

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To accelerate and enhance the United States international response to pandemics, including the COVID-19 pandemic, and to operationalize lessons learned from current and prior emergency responses.

**IN THE SENATE OF THE UNITED STATES—117th Cong., 1st Sess.**

**H. R. 4350**

To authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. RISCH (for himself and Mr. MENENDEZ) to the amendment (No. 3867) proposed by Mr. REED

Viz:

1 At the end of title XII, add the following:

2 **Subtitle H—International Pan-**  
3 **demic Preparedness and**  
4 **COVID-19 Response**

5 **SEC. 1291. SHORT TITLE.**

6 This subtitle may be cited as the “International Pan-  
7 demic Preparedness and COVID-19 Response Act of  
8 2021”.

1 **SEC. 1292. DEFINITIONS.**

2 In this subtitle:

3 (1) APPROPRIATE CONGRESSIONAL COMMIT-  
4 TEES.—The term “appropriate congressional com-  
5 mittees” 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 2018 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—

24 (A) the International Health Regulations  
25 (2005);

1 (B) the World Organisation for Animal  
2 Health international standards and guidelines;

3 (C) United Nations Security Council Reso-  
4 lution 1540 (2004);

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

12 (E) the Global Health Security Agenda  
13 2024 Framework; and

14 (F) other relevant frameworks that con-  
15 tribute to global health security.

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

22 (4) GLOBAL HEALTH SECURITY INITIATIVE.—  
23 The term “Global Health Security Initiative” means  
24 the informal network of countries and organizations  
25 that came together in 2001 to undertake concerted

1 global action to strengthen public health prepared-  
2 ness and response to chemical, biological, radio-  
3 logical, and nuclear threats, including pandemic in-  
4 fluenza.

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

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

18 (A) national and local governments in  
19 partner countries;

20 (B) other bilateral donors;

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

24 (D) international, regional, and local finan-  
25 cial institutions;

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

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

8 (G) public and private research and aca-  
9 demic institutions.

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

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

23 (A) the Department of State;

24 (B) the United States Agency for Inter-  
25 national Development;

1 (C) the Department of Health and Human  
2 Services;

3 (D) the Department of Defense;

4 (E) the Defense Threat Reduction Agency;

5 (F) the Millennium Challenge Corporation;

6 (G) the Development Finance Corporation;

7 (H) the Peace Corps; and

8 (I) any other department or agency that  
9 the President determines to be relevant for  
10 these purposes.

11 (9) RESILIENCE.—The term “resilience” means  
12 the ability of people, households, communities, sys-  
13 tems, institutions, countries, and regions to reduce,  
14 mitigate, withstand, adapt to, and quickly recover  
15 from stresses and shocks in a manner that reduces  
16 chronic vulnerability to pandemic threats and facili-  
17 tates inclusive growth.

18 (10) USAID.—The term “USAID” means the  
19 United States Agency for International Develop-  
20 ment.

21 **SEC. 1293. PURPOSE.**

22 The purpose of this subtitle is to accelerate and en-  
23 hance the United States international response to  
24 pandemics, including the COVID–19 pandemic, and to

1 operationalize lessons learned from current and prior  
2 emergency responses in a manner that—

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

5           (2) improves coordination among the relevant  
6 Federal departments and agencies implementing  
7 United States foreign assistance for global health se-  
8 curity; and

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

15 **SEC. 1294. ENHANCING THE UNITED STATES' INTER-**  
16 **NATIONAL RESPONSE TO COVID-19 AND FU-**  
17 **TURE PANDEMICS.**

18       (a) STATEMENT OF POLICY REGARDING INTER-  
19 NATIONAL COOPERATION TO END THE COVID-19 PAN-  
20 DEMIC.—It shall be the policy of the United States to lead  
21 and implement a comprehensive and coordinated inter-  
22 national response to end the COVID-19 pandemic in a  
23 manner that recognizes the critical role that multilateral  
24 and regional organizations can and should play in pan-  
25 demic response, including by—

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

3                   (A) declares pandemics, including the  
4           COVID–19 pandemic, to be a threat to inter-  
5           national peace and security; and

6                   (B) urges member states to address this  
7           threat by aligning their health preparedness  
8           plans with international best practices, includ-  
9           ing those established by the Global Health Se-  
10          curity Agenda, to improve country capacity to  
11          prevent, detect, and respond to infectious dis-  
12          ease threats;

13          (2) advancing efforts to reform the World  
14          Health Organization so that it serves as an effective,  
15          normative, and coordinating body that is capable of  
16          aligning member countries around a strategic oper-  
17          ating plan to detect, contain, treat, and deter the  
18          further spread of COVID–19;

19          (3) providing timely, appropriate levels of finan-  
20          cial support to United Nations agencies responding  
21          to the COVID–19 pandemic;

22          (4) prioritizing United States foreign assistance  
23          for the COVID–19 response in the most vulnerable  
24          countries and regions;



1           (5) encouraging other donor governments to  
2           similarly increase contributions to the United Na-  
3           tions agencies responding to the COVID–19 pan-  
4           demic in the world’s poorest and most vulnerable  
5           countries;

6           (6) working with key stakeholders to accelerate  
7           progress toward meeting and exceeding, as prac-  
8           ticable, global COVID–19 vaccination goals, where-  
9           by—

10                   (A) at least 40 percent of the population in  
11                   all countries is vaccinated by the end of 2021;  
12                   and

13                   (B) at least 70 percent of the population  
14                   in all countries is vaccinated by the opening  
15                   date of the 77th regular session of the United  
16                   Nations General Assembly;

17           (7) engaging with key overseas stakeholders, in-  
18           cluding through multilateral facilities such as the  
19           COVID–19 Vaccines Global Access initiative (re-  
20           ferred to in this section as “COVAX”) and the Ac-  
21           cess to COVID–19 Tools (ACT) Accelerator initia-  
22           tive, and expanding bilateral efforts, including  
23           through the International Development Finance Cor-  
24           poration, to accelerate the development, manufac-

1 turing, production, and efficient and equitable dis-  
2 tribution of—

3 (A) vaccines and related raw materials to  
4 meet or exceed the vaccination goals under  
5 paragraph (6); and

6 (B) global health commodities, including  
7 supplies to combat COVID–19 and to help im-  
8 mediately disrupt the transmission of SARS–  
9 CoV–2;

10 (8) supporting global COVID–19 vaccine dis-  
11 tribution strategies that strengthen underlying  
12 health systems and ensure that people living in vul-  
13 nerable and marginalized communities, including  
14 women, do not face undue barriers to vaccination;

15 (9) working with key stakeholders, including  
16 through the World Bank Group, the International  
17 Monetary Fund, the International Finance Corpora-  
18 tion, and other relevant regional and bilateral finan-  
19 cial institutions, to address the economic and finan-  
20 cial implications of the COVID–19 pandemic, while  
21 taking into account the differentiated needs of dis-  
22 proportionately affected, vulnerable, and  
23 marginalized populations;

24 (10) entering into discussions with vaccine  
25 manufacturing companies to support partnerships,

1 with the goal of ensuring adequate global supply of  
2 vaccines, which may include necessary components  
3 and raw materials;

4 (11) establishing clear timelines, benchmarks,  
5 and goals for COVID–19 response strategies and ac-  
6 tivities under this section; and

7 (12) generating commitments of resources in  
8 support of the goals referred to in paragraph (6).

9 (b) OVERSIGHT OF UNITED STATES FOREIGN AS-  
10 SISTANCE TO END THE COVID–19 PANDEMIC.—

11 (1) REPORTING REQUIREMENTS.—Not later  
12 than 60 days after the date of the enactment of this  
13 Act, the Secretary of State and the USAID Admin-  
14 istrator shall jointly submit to the appropriate con-  
15 gressional committees—

16 (A) an unclassified report containing a de-  
17 scription of funds already obligated and ex-  
18 pended under title X of the American Rescue  
19 Plan Act of 2021 (Public Law 117–2); and

20 (B) a plan that describes the objectives  
21 and timeline for the obligation and expenditure  
22 of all remaining funds appropriated under title  
23 X of the American Rescue Plan Act of 2021, to  
24 include support for civil society for the protec-  
25 tion of human rights in the context of the

1 COVID–19 pandemic, which shall be submitted  
2 in an unclassified form, and should include a  
3 description of steps taken pursuant to each ob-  
4 jective specified in the plan.

5 (2) CONGRESSIONAL CONSULTATION.—Not less  
6 frequently than once every 60 days, until the com-  
7 pletion or termination of the implementation plan re-  
8 quired under paragraph (1)(B), and upon the re-  
9 quest from one or more of the appropriate congress-  
10 sional committees, the Secretary of State and the  
11 USAID Administrator shall provide a briefing to the  
12 appropriate congressional committees regarding the  
13 report required under paragraph (1)(A) and the sta-  
14 tus of the implementation of the plan required under  
15 paragraph (1)(B).

