards and coordinating its
6 programs and activities with key partners working to
7 advance global health security and pandemic preven-
8 tion and preparedness, including—

9 (A) governments, civil society, nongovern-
10 mental organizations, research and academic in-
11 stitutions, and private sector entities in eligible
12 partner countries;

13 (B) the pandemic early warning systems
14 and international emergency operations centers
15 to be established under sections 210 and 211;

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); and

3 (J) the Global Polio Eradication Initiative.

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

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

9 (2) measurable gaps in global health security
10 and pandemic prevention and preparedness identi-
11 fied under Joint External Evaluations and national
12 action plans for health security;

13 (3) demonstrated political and financial com-
14 mitment to pandemic prevention and preparedness;
15 and

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

22 (c) ELIGIBLE GRANT RECIPIENTS.—Governments
23 and nongovernmental organizations should be eligible to
24 receive grants as described in this section.

1 **SEC. 304. ADMINISTRATION.**

2 (a) APPOINTMENT OF ADMINISTRATOR.—The Execu-
3 tive Board should appoint an Administrator, who should
4 be responsible for managing the day-to-day operations of
5 the Fund.

6 (b) AUTHORITY TO ACCEPT AND SOLICIT CONTRIBU-
7 TIONS.—The Fund should be authorized to solicit and ac-
8 cept contributions from governments, the private sector,
9 foundations, individuals, and nongovernmental entities.

10 (c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR
11 PROGRAMS.—As part of the negotiations described in sec-
12 tion 302(a), the Secretary of the State, consistent with
13 subsection (d), shall—

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

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

22 (d) SELECTION OF PARTNER COUNTRIES, PROJECTS,
23 AND RECIPIENTS.—The Executive Board should estab-
24 lish—

25 (1) eligible partner country selection criteria, to
26 include transparent metrics to measure and assess

1 global health security and pandemic prevention and
2 preparedness strengths and vulnerabilities in coun-
3 tries seeking assistance;

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

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

10 (4) standards and criteria regarding qualifica-
11 tions of recipients of such support;

12 (5) such rules and procedures as may be nec-
13 essary for cost-effective management of the Fund;
14 and

15 (6) such rules and procedures as may be nec-
16 essary to ensure transparency and accountability in
17 the grant-making process.

18 (e) ADDITIONAL TRANSPARENCY AND ACCOUNT-
19 ABILITY REQUIREMENTS.—

20 (1) INSPECTOR GENERAL.—

21 (A) IN GENERAL.—The Secretary of State
22 shall seek to ensure that—

23 (i) the Fund maintains an inde-
24 pendent Office of the Inspector General;
25 and

1 (ii) such office has the requisite re-
2 sources and capacity to regularly conduct
3 and publish, on a publicly accessible
4 website, rigorous financial, programmatic,
5 and reporting audits and investigations of
6 the Fund and its grantees.

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

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

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

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

23 (3) FINANCIAL TRACKING SYSTEMS.—The Sec-
24 retary of State shall ensure that the Fund estab-
25 lishes, maintains, and makes publicly available a sys-

1 tem to track the amount of funds disbursed to each
2 grant recipient and sub-recipient during a grant's
3 fiscal cycle.

4 (4) EXEMPTION FROM DUTIES AND TAXES.—
5 The Secretary should ensure that the Fund adopts
6 rules that condition grants upon agreement by the
7 relevant national authorities in an eligible partner
8 country to exempt from duties and taxes all products
9 financed by such grants, including procurements by
10 any principal or sub-recipient for the purpose of car-
11 rying out such grants.

12 **SEC. 305. ADVISORY BOARD.**

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

15 (b) APPOINTMENTS.—The members of the Advisory
16 Board should be composed of—

17 (1) a geographically diverse group of individuals
18 that includes representation from low- and middle-
19 income countries;

20 (2) individuals with experience and leadership
21 in the fields of development, global health, epidemi-
22 ology, medicine, biomedical research, and social
23 sciences; and

24 (3) representatives of relevant United Nations
25 agencies, including the World Health Organization,

1 and nongovernmental organizations with on-the
2 ground experience in implementing global health
3 programs in low and lower-middle income countries.

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

9 (d) PROHIBITION ON PAYMENT OF COMPENSA-
10 TION.—

11 (1) IN GENERAL.—Except for travel expenses
12 (including per diem in lieu of subsistence), no mem-
13 ber of the Advisory Board should receive compensa-
14 tion for services performed as a member of the
15 Board.

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

1 (e) CONFLICTS OF INTEREST.—Members of the Advi-
2 sory Board should be required to disclose any potential
3 conflicts of interest prior to serving on the Advisory Board
4 and, in the event of any conflicts of interest, recuse them-
5 selves from such matters during their service on the Advi-
6 sory Board.