16 (3) BRANDING.—In providing assistance under  
17 this section, the Secretary of State and the USAID  
18 Administrator, with due consideration for the safety  
19 and security of implementing partners and bene-  
20 ficiaries, shall prescribe the use of logos or other in-  
21 signia, which may include the flag of the United  
22 States, to appropriately identify such assistance as  
23 being from the people of the United States.

24 (c) UNITED STATES CONTRIBUTIONS TO THE GLOB-  
25 AL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA

1 COVID–19 RESPONSE MECHANISM.—United States con-  
2 tributions to the Global Fund to Fight AIDS, Tuber-  
3 culosis, and Malaria COVID–19 Response Mechanism  
4 under section 10003(a)(2) of the American Rescue Plan  
5 Act of 2021 (Public Law 107–2)—

6 (1) shall be meaningfully leveraged in a manner  
7 that incentivizes other public and private donor con-  
8 tributions; and

9 (2) shall be subject to the reporting and with-  
10 holding requirements under subsections (c),  
11 (d)(4)(A)(ii), (d)(4)(C), (d)(5), (d)(6), (f), and (g) of  
12 section 202 of the United States Leadership Against  
13 HIV/AIDS, Tuberculosis, and Malaria Act of 2003  
14 (22 U.S.C. 7622).

15 (d) GLOBAL COVID–19 VACCINE DISTRIBUTION  
16 AND DELIVERY.—

17 (1) ACCELERATING GLOBAL VACCINE DISTRIBU-  
18 TION STRATEGY.—The President shall develop a  
19 strategy to expand access to, and accelerate the  
20 global distribution of, COVID–19 vaccines to other  
21 countries, which shall—

22 (A) identify the countries that have the  
23 highest infection and death rates due to  
24 COVID–19, the lowest COVID–19 vaccination  
25 rates, and face the most difficult political,

1           logistical, and financial challenges to obtaining  
2           and delivering COVID–19 vaccines, and de-  
3           scribe the basis and metrics used to make such  
4           determinations;

5           (B) identify which countries and regions  
6           will be prioritized and targeted for COVID–19  
7           vaccine delivery, and the rationale for such  
8           prioritization;

9           (C) describe efforts that the United States  
10          is making to increase COVID–19 vaccine manu-  
11          facturing capacity, both domestically and inter-  
12          nationally, as appropriate, through support for  
13          the establishment or refurbishment of regional  
14          manufacturing hubs in South America, South  
15          Africa, and South Asia, including through the  
16          provision of international development finance,  
17          and estimate when, how many, and which types  
18          of vaccines will be provided by the United  
19          States Government bilaterally and through  
20          COVAX;

21          (D) describe efforts to encourage inter-  
22          national partners to take actions similar to the  
23          efforts referred to in subparagraph (C);

24          (E) describe how the United States Gov-  
25          ernment will ensure efficient delivery of

1 COVID–19 vaccines to intended recipients, in-  
2 cluding United States citizens residing overseas,  
3 and identify complementary United States for-  
4 eign assistance that will facilitate vaccine readi-  
5 ness, distribution, delivery, monitoring, and ad-  
6 ministration activities;

7 (F) describe how the United States Gov-  
8 ernment will ensure the efficient delivery and  
9 administration of COVID–19 vaccines to  
10 United States citizens residing overseas, includ-  
11 ing through the donation of vaccine doses to  
12 United States embassies and consulates, as ap-  
13 propriate, giving priority to—

14 (i) countries in which United States  
15 citizens are deemed ineligible or low pri-  
16 ority in the national vaccination deploy-  
17 ment plan; and

18 (ii) countries that are not presently  
19 distributing a COVID–19 vaccine that—

20 (I) has been licensed or author-  
21 ized for emergency use by the Food  
22 and Drug Administration; or

23 (II) has met the necessary cri-  
24 teria for safety and efficacy estab-

1                   lished by the World Health Organiza-  
2                   tion;

3                   (G) summarize the United States Govern-  
4                   ment's efforts to encourage and facilitate tech-  
5                   nology sharing and the licensing of intellectual  
6                   property, to the extent necessary, to support  
7                   the adequate and timely supply of vaccines and  
8                   vaccine components to meet the vaccination  
9                   goals specified in subsection (a)(6), giving due  
10                  consideration to avoiding undermining intellec-  
11                  tual property innovation and intellectual prop-  
12                  erty rights or protections with respect to vac-  
13                  cine development in performing the assessment  
14                  required under this subparagraph;

15                  (H) describe the roles, responsibilities,  
16                  tasks, and, as appropriate, the authorities of  
17                  the Secretary of State, the USAID Adminis-  
18                  trator, the Secretary of Health and Human  
19                  Services, the Director of the Centers for Dis-  
20                  ease Control and Prevention, the Chief Execu-  
21                  tive Officer of the United States International  
22                  Development Finance Corporation, and the  
23                  heads of other relevant Federal departments  
24                  and agencies with respect to the implementation  
25                  of such strategy;



1 (I) describe how the Department of State  
2 and USAID will coordinate with the Secretary  
3 of Health and Human Services and the heads  
4 of other relevant Federal agencies to expedite  
5 the export and distribution of excess federally  
6 purchased vaccines to support countries in need  
7 and ensure such vaccines will not be wasted;

8 (J) summarize the United States public di-  
9 plomacy strategies for branding and addressing  
10 vaccine misinformation and hesitancy within  
11 partner countries; and

12 (K) describe efforts that the United States  
13 is making to help countries disrupt the current  
14 transmission of COVID-19, while simulta-  
15 neously increasing vaccination rates, utilizing  
16 medical products and medical supplies.

17 (2) SUBMISSION OF STRATEGY.—Not later than  
18 90 days after the date of the enactment of this Act,  
19 the President shall submit the strategy described in  
20 paragraph (1) to—

21 (A) the appropriate congressional commit-  
22 tees;

23 (B) the Committee on Health, Education,  
24 Labor, and Pensions of the Senate; and

1 (C) the Committee on Energy and Com-  
2 merce of the House of Representatives.

3 (3) LIMITATION.—

4 (A) IN GENERAL.—No Federal funds may  
5 be made available to COVAX to procure vac-  
6 cines produced by any companies owned or con-  
7 trolled by the Government of the People’s Re-  
8 public of China or by the Chinese Communist  
9 Party unless the Secretary of State certifies  
10 that the People’s Republic of China—

11 (i) is providing financial support to  
12 COVAX that is commensurate with the  
13 United States’ contribution to COVAX;  
14 and

15 (ii) publically discloses transparent  
16 data on the quality, safety, and efficacy of  
17 its COVID–19 vaccines.

18 (B) SAFEGUARDS.—The President shall  
19 ensure that appropriate safeguards are put in  
20 place to ensure that the condition described in  
21 subparagraph (A) is honored by Gavi, the Vac-  
22 cine Alliance.

23 (e) LEVERAGING UNITED STATES BILATERAL GLOB-  
24 AL HEALTH PROGRAMS FOR THE INTERNATIONAL  
25 COVID–19 RESPONSE.—

1           (1) AUTHORIZATION FOR LEVERAGING BILAT-  
2           ERAL PROGRAM ACTIVITIES.—Amounts authorized  
3           to be appropriated or otherwise made available to  
4           carry out section 104 of the Foreign Assistance Act  
5           (22 U.S.C. 2151b) may be used in countries receiv-  
6           ing United States foreign assistance—

7                   (A) to combat the COVID–19 pandemic,  
8                   including through the sharing of COVID–19  
9                   vaccines; and

10                   (B) to support related activities, includ-  
11                   ing—

12                           (i) strengthening vaccine readiness;

13                           (ii) reducing vaccine hesitancy and  
14                           misinformation;

15                           (iii) delivering and administering  
16                           COVID–19 vaccines;

17                           (iv) strengthening health systems and  
18                           supply chains;

19                           (v) supporting health care workforce  
20                           planning, training, and management;

21                           (vi) enhancing transparency, quality,  
22                           and reliability of public health data;

23                           (vii) increasing bidirectional testing,  
24                           including screening for symptomatic and  
25                           asymptomatic cases; and

1 (viii) building laboratory capacity.

2 (2) ADJUSTMENT OF TARGETS AND GOALS.—

3 The Secretary of State, in coordination with the  
4 heads of other relevant Federal departments and  
5 agencies, shall submit an annual report to the ap-  
6 propriate congressional committees that identifies—

7 (A) any adjustments to original program  
8 targets and goals that result from the use of  
9 funds for the purposes authorized under para-  
10 graph (1); and

11 (B) the amounts needed in the following  
12 fiscal year to meet the original program goals,  
13 as necessary and appropriate.

14 (f) REPORT ON HUMANITARIAN RESPONSE TO THE  
15 COVID–19 PANDEMIC.—

16 (1) IN GENERAL.—Not later than 120 days  
17 after the date of the enactment of this Act, the Sec-  
18 retary of State, in consultation with the USAID Ad-  
19 ministrator and the Secretary of Health and Human  
20 Services, shall submit a report to the appropriate  
21 congressional committees that—

22 (A) assesses the global humanitarian re-  
23 sponse to COVID–19; and

1 (B) outlines specific elements of the United  
2 States Government's country-level humanitarian  
3 response to the COVID-19 pandemic.

4 (2) ELEMENTS.—The report required under  
5 paragraph (1) shall include—

6 (A) for countries receiving United States  
7 assistance, a description of humanitarian and  
8 health-worker access to crisis-affected areas, in-  
9 cluding—

10 (i) legal and bureaucratic restrictions  
11 on the entry of humanitarian workers from  
12 abroad, to include visa authorizations that  
13 do not allow adequate time for humani-  
14 tarian workers to quarantine upon arrival  
15 in-line with host country regulations, con-  
16 duct needs assessments, and subsequently  
17 implement multilateral and United States-  
18 funded programming in an efficient, effec-  
19 tive, and unrestricted manner;

20 (ii) restrictions on travel by humani-  
21 tarian workers within such country to  
22 reach the areas of operation where vulner-  
23 able and marginalized populations reside;

24 (iii) access to medical evacuation in  
25 the event of a health emergency;

1 (iv) access to personal protective  
2 equipment for United States Government  
3 implementing partners; and

4 (v) efforts to support access to  
5 COVID–19 vaccines for humanitarian and  
6 health-workers and crisis-affected commu-  
7 nities;

8 (B) an analysis and description of coun-  
9 tries (regardless of whether such countries have  
10 received direct United States assistance) that  
11 have expressly prevented vulnerable populations  
12 from accessing necessary assistance related to  
13 COVID–19, including—

14 (i) the omission of vulnerable popu-  
15 lations from national response plans;

16 (ii) laws, policies, or practices that re-  
17 strict or preclude treatment of vulnerable  
18 populations at public hospitals and health  
19 facilities; and

20 (iii) exclusion of, or discrimination  
21 against, vulnerable populations in law, pol-  
22 icy, or practice that prevents equitable ac-  
23 cess to food, shelter, and other basic as-  
24 sistance;

1 (C) a description of United States Govern-  
2 ment efforts to facilitate greater humanitarian  
3 access, including—

4 (i) advocacy and diplomatic efforts  
5 with relevant foreign governments and  
6 multilateral institutions to ensure that vul-  
7 nerable and marginalized populations are  
8 included in national response plans and  
9 other relevant plans developed in response  
10 to the COVID–19 pandemic; and

11 (ii) advocacy and diplomatic efforts  
12 with relevant foreign governments to en-  
13 sure that appropriate visas, work permits,  
14 and domestic travel exemptions are issued  
15 for humanitarian and health workers re-  
16 sponding to the COVID–19 pandemic; and

17 (D) a description of United States Govern-  
18 ment plans and efforts to address the second-  
19 order impacts of the COVID–19 pandemic and  
20 an assessment of the resources required to im-  
21 plement such plans, including efforts to ad-  
22 dress—

23 (i) famine and acute food insecurity;

24 (ii) gender-based violence;

- 1 (iii) mental health and psychosocial  
2 support needs;
- 3 (iv) child protection needs;
- 4 (v) health, education, and livelihoods;
- 5 (vi) shelter; and
- 6 (vii) attempts to close civil society  
7 space, including through bureaucratic, ad-  
8 ministrative, and health or security related  
9 impediments.

10 (g) SAFEGUARDING DEMOCRACY AND HUMAN  
11 RIGHTS DURING THE COVID-19 PANDEMIC.—

12 (1) SENSE OF CONGRESS.—It is the sense of  
13 Congress that—

14 (A) governments may be required to take  
15 appropriate extraordinary measures during pub-  
16 lic health emergencies to halt the spread of dis-  
17 ease, including closing businesses and public  
18 events, limiting access to public spaces, and re-  
19 stricting the movement of people;

20 (B) certain foreign governments have  
21 taken measures in response to COVID-19 that  
22 violate the human rights of their citizens with-  
23 out clear public health justification, oversight  
24 measures, or sunset provisions;



1 (C) governments using the COVID–19  
2 pandemic as a pretext for repression have un-  
3 dermined democratic institutions, debilitated in-  
4 stitutions for transparency and public integrity,  
5 quashed legitimate dissent, and attacked jour-  
6 nalists, civil society organizations, activists,  
7 independent voices, and vulnerable and  
8 marginalized populations, including refugees  
9 and migrants, with far-reaching consequences  
10 that will extend beyond the current crisis;

11 (D) foreign governments should take im-  
12 mediate steps to release from prison all arbi-  
13 trarily detained United States citizens and po-  
14 litical prisoners who may be at increased risk  
15 for contracting or suffering from complications  
16 from COVID–19;

17 (E) COVID–19 threatens to roll back dec-  
18 ades of progress for women and girls, dis-  
19 proportionately affecting women economically,  
20 educationally, and with respect to health, while  
21 also leading to alarming rises in gender based  
22 violence; and

23 (F) during and after the pandemic, the  
24 Department of State and USAID should di-  
25 rectly, and through nongovernmental organiza-

1           tions or international organizations, provide as-  
2           sistance and implement programs that support  
3           democratic institutions, civil society, free media,  
4           and the advancement of internationally recog-  
5           nized human rights.

6           (2) FUNDING FOR CIVIL SOCIETY AND HUMAN  
7           RIGHTS DEFENDERS.—

8                   (A) PROGRAM PRIORITIES.—Amounts  
9                   made available for each of the fiscal years 2022  
10                  through 2026 to carry out the purposes of sec-  
11                  tions 101 and 102 of the Foreign Assistance  
12                  Act of 1961 (22 U.S.C. 2151 and 2151–1), in-  
13                  cluding programs to support democratic institu-  
14                  tions, human rights defenders, civil society, and  
15                  freedom of the press, should be targeted, to the  
16                  extent feasible, toward civil society organiza-  
17                  tions in countries in which emergency govern-  
18                  ment measures taken in response to the  
19                  COVID–19 pandemic have violated internation-  
20                  ally recognized human rights.

21                   (B) ELIGIBLE ORGANIZATIONS.—Civil soci-  
22                   ety organizations operating in countries in  
23                   which emergency government measures taken in  
24                   response to the COVID–19 pandemic violated  
25                   internationally recognized human rights shall be

1 eligible to receive funds made available to carry  
2 out the purposes of sections 101 and 102 of the  
3 Foreign Assistance Act of 1961 for each of the  
4 fiscal years 2022 through 2026, for—

5 (i) programs designed to strengthen  
6 and support civil society, human rights de-  
7 fenders, freedom of association, and the  
8 freedom of the press;

9 (ii) programs to restore democratic in-  
10 stitutions; and

11 (iii) peacebuilding and conflict preven-  
12 tion to address the impacts of COVID–19  
13 on social cohesion, public trust, and con-  
14 flict dynamics by adapting existing pro-  
15 grams or investing in new ones.

16 (C) FINAL REPORT.—Not later than 180  
17 days after the date of the enactment of this  
18 Act, the Secretary of State shall submit a re-  
19 port to the appropriate congressional commit-  
20 tees that—

21 (i) lists the countries whose emer-  
22 gency measures limiting internationally  
23 recognized human rights in a manner in-  
24 consistent with the principles of limitation  
25 and derogation remain in place;

1 (ii) describes such countries' emer-  
2 gency measures, including—

3 (I) how such procedures violate  
4 internationally recognized human  
5 rights; and

6 (II) an analysis of the impact of  
7 such measures on access to health and  
8 efforts to control the COVID-19 pan-  
9 demic within the country;

10 (iii) describes—

11 (I) security and intelligence sur-  
12 veillance measures implemented by  
13 countries during the COVID-19 pan-  
14 demic;

15 (II) the extent to which such  
16 measures have been, or have not been,  
17 rolled back; and

18 (III) whether and how such  
19 measures impact internationally rec-  
20 ognized human rights; and

21 (iv) includes a strategic plan by the  
22 Department of State and USAID that ad-  
23 dresses, through multilateral and bilateral  
24 diplomacy and foreign assistance, the per-  
25 sistent issues related to the restriction of

1                   internationally recognized human rights in  
2                   the COVID–19 response.

3           (h)   PUBLIC   DIPLOMACY   AND   COMBATING  
4 DISINFORMATION AND MISINFORMATION ABOUT COVID–  
5 19.—

6                   (1) UNITED STATES AGENCY FOR GLOBAL  
7 MEDIA.—

8                   (A) FINDING.—Congress finds that the  
9 United States Agency for Global Media (re-  
10 ferred to in this subsection as “USAGM”)  
11 broadcasting entities and grantees have proven  
12 valuable in providing timely and accurate infor-  
13 mation, particularly in countries in which the  
14 free press is under threat.

15                   (B) SENSE OF CONGRESS.—It is the sense  
16 of Congress that—

17                           (i) accurate, investigative, and sci-  
18 entific journalism is critical for societies to  
19 effectively combat global health threats;  
20 and

21                           (ii) Congress supports—

22                                   (I) accurate and objective inves-  
23 tigative and scientific reporting by  
24 USAGM networks and grantees re-  
25 garding COVID–19; and

1 (II) platforms that help dispel  
2 and combat misinformation about the  
3 COVID–19 pandemic.