7 **SEC. 306. REPORTS TO CONGRESS.**

8 (a) STATUS REPORT.—Not later than 180 days after
9 the date of the enactment of this Act, the Secretary of
10 State, in coordination with the Administrator of the
11 United States Agency for International Development, and
12 the heads of other relevant Federal departments and agen-
13 cies, shall submit a report to the appropriate congressional
14 committees that describes the progress of international ne-
15 gotiations to establish the Fund.

16 (b) ANNUAL REPORT.—

17 (1) IN GENERAL.—Not later than 1 year after
18 the date of the establishment of the Fund, and an-
19 nually thereafter for the duration of the Fund, the
20 Secretary of State, shall submit a report to the ap-
21 propriate congressional committees regarding the ad-
22 ministration of the Fund.

23 (2) REPORT ELEMENTS.—The report required
24 under paragraph (1) shall describe—

25 (A) the goals of the Fund;

1 (B) the programs, projects, and activities
2 supported by the Fund;

3 (C) private and governmental contributions
4 to the Fund; and

5 (D) the criteria utilized to determine the
6 programs and activities that should be assisted
7 by the Fund, including baselines, targets, de-
8 sired outcomes, measurable goals, and extent to
9 which those goals are being achieved.

10 (c) GAO REPORT ON EFFECTIVENESS.—Not later
11 than 2 years after the date on which the Fund is estab-
12 lished, the Comptroller General of the United States shall
13 submit a report to the appropriate congressional commit-
14 tees that evaluates the effectiveness of the Fund, including
15 the effectiveness of the programs, projects, and activities
16 supported by the Fund, as described in section 303(a).

17 **SEC. 307. UNITED STATES CONTRIBUTIONS.**

18 (a) IN GENERAL.—Subject to submission of the cer-
19 tification under this section, the President is authorized
20 to make available for United States contributions to the
21 Fund such funds as may be appropriated or otherwise
22 made available for such purpose.

23 (b) NOTIFICATION.—The Secretary of State shall no-
24 tify the appropriate congressional committees not later

1 than 15 days in advance of making a contribution to the
2 Fund, including—

3 (1) the amount of the proposed contribution;

4 (2) the total of funds contributed by other do-
5 nors; and

6 (3) the national interests served by United
7 States participation in the Fund.

8 (c) LIMITATION.—During the 5-year period begin-
9 ning on the date of the enactment of this Act, a United
10 States contribution to the Fund may not cause the cumu-
11 lative total of United States contributions to the Fund to
12 exceed 33 percent of the total contributions to the Fund
13 from all sources.

14 (d) WITHHOLDINGS.—

15 (1) SUPPORT FOR ACTS OF INTERNATIONAL
16 TERRORISM.—If the Secretary of State determines
17 that the Fund has provided assistance to a country,
18 the government of which the Secretary of State has
19 determined, for purposes of section 620A of the For-
20 eign Assistance Act of 1961 (22 U.S.C. 2371) has
21 repeatedly provided support for acts of international
22 terrorism, the United States shall withhold from its
23 contribution to the Fund for the next fiscal year an
24 amount equal to the amount expended by the Fund
25 to the government of such country.

1 (2) EXCESSIVE SALARIES.—During the 5-year
2 period beginning on the date of the enactment of
3 this Act,, if the Secretary of State determines that
4 the salary of any individual employed by the Fund
5 exceeds the salary of the Vice President of the
6 United States for such fiscal year, the United States
7 should withhold from its contribution for the next
8 fiscal year an amount equal to the aggregate amount
9 by which the salary of each such individual exceeds
10 the salary of the Vice President of the United
11 States.

12 (3) ACCOUNTABILITY CERTIFICATION REQUIRE-
13 MENT.—The Secretary of State may withhold not
14 more than 20 percent of planned United States con-
15 tributions to the Fund until the Secretary certifies
16 to the appropriate congressional committees that the
17 Fund has established procedures to provide access
18 by the Office of Inspector General of the Depart-
19 ment of State, as cognizant Inspector General, the
20 Inspector General of the Department of Health and
21 Human Services, the Inspector General of the
22 United States Agency for International Develop-
23 ment, and the Comptroller General of the United
24 States to the Fund’s financial data and other infor-
25 mation relevant to United States contributions to

1 the Fund (as determined by the Inspector General
2 of the Department of State, in consultation with the
3 Secretary of State).

4 **SEC. 308. COMPLIANCE WITH THE FOREIGN AID TRANS-**
5 **PARENCY AND ACCOUNTABILITY ACT OF**
6 **2016.**

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

10 (1) in subparagraph (D), by striking “and” at
11 the end;

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

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

15 “(F) the International Pandemic Prepared-
16 ness and COVID-19 Response Act of 2021.”.