4 (C) VOICE OF AMERICA.—It is the sense of  
5 Congress that amounts authorized to be appro-  
6 priated or otherwise made available to Voice of  
7 America should be used—

8 (i) to expand programs such as  
9 POLYGRAPH.info;

10 (ii) to provide critical tools for com-  
11 bating propaganda associated with  
12 COVID–19; and

13 (iii) to assist journalists in providing  
14 accurate information to local media outlets.

15 (D) OFFICE OF CUBA BROADCASTING.—It  
16 is the sense of Congress that Radio Televisión  
17 Martí and Digital Martí should continue to  
18 broadcast programs that detect, highlight, and  
19 dispel disinformation.

20 (E) RADIO FREE EUROPE/RADIO LIB-  
21 ERTY.—

22 (i) FINDING.—Congress finds that  
23 Radio Free Europe/Radio Liberty (referred  
24 to in this section as “RFE/RL”) operate in  
25 media markets in which authoritarian state

1 and nonstate actors, including Russia,  
2 heavily invest in misinformation and  
3 disinformation campaigns designed to pro-  
4 mote confusion and mistrust.

5 (ii) SENSE OF CONGRESS.—It is the  
6 sense of Congress that RFE/RL should—

7 (I) increase investigative report-  
8 ing regarding the impacts of COVID-  
9 19, the political and social responses  
10 governments are taking in response to  
11 COVID-19, and the lasting impacts  
12 such actions will have on key political  
13 freedoms; and

14 (II) expand its “digital first”  
15 strategy.

16 (F) RADIO FREE ASIA.—

17 (i) FINDING.—Congress finds that  
18 Radio Free Asia (RFA) operates in a  
19 media market dominated by powerful  
20 state-run media that have invested heavily  
21 in media distortion and disinformation, in-  
22 cluding about COVID-19.

23 (ii) SENSE OF CONGRESS.—It is the  
24 sense of Congress that RFA should—

1 (I) commission technical experts  
2 to bolster efforts to counter social  
3 media tools, including bots used by  
4 some countries to promote misin-  
5 formation;

6 (II) expand digital programming  
7 and local coverage to expose China's  
8 media manipulation techniques; and

9 (III) increase English language  
10 content to help counter China's propa-  
11 ganda directed toward English-speak-  
12 ing audiences.

13 (G) MIDDLE EAST BROADCASTING NET-  
14 WORKS.—

15 (i) FINDING.—Congress finds that the  
16 Middle East Broadcasting Networks oper-  
17 ate largely in closed media markets in  
18 which malign state and nonstate actors re-  
19 main active.

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

23 (I) continue plans to expand an  
24 investigative news unit; and



1 (II) work to ensure that report-  
2 ing continues amidst operational chal-  
3 lenges on the ground.

4 (H) OPEN TECHNOLOGY FUND.—

5 (i) FINDING.—Congress finds that the  
6 Open Technology Fund works to advance  
7 internet freedom in repressive environ-  
8 ments by supporting technologies that—

9 (I) provide secure and uncen-  
10 sored access to USAGM’s content and  
11 the broader internet; and

12 (II) counter attempts by authori-  
13 tarian governments to control the  
14 internet and restrict freedom online.

15 (ii) SENSE OF CONGRESS.—It is the  
16 sense of Congress that the Open Tech-  
17 nology Fund should—

18 (I) support a broad range of  
19 technologies to respond to increasingly  
20 aggressive and sophisticated censor-  
21 ship and surveillance threats and pro-  
22 vide more comprehensive and tailored  
23 support to USAGM’s networks; and

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

1 digital security of reporting operations  
2 and journalists.

3 (2) DEPARTMENT OF STATE PUBLIC DIPLO-  
4 MACY PROGRAMS.—

5 (A) FINDINGS.—Congress finds the fol-  
6 lowing:

7 (i) The Department of State’s public  
8 diplomacy programs build global networks  
9 that can address shared challenges, such  
10 as the COVID–19 pandemic, including  
11 through exchanges of researchers, public  
12 health experts, and scientists.

13 (ii) The programs referred to in  
14 clause (i) play a critical role in creating  
15 open and resilient information environ-  
16 ments where democracies can thrive, as ar-  
17 ticulated in the 2020 Public Diplomacy  
18 Strategic Plan, including by—

19 (I) improving media quality with  
20 journalist training and reporting  
21 tours;

22 (II) conducting media literacy  
23 programs; and

24 (III) supporting media access ac-  
25 tivities.

1 (iii) The International Visitor Leader-  
2 ship Program and Digital Communications  
3 Network engaged journalists around the  
4 world to combat COVID-19  
5 disinformation, promote unbiased report-  
6 ing, and strengthen media literacy.

7 (iv) More than 12,000 physicians  
8 holding J-1 visas from 130 countries—

9 (I) are engaged in residency or  
10 fellowship training at approximately  
11 750 hospitals throughout the United  
12 States, the majority of whom are serv-  
13 ing in States that have been the hard-  
14 est hit by COVID-19; and

15 (II) throughout the pandemic,  
16 have served on the front lines of the  
17 medical workforce and in United  
18 States university laboratories re-  
19 searching ways to detect and treat the  
20 virus.

21 (B) VISA PROCESSING BRIEFING.—Not  
22 later than 30 days after the date of the enact-  
23 ment of this Act, the Assistant Secretary for  
24 Consular Affairs shall brief the appropriate con-  
25 gressional committees by providing—

1 (i) a timeline for increasing visa proc-  
2 essing capacities at embassies around the  
3 world, notably where there are—

4 (I) many American citizens, in-  
5 cluding dual nationals; and

6 (II) many visa applicants for  
7 educational and cultural exchange  
8 programs that promote United States  
9 foreign policy objectives and economic  
10 stability to small businesses, univer-  
11 sities, and communities across the  
12 United States;

13 (ii) a detailed plan for using existing  
14 authorities to waive or provide other alter-  
15 natives to in-person appointments and  
16 interviews;

17 (iii) an assessment of whether addi-  
18 tional authorities and resources are re-  
19 quired for the use of videoconference ap-  
20 pointments and interviews as an alter-  
21 native to in-person appointments and  
22 interviews; and

23 (iv) a detailed plan for using existing  
24 authorities to rapidly cross-train and surge  
25 temporary personnel to support consular

1 services at embassies and consulates of the  
2 United States around the world, and an  
3 assessment of whether additional authori-  
4 ties and resources are required.

5 (C) GLOBAL ENGAGEMENT CENTER.—

6 (i) FINDING.—Congress finds that  
7 since the beginning of the COVID–19 pan-  
8 demic, publications, websites, and plat-  
9 forms associated with China, Russia, and  
10 Iran have sponsored disinformation cam-  
11 paigns related to the COVID–19 pandemic,  
12 including falsely blaming the United States  
13 for the disease.

14 (ii) SENSE OF CONGRESS.—It is the  
15 sense of Congress that the Global Engage-  
16 ment Center should continue its efforts to  
17 expose and counter state and non-state-  
18 sponsored disinformation related to  
19 COVID–19, the origins of COVID–19, and  
20 COVID–19 vaccinations.

21 (i) FINDINGS AND SENSE OF CONGRESS REGARDING  
22 THE UNITED STATES INTERNATIONAL DEVELOPMENT  
23 FINANCE CORPORATION.—

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

1 (A) The COVID–19 pandemic is causing a  
2 global economic recession, as evidenced by the  
3 global economic indicators described in subpara-  
4 graphs (B) through (D).

5 (B) The United Nations Conference on  
6 Trade and Development determined that the  
7 COVID–19 pandemic pushed the global econ-  
8 omy into recession in 2020 on a scale that has  
9 not been witnessed since the 1930s.

10 (C) Developed countries are expected to ex-  
11 perience a relatively more significant rebound in  
12 gross domestic product growth during 2021  
13 than is expected to be experienced in developing  
14 countries, leading to concerns about a further  
15 expansion in the gap between rich and poor  
16 countries, particularly if this trend continues  
17 into 2022.

18 (D) Global markets have suffered losses  
19 ranging between 5 percent and over 10 percent  
20 since the beginning of the pandemic. While  
21 markets are recovering in 2021, global job  
22 losses and unemployment rates remain high,  
23 with—

24 (i) approximately 33,000,000 labor  
25 hours lost globally (13 per cent of the total

1 hours lost) due to outright unemployment;  
2 and

3 (ii) an estimated additional  
4 81,000,000 labor hours lost due to inac-  
5 tivity or underemployment.

6 (E) Given the prolonged nature of the  
7 COVID-19 pandemic, African finance ministers  
8 have requested continued efforts to provide—

9 (i) additional liquidity;

10 (ii) better market access;

11 (iii) more concessional resources; and

12 (iv) an extension in the Debt Service  
13 Suspension Initiative established by the  
14 Group of 20.

15 (2) SENSE OF CONGRESS.—It is the sense of  
16 Congress that—

17 (A) even when markets begin to recover in  
18 the future, it is likely that access to capital will  
19 be especially challenging for developing coun-  
20 tries, which still will be struggling with the con-  
21 tainment of, and recovery from, the COVID-19  
22 pandemic;

23 (B) economic uncertainty and the inability  
24 of individuals and households to generate in-  
25 come are major drivers of political instability

1 and social discord, which create conditions for  
2 insecurity;

3 (C) it is in the security and economic in-  
4 terests of the United States to assist in the eco-  
5 nomic recovery of developing countries that are  
6 made more vulnerable and unstable from the  
7 public health and economic impacts of the  
8 COVID–19 pandemic;

9 (D) United States foreign assistance and  
10 development finance institutions should seek to  
11 blunt the impacts of a COVID–19 related eco-  
12 nomic recession by supporting investments in  
13 sectors critical to maintaining economic sta-  
14 bility and resilience in low and middle income  
15 countries;

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



1           (F) The United States International Devel-  
2           opment Finance Corporation should adjust its  
3           view of risk versus return by taking smart risks  
4           that may produce a lower rate of financial re-  
5           turn, but produce significant development out-  
6           comes in responding to the economic effects of  
7           COVID-19;

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

13                 (i) to ensure loan support for small-  
14                 and medium-sized enterprises;

15                 (ii) to offer local currency loans to  
16                 borrowers for working capital needs;

17                 (iii) to create dedicated financing op-  
18                 portunities for new “customers” that are  
19                 experiencing financial hardship due to the  
20                 COVID-19 pandemic; and

21                 (iv) to work with other development  
22                 finance institutions to create co-financing  
23                 facilities to support customers experiencing  
24                 hardship due to the COVID-19 pandemic.

1 (j) SENSE OF CONGRESS REGARDING INTER-  
2 NATIONAL COOPERATION TO PREVENT AND RESPOND TO  
3 FUTURE PANDEMICS.—It is the sense of Congress that—

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

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

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

1 (k) ROLES OF THE DEPARTMENT OF STATE, THE  
2 UNITED STATES AGENCY FOR INTERNATIONAL DEVEL-  
3 OPMENT, AND THE DEPARTMENT OF HEALTH AND  
4 HUMAN SERVICES IN INTERNATIONAL PANDEMIC RE-  
5 SPONSE.—

6 (1) DESIGNATION OF LEAD AGENCIES FOR CO-  
7 ORDINATION OF THE UNITED STATES' INTER-  
8 NATIONAL RESPONSE TO INFECTIOUS DISEASE OUT-  
9 BREAKS WITH SEVERE OR PANDEMIC POTENTIAL.—  
10 The President shall designate relevant Federal de-  
11 partments and agencies, including the Department  
12 of State, USAID, and the Department of Health  
13 and Human Services (including the Centers for Dis-  
14 ease Control and Prevention), to lead specific as-  
15 pects of the United States' international response to  
16 outbreaks of emerging high-consequence infectious  
17 disease threats.

18 (2) NOTIFICATION.—Not later than 120 days  
19 after the date of the enactment of this Act, the  
20 President shall notify the appropriate congressional  
21 committees, the Committee on Health, Education,  
22 Labor, and Pensions of the Senate, and the Com-  
23 mittee on Energy and Commerce of the House of  
24 Representatives of the designations made pursuant  
25 to paragraph (1), including detailed descriptions of

1 the roles and responsibilities of each relevant depart-  
2 ment and agency.

3 (l) USAID DISASTER SURGE CAPACITY.—

4 (1) SURGE CAPACITY.—Amounts authorized to  
5 be appropriated or otherwise made available to carry  
6 out part I and chapter 4 of part II of the Foreign  
7 Assistance Act of 1961 (22 U.S.C. 2151 et seq.), in-  
8 cluding funds made available for “Assistance for Eu-  
9 rope, Eurasia and Central Asia”, may be used, in  
10 addition to amounts otherwise made available for  
11 such purposes, for the cost (including support costs)  
12 of individuals detailed to or employed by USAID  
13 whose primary responsibility is to carry out pro-  
14 grams in response to global health emergencies and  
15 natural or man-made disasters.

16 (2) NOTIFICATION.—Not later than 15 days be-  
17 fore making funds available to address man-made  
18 disasters pursuant to paragraph (1), the Secretary  
19 of State or the USAID Administrator shall notify  
20 the appropriate congressional committees of such ac-  
21 tion.

22 (m) STATEMENT OF POLICY ON HUMANITARIAN AS-  
23 SISTANCE TO COUNTRIES AFFECTED BY PANDEMICS.—

24 (1) STATEMENT OF POLICY.—It shall be the  
25 policy of the United States—

1 (A) to ensure that United States assist-  
2 ance to address pandemics, including the provi-  
3 sion of vaccines, reaches vulnerable and  
4 marginalized populations, including racial and  
5 religious minorities, refugees, internally dis-  
6 placed persons, migrants, stateless persons,  
7 women, children, the elderly, and persons with  
8 disabilities;

9 (B) to ensure that United States assist-  
10 ance, including development finance, addresses  
11 the second order effects of a pandemic, includ-  
12 ing acute food insecurity; and

13 (C) to protect and support humanitarian  
14 actors who are essential workers in preventing,  
15 mitigating and responding to the spread of a  
16 pandemic among vulnerable and marginalized  
17 groups described in subparagraph (A), includ-  
18 ing ensuring that such humanitarian actors—

19 (i) are exempted from unreasonable  
20 travel restrictions to ensure that they can  
21 effectively provide life-saving assistance;  
22 and

23 (ii) are prioritized as frontline workers  
24 in country vaccine distribution plans.

1           (2) FACILITATING EFFECTIVE AND SAFE HU-  
2           MANITARIAN ASSISTANCE.—The Secretary of State,  
3           in coordination with the USAID Administrator,  
4           should carry out actions that accomplish the policies  
5           set forth in paragraph (1), including by—

6                   (A) taking steps to ensure that travel re-  
7                   strictions implemented to help contain the  
8                   spread of a pandemic are not applied to individ-  
9                   uals authorized by the United States Govern-  
10                  ment to travel to, or reside in, a designated  
11                  country to provide assistance related to, or oth-  
12                  erwise impacted by, an outbreak;

13                  (B) approving the use of foreign assistance  
14                  for the procurement of personal protective  
15                  equipment by United States Government imple-  
16                  menting partners from businesses within or  
17                  nearby the country receiving foreign assistance  
18                  on an urgent basis and in a manner consistent  
19                  with efforts to respond to the spread of a pan-  
20                  demic in the United States; and

21                  (C) waiving certain travel restrictions im-  
22                  plemented to help contain the spread of a pan-  
23                  demic in order to facilitate the medical evacu-  
24                  ation of United States Government imple-  
25                  menting partners, regardless of nationality.

1 **SEC. 1295. INTERNATIONAL PANDEMIC PREVENTION AND**  
2 **PREPAREDNESS.**

3 (a) PARTNER COUNTRY DEFINED.—In this section,  
4 the term “partner country” means a foreign country in  
5 which the relevant Federal departments and agencies are  
6 implementing United States assistance for global health  
7 security and pandemic prevention and preparedness under  
8 this subtitle.

9 (b) UNITED STATES GLOBAL HEALTH SECURITY  
10 AND DIPLOMACY STRATEGY AND REPORT.—

11 (1) IN GENERAL.—The President shall develop,  
12 update, maintain, and advance a comprehensive  
13 strategy for improving global health security and  
14 pandemic prevention, preparedness, and response  
15 that—

16 (A) clearly articulates the policy goals re-  
17 lated to pandemic prevention, preparedness,  
18 and response, and actions necessary to elevate  
19 and strengthen United States diplomatic leader-  
20 ship in global health security and pandemic pre-  
21 paredness, including by building the expertise of  
22 the diplomatic corps;

23 (B) improves the effectiveness of United  
24 States foreign assistance to prevent, detect, and  
25 respond to infectious disease threats, including  
26 through the advancement of a One Health ap-

1           proach, the Global Health Security Agenda, the  
2           International Health Regulations (2005), and  
3           other relevant frameworks and programs that  
4           contribute to global health security and pan-  
5           demic preparedness;

6           (C) establishes specific and measurable  
7           goals, benchmarks, timetables, performance  
8           metrics, and monitoring and evaluation plans  
9           for United States foreign policy and assistance  
10          for global health security that promote learning  
11          and adaptation and reflect international best  
12          practices relating to global health security,  
13          transparency, and accountability;

14          (D) establishes transparent means to im-  
15          prove coordination and performance by the rel-  
16          evant Federal departments and agencies and  
17          sets out clear roles and responsibilities that re-  
18          flect the unique capabilities and resources of  
19          each such department and agency;

20          (E) establishes mechanisms to improve co-  
21          ordination and avoid duplication of effort  
22          among the relevant Federal departments and  
23          agencies, partner countries, donor countries, the  
24          private sector, multilateral organizations, and



1 other key stakeholders, and ensures collabora-  
2 tion at the country level;

3 (F) supports, and is aligned with, partner  
4 country-led, global health security policy and in-  
5 vestment plans, developed with input from key  
6 stakeholders, as appropriate;

7 (G) prioritizes working with partner coun-  
8 tries with—

9 (i) demonstrated need, as identified  
10 through the Joint External Evaluation  
11 process, the Global Health Security Index  
12 classification of health systems, national  
13 action plans for health security, the Global  
14 Health Security Agenda, other risk-based  
15 assessments, and other complementary or  
16 successor indicators of global health secu-  
17 rity and pandemic preparedness; and

18 (ii) demonstrated commitment to  
19 transparency, including budget and global  
20 health data transparency, complying with  
21 the International Health Regulations  
22 (2005), investing in domestic health sys-  
23 tems, and achieving measurable results;

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

4 (i) helping build and enhance commu-  
5 nity resilience to infectious disease emer-  
6 gencies and threats, such as COVID-19  
7 and Ebola;

8 (ii) ensuring that United States global  
9 health assistance is strategically planned  
10 and coordinated in a manner that contrib-  
11 utes to the strengthening of overall health  
12 systems and builds the capacity of local or-  
13 ganizations and institutions;

14 (iii) promoting improved domestic re-  
15 source mobilization, co-financing, and ap-  
16 propriate national budget allocations for  
17 strong public health systems, global health  
18 security, and pandemic preparedness and  
19 response in partner countries; and

20 (iv) ensuring partner country owner-  
21 ship of global health security strategies,  
22 data, programs, and outcomes;

23 (I) supports health budget and workforce  
24 planning in partner countries, including train-

1 ing in public financial management and budget  
2 data transparency;

3 (J) works to ensure that—

4 (i) partner countries have national ac-  
5 tion plans for health security that are de-  
6 veloped with input from key stakeholders,  
7 including communities and the private sec-  
8 tor;

9 (ii) United States foreign assistance  
10 for global health security is aligned with  
11 such national action plans for health secu-  
12 rity in partner countries, developed with  
13 input from key stakeholders, including  
14 communities and the private sector, to the  
15 greatest extent practicable and appro-  
16 priate; and

17 (iii) United States global health secu-  
18 rity efforts are aligned with ongoing strate-  
19 gies and initiatives across government  
20 agencies to help nations better identify and  
21 prevent health impacts related to deforest-  
22 ation, climate-related events, and increased  
23 unsafe interactions between wildlife, live-  
24 stock, and people, including the emergence,  
25 reemergence, and spread of zoonoses;

1           (K) strengthens linkages between com-  
2           plementary bilateral and multilateral foreign as-  
3           sistance programs, including efforts of the  
4           World Bank, the World Health Organization,  
5           the Global Fund to Fight AIDS, Tuberculosis,  
6           and Malaria, Gavi, the Vaccine Alliance, and re-  
7           gional health organizations, that contribute to  
8           the development of more resilient health sys-  
9           tems and supply chains in partner countries  
10          with the capacity, resources, and personnel re-  
11          quired to prevent, detect, and respond to infec-  
12          tious disease threats; and

13          (L) supports innovation and partnerships  
14          with the private sector, health organizations,  
15          civil society, nongovernmental organizations,  
16          and health research and academic institutions  
17          to improve pandemic preparedness and re-  
18          sponse, including for the prevention and detec-  
19          tion of infectious disease, and the development  
20          and deployment of effective and accessible infec-  
21          tious disease tracking tools, diagnostics, thera-  
22          peutics, and vaccines.

23          (2) SUBMISSION OF STRATEGY.—Not later than  
24          120 days after the date of the enactment of this Act,  
25          the President shall submit the strategy required

1 under paragraph (1) to the appropriate congres-  
2 sional committees, the Committee on Health, Edu-  
3 cation, Labor, and Pensions of the Senate, and the  
4 Committee on Energy and Commerce of the House  
5 of Representatives.

6 (3) ANNUAL REPORT.—

7 (A) IN GENERAL.—Not later than 1 year  
8 after the submission of the strategy to the con-  
9 gressional committees referred to in paragraph  
10 (2), and not later than October 1 of each year  
11 thereafter for the following 4 fiscal years, the  
12 President shall submit a report to such congres-  
13 sional committees that describes—

14 (i) the status of the implementation of  
15 the strategy required under paragraph (1);

16 (ii) any necessary updates to the  
17 strategy;

18 (iii) the progress made in imple-  
19 menting the strategy, with specific infor-  
20 mation related to the progress toward im-  
21 proving countries' ability to detect, respond  
22 and prevent the spread of infectious dis-  
23 ease threats, such as COVID-19 and  
24 Ebola; and

1 (iv) details on the status of funds  
2 made available to carry out the purposes of  
3 this section.

4 (B) AGENCY-SPECIFIC PLANS.—The re-  
5 ports required under subparagraph (A) shall in-  
6 clude specific implementation plans from each  
7 relevant Federal department and agency that  
8 describe—

9 (i) how updates to the strategy may  
10 have impacted the agency’s plan during the  
11 preceding calendar year;

12 (ii) the progress made in meeting the  
13 goals, objectives, and benchmarks under  
14 implementation plans during the preceding  
15 year;

16 (iii) the anticipated staffing plans and  
17 contributions of the department or agency,  
18 including technical, financial, and in-kind  
19 contributions, to implement the strategy;

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

24 (I) the statutory source of obli-  
25 gated funds;

- 1 (II) the amounts obligated;  
2 (III) implementing partners;  
3 (IV) targeted beneficiaries; and  
4 (V) activities supported;

5 (v) the efforts of the relevant Federal  
6 department or agency to ensure that the  
7 activities and programs carried out pursu-  
8 ant to the strategy are designed to achieve  
9 maximum impact and enduring returns, in-  
10 cluding through specific activities to  
11 strengthen health systems, as appropriate;  
12 and

13 (vi) a plan for regularly reviewing and  
14 updating programs and partnerships, and  
15 for sharing lessons learned with a wide  
16 range of stakeholders in an open, trans-  
17 parent manner.

18 (C) FORM.—The reports required under  
19 subparagraph (A) shall be submitted in unclas-  
20 sified form, but may contain a classified annex.

21 (c) COMMITTEE ON GLOBAL HEALTH SECURITY AND  
22 PANDEMIC AND BIOLOGICAL THREATS.—

23 (1) STATEMENT OF POLICY.—It shall be the  
24 policy of the United States—

1 (A) to promote global health security as a  
2 core national security interest; and

3 (B) to ensure effective coordination and  
4 collaboration between the relevant Federal de-  
5 partments and agencies engaged in efforts to  
6 advance the global health security of the United  
7 States.

8 (2) COORDINATION.—

9 (A) ESTABLISHMENT OF COMMITTEE.—

10 There is authorized to be established, within the  
11 National Security Council, the Committee on  
12 Global Health Security and Pandemic and Bio-  
13 logical Threats (referred to in this subsection as  
14 the “Committee”), whose day-to-day operations  
15 should be led by the Special Advisor for Global  
16 Health Security.

17 (B) SPECIAL ADVISOR FOR GLOBAL  
18 HEALTH SECURITY.—The Special Advisor for  
19 Global Health Security—

20 (i) should serve on the staff of the  
21 National Security Council; and

22 (ii) may also be the Senior Director  
23 for the Global Health Security and Bio-  
24 defense Directorate within the Executive  
25 Office of the President, who reports to the



1 Assistant to the President for National Se-  
2 curity Affairs.

3 (C) FUNCTIONS.—

4 (i) IN GENERAL.—The functions of  
5 the Committee should be—

6 (I) to provide strategic guidance  
7 for the development of a policy frame-  
8 work for United States Government  
9 activities relating to global health se-  
10 curity, including pandemic prevention,  
11 preparedness and response; and

12 (II) to ensure policy coordination  
13 between United States Government  
14 agencies.

15 (ii) ACTIVITIES.—In carrying out the  
16 functions described in clause (i), the Com-  
17 mittee should—

18 (I) conduct, in coordination with  
19 the heads of relevant Federal depart-  
20 ments and agencies, a review of exist-  
21 ing United States global health secu-  
22 rity policies and strategies;

23 (II) develop recommendations for  
24 how the Federal Government may reg-  
25 ularly update and harmonize the poli-

1           cies and strategies referred to in sub-  
2           clause (I) to enable the United States  
3           Government to respond to pandemic  
4           threats and to monitor the implemen-  
5           tation of such strategies;

6                       (III) develop a plan for modern-  
7           izing global early warning and trigger  
8           systems for scaling action to prevent,  
9           detect, respond to, and recover from  
10          emerging biological threats;

11                      (IV) provide policy-level rec-  
12          ommendations regarding the Global  
13          Health Security Agenda goals, objec-  
14          tives, and implementation, and other  
15          international efforts to strengthen  
16          pandemic prevention, preparedness  
17          and response;

18                      (V) review the progress toward,  
19          and working to resolve challenges in,  
20          achieving United States commitments  
21          under the Global Health Security  
22          Agenda;

23                      (VI) develop protocols for coordi-  
24          nating and deploying a global re-  
25          sponse to emerging high-consequence

1 infectious disease threats that outline  
2 the respective roles for relevant Fed-  
3 eral agencies in facilitating and sup-  
4 porting such response operations that  
5 should facilitate the operational work  
6 of Federal agencies and of the Special  
7 Advisor for Global Health Security;

8 (VII) make recommendations re-  
9 garding appropriate responses to spe-  
10 cific pandemic threats and ensure the  
11 coordination of domestic and inter-  
12 national agencies regarding the Fed-  
13 eral Government's efforts to prevent,  
14 detect, respond to, and recover from  
15 biological events;

16 (VIII) take steps to strengthen  
17 the global pandemic supply chain and  
18 address any barriers to the timely de-  
19 livery of supplies in response to a pan-  
20 demic, including through engagement  
21 with the private sector, as appro-  
22 priate;

23 (IX) develop recommendations to  
24 ensure the effective sharing of infor-  
25 mation from domestic and inter-

1 national sources about pandemic  
2 threats among the relevant Federal  
3 departments and agencies, State and  
4 local governments, and international  
5 partners and organizations; and

6 (X) develop guidelines to enhance  
7 and improve the operational coordina-  
8 tion between State and local govern-  
9 ments and Federal agencies with re-  
10 spect to pandemic threats.

11 (D) RESPONSIBILITIES OF DEPARTMENTS  
12 AND AGENCIES.—The Committee and the Spe-  
13 cial Advisor for Global Health Security shall  
14 not assume any responsibilities or authorities of  
15 the head of any Federal department, agency, or  
16 office, including the foreign affairs responsibil-  
17 ities and authorities of the Secretary of State to  
18 oversee the implementation of programs and  
19 policies that advance global health security  
20 within foreign countries.

21 (E) SPECIFIC ROLES AND RESPONSIBIL-  
22 ITIES.—

23 (i) IN GENERAL.—The heads of the  
24 relevant Federal departments and agencies  
25 should—

1 (I) make global health security  
2 and pandemic threat reduction a high  
3 priority within their respective depart-  
4 ments and agencies, and include glob-  
5 al health security and pandemic  
6 threat reduction-related activities  
7 within their respective agencies' stra-  
8 tegic planning and budget processes;

9 (II) designate a senior-level offi-  
10 cial to be responsible for global health  
11 security and pandemic threat reduc-  
12 tion at each of their respective depart-  
13 ments and agencies;

14 (III) designate an appropriate  
15 representative at the Assistant Sec-  
16 retary level or higher to participate on  
17 the Committee whenever the head of  
18 the department or agency cannot par-  
19 ticipate;

20 (IV) keep the Committee ap-  
21 prised of Global Health Security and  
22 pandemic threat reduction-related ac-  
23 tivities undertaken within their re-  
24 spective departments and agencies;

1 (V) ensure interagency coopera-  
2 tion and collaboration and maintain  
3 responsibility for agency-related pro-  
4 grammatic functions including, as ap-  
5 plicable, in coordination with partner  
6 governments, country teams, and  
7 global health security in-country  
8 teams; and

9 (VI) keep the Committee appr-  
10 prised of GHSA-related activities un-  
11 dertaken within their respective agen-  
12 cies.

13 (ii) ADDITIONAL ROLES AND RESPON-  
14 SIBILITIES.—In addition to the roles and  
15 responsibilities described in clause (i), the  
16 heads of the relevant Federal departments  
17 and agencies should carry out their respec-  
18 tive roles and responsibilities described  
19 in—

20 (I) Executive Order 13747 (81  
21 Fed. Reg. 78701; relating to Advanc-  
22 ing the Global Health Security Agen-  
23 da to Achieve a World Safe and Se-  
24 cure from Infectious Disease  
25 Threats); and

1 (II) the National Security Memo-  
2 randum-1 on United States Global  
3 Leadership to Strengthen the Inter-  
4 national COVID-19 Response and to  
5 Advance Global Health Security and  
6 Biological Preparedness, as in effect  
7 on the day before the date of the en-  
8 actment of this Act.

9 (d) UNITED STATES OVERSEAS GLOBAL HEALTH  
10 SECURITY AND DIPLOMACY COORDINATION.—

11 (1) ESTABLISHMENT.—There is established,  
12 within the Department of State, a Special Rep-  
13 resentative for United States International Activities  
14 to Advance Global Health Security and Diplomacy  
15 Overseas (referred to in this subsection as the “Spe-  
16 cial Representative”).

17 (2) APPOINTMENT; QUALIFICATIONS.—The  
18 Special Representative—

19 (A) shall be appointed by the President, by  
20 and with the advice and consent of the Senate;

21 (B) shall report to the Secretary of State;

22 and

23 (C) shall have—

24 (i) demonstrated knowledge and expe-  
25 rience in the fields of development and

1 public health, epidemiology, or medicine;  
2 and

3 (ii) relevant diplomatic, policy, and  
4 political expertise.

5 (3) AUTHORITIES.—The Special Representative  
6 is authorized—

7 (A) to operate internationally to carry out  
8 the purposes of this section;

9 (B) to lead in developing a global pan-  
10 demic prevention, preparedness and response  
11 framework to support global pandemic preven-  
12 tion, preparedness, responses and recovery ef-  
13 forts, including through—

14 (i) diplomatic engagement and related  
15 foreign policy efforts, such as multilateral  
16 and bilateral arrangements, enhanced co-  
17 ordination of engagement with multilateral  
18 organizations and countries, and the mobi-  
19 lization of donor contributions; and

20 (ii) support for United States citizens  
21 living abroad, including consular support;

22 (C) to serve as the representative of the  
23 Department of State on the Committee on  
24 Global Health Security and Pandemic and Bio-



1           logical Threats authorized to be established  
2           under subsection (b)(2)(B);

3           (D) to represent the United States in the  
4           multilateral, catalytic financing mechanism de-  
5           scribed in section 1296(b)(1);

6           (E) to transfer and allocate United States  
7           foreign assistance funding authorized to be ap-  
8           propriated pursuant to paragraph (6) to the rel-  
9           evant Federal departments and agencies imple-  
10          menting the strategy required under subsection  
11          (b), in coordination with the Office of Manage-  
12          ment and Budget and USAID;

13          (F) to utilize detailees, on a reimbursable  
14          or nonreimbursable basis, from the relevant  
15          Federal departments and agencies and hire per-  
16          sonal service contractors, who may operate do-  
17          mestically and internationally, to ensure that  
18          the Office of the Special Representative has ac-  
19          cess to the highest quality experts available to  
20          the United States Government to carry out the  
21          functions under this subtitle; and

22          (G) to perform such other functions as the  
23          Secretary of State may assign.

24          (4) DUTIES.—The Special Representative shall  
25          coordinate, manage, and oversee United States for-



1 Human Services, unified auditing, moni-  
2 toring, and evaluation plans;

3 (iii) aligning, in coordination with  
4 United States chiefs of mission and coun-  
5 try teams in partner countries—

6 (I) the foreign assistance re-  
7 sources funded with amounts appro-  
8 priated pursuant to paragraph (6);  
9 and

10 (II) international activities de-  
11 scribed in the implementation plans  
12 required under subsection (b)(3)(B)  
13 with the relevant Federal departments  
14 and agencies in a manner that—

15 (aa) is consistent with Exec-  
16 utive Order 13747 (81 Fed. Reg.  
17 78701; relating to Advancing the  
18 Global Health Security Agenda  
19 to Achieve a World Safe and Se-  
20 cure from Infectious Disease  
21 Threats);

22 (bb) is consistent with the  
23 National Security Memorandum  
24 on United States Global Leader-  
25 ship to Strengthen the Inter-

1 national COVID–19 Response  
2 and to Advance Global Health  
3 Security and Biological Prepared-  
4 ness, issued by President Biden  
5 on January 21, 2021; and

6 (cc) reflects and leverages  
7 the unique capabilities of each  
8 such department and agency;

9 (iv) convening, as appropriate, an  
10 interagency working group on international  
11 pandemic prevention and preparedness,  
12 headed by the Special Representative and  
13 including representatives from the relevant  
14 Federal departments and agencies, to fa-  
15 cilitate coordination of activities relating to  
16 pandemic prevention and preparedness in  
17 partner countries under this subtitle;

18 (v) working with, and leveraging the  
19 expertise and activities of, the Office of the  
20 United States Global AIDS Coordinator,  
21 the Office of the United States Global Ma-  
22 laria Coordinator, and similar or successor  
23 entities that are implementing United  
24 States global health assistance overseas;  
25 and

1 (vi) avoiding duplication of effort and  
2 working to resolve policy, program, and  
3 funding disputes among the relevant Fed-  
4 eral departments and agencies;

5 (E) leading diplomatic efforts to identify  
6 and address current and emerging threats to  
7 global health security;

8 (F) coordinating, in consultation with the  
9 Secretary of Health and Human Services and  
10 the USAID Administrator, effective representa-  
11 tion of the United States in relevant inter-  
12 national forums, including at the World Health  
13 Organization, the World Health Assembly, and  
14 meetings of the Global Health Security Agenda  
15 and of the Global Health Security Initiative;

16 (G) working to enhance coordination with,  
17 and transparency among, the governments of  
18 partner countries and key stakeholders, includ-  
19 ing the private sector;

20 (H) promoting greater donor and national  
21 investment in partner countries to build more  
22 resilient health systems and supply chains, in-  
23 cluding through representation and participa-  
24 tion in a multilateral, catalytic financing mech-  
25 anism for global health security and pandemic

1 prevention and preparedness, consistent with  
2 section 1296;

3 (I) securing bilateral and multilateral fi-  
4 nancing commitments to advance the Global  
5 Health Security Agenda, in coordination with  
6 the relevant Federal departments and agencies,  
7 including through funding for the financing  
8 mechanism described in section 1296; and

9 (J) providing regular updates to the appro-  
10 priate congressional committees, the Committee  
11 on Health, Education, Labor, and Pensions of  
12 the Senate, and the Committee on Energy and  
13 Commerce of the House of Representatives re-  
14 garding the fulfillment of the duties described  
15 in this subsection.

16 (5) DEPUTY REPRESENTATIVE.—The Special  
17 Representative should be supported by a deputy,  
18 who—

19 (A) should be an employee of USAID serv-  
20 ing in a career or noncareer position in the  
21 Senior Executive Service or at the level of a  
22 Deputy Assistant Administrator or higher;

23 (B) should have demonstrated knowledge  
24 and experience in the fields of development and  
25 public health, epidemiology, or medicine; and

1 (C) serves concurrently as the deputy and  
2 performs the functions described in section 3(h)  
3 of Executive Order 13747 (81 Fed. Reg.  
4 78701).

5 (6) AUTHORIZATION OF APPROPRIATIONS.—

6 (A) IN GENERAL.—There is authorized to  
7 be appropriated \$5,000,000,000, for the 5-year  
8 period beginning on October 1, 2022, to carry  
9 out the purposes of this subsection and section  
10 1296, which, in consultation with the appro-  
11 priate congressional committees and subject to  
12 the requirements under chapters 1 and 10 of  
13 part I and section 634A of the Foreign Assist-  
14 ance Act of 1961 (22 U.S.C. 2151 et seq.), may  
15 include support for—

16 (i) enhancing preparedness in partner  
17 countries through implementation of the  
18 Global Health Security Strategy developed  
19 pursuant to subsection (b);

20 (ii) replenishing the Emergency Re-  
21 serve Fund at USAID, established pursu-  
22 ant to section 7058(c)(1) of the Depart-  
23 ment of State, Foreign Operations, and  
24 Related Programs Appropriations Act,  
25 2017 (division J of Public Law 115–31) to

1 address new or emerging infectious disease  
2 threats, as necessary and appropriate;

3 (iii) United States contributions to the  
4 World Bank Health Emergency Prepared-  
5 ness and Response Multi-Donor Fund; and

6 (iv) United States contributions to a  
7 multilateral, catalytic financing mechanism  
8 for global health security and pandemic  
9 prevention and preparedness described in  
10 section 1296(b).

11 (B) EXCEPTION.—Section 110 of the Traf-  
12 ficking Victims Protection Act of 2000 (22  
13 U.S.C. 7107) shall not apply to assistance made  
14 available pursuant to this subsection.

15 (e) RESILIENCE.—It shall be the policy of the United  
16 States to support the growth of healthier, more stable soci-  
17 eties, while advancing the global health security interests  
18 of the United States by working with key stakeholders—

19 (1) in developing countries that are highly vul-  
20 nerable to the emergence, reemergence, and spread  
21 of infectious diseases with pandemic potential, in-  
22 cluding disease outbreaks resulting from natural and  
23 manmade disasters, human displacement, loss of  
24 natural habitat, poor access to water, sanitation, and



1 hygiene, and other political, security, economic, and  
2 climatic shocks and stresses;

3 (2) to develop effective tools to identify, ana-  
4 lyze, forecast, and mitigate the risks that make such  
5 countries vulnerable;

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

9 (4) to ensure that international assistance and  
10 financing tools are effectively designed, objectively  
11 informed, strategically targeted, carefully coordi-  
12 nated, reasonably adapted, and rigorously monitored  
13 and evaluated in a manner that advances the policy  
14 objectives under this subsection.

15 (f) STRENGTHENING HEALTH SYSTEMS.—

16 (1) STATEMENT OF POLICY.—It shall be the  
17 policy of the United States to ensure that bilateral  
18 global health assistance programs are effectively  
19 managed and coordinated to contribute to the  
20 strengthening of health systems in each country in  
21 which such programs are carried out, as necessary  
22 and appropriate for the purposes of achieving im-  
23 proved health outcomes.

24 (2) COORDINATION.—The Administrator of  
25 USAID shall work with the Global Malaria Coordi-

1 nator and the United States Global AIDS Coordi-  
2 nator and Special Representative for Global Health  
3 Diplomacy at the Department of State, and, as ap-  
4 propriate, the Secretary of Health and Human Serv-  
5 ices, to identify areas of collaboration and coordina-  
6 tion in countries with global health programs and  
7 activities undertaken by USAID pursuant to the  
8 United States Leadership Against HIV/AIDS, Tu-  
9 berculosis, and Malaria Act of 2003 (Public Law  
10 108–25) and other relevant statutes to ensure that  
11 such activities contribute to health systems strength-  
12 ening.

13 (3) PILOT PROGRAM .—

14 (A) IN GENERAL.—The Administrator of  
15 USAID should identify not fewer than 5 coun-  
16 tries in which the United States has significant  
17 bilateral investments in global health to develop  
18 an integrated approach toward health systems  
19 strengthening that takes advantage of all  
20 sources of funding for global health in such  
21 country, with the aim of establishing an endur-  
22 ing model for coordinating health systems  
23 strengthening activities, including improving  
24 pandemic preparedness in additional countries  
25 in the future.

1 (B) ASSESSMENT.—In each of the coun-  
2 tries selected under subparagraph (A), USAID  
3 missions, in consultation with USAID’s Office  
4 of Health Systems, should conduct an assess-  
5 ment that—

6 (i) takes a comprehensive view of the  
7 constraints in the country’s health system  
8 that prevent the achievement of desired  
9 outcomes of United States Government-  
10 supported health programs;

11 (ii) identifies the best opportunities  
12 for improving health systems to achieve  
13 improved outcomes, including obstacles to  
14 health service delivery;

15 (iii) maps the resources of the country  
16 and other donors in the health sector with  
17 a focus on investment in health system  
18 strengthening; and

19 (iv) develops, based on the results of  
20 the assessment described in clause (i), and  
21 implements a new or revised 5-year strat-  
22 egy for United States assistance to  
23 strengthen the country’s health system  
24 that—

1 (I) provides a framework for im-  
2 plementing such strategy;

3 (II) identifies key areas for in-  
4 vestments to strengthen the health  
5 system in alignment with other donors  
6 and achieve health outcomes beyond a  
7 single sector;

8 (III) specifies the anticipated role  
9 of health programs undertaken by  
10 each of the relevant Federal depart-  
11 ments and agencies operating in the  
12 country in implementing such strat-  
13 egy;

14 (IV) includes clear goals, bench-  
15 marks, outputs, desired outcomes, a  
16 means of measuring progress and a  
17 cost analysis; and

18 (V) requires reporting by each  
19 Federal department and agency re-  
20 garding their participation and con-  
21 tribution, including in the PEPFAR  
22 Annual Report to Congress.

23 (C) STRATEGIES TO STRENGTHEN HEALTH  
24 SYSTEMS.—USAID missions in countries identi-  
25 fied pursuant subparagraph (A) should develop

1 a strategy to strengthen health systems based  
2 on the assessment developed pursuant to sub-  
3 paragraph (B) that—

4 (i) ensures complementarity with pri-  
5 orities identified under any other action  
6 plan focused on strengthening a country's  
7 health system, such as the World Health  
8 Organization's Joint External Evaluation  
9 and National Action Plans for Health Se-  
10 curity;

11 (ii) identifies bureaucratic barriers  
12 and inefficiencies, including poor linkages  
13 between government ministries and be-  
14 tween ministries and donor agencies and  
15 the extent of any corruption, and identify  
16 actions to overcome such barriers;

17 (iii) identifies potential obstacles to  
18 the implementation of the strategy, such as  
19 issues relating to lack of political will, poor  
20 governance of an effective health system at  
21 all levels of the country's public health sys-  
22 tems, especially with respect to governing  
23 bodies and councils at the provincial, dis-  
24 trict, and community levels, and the exclu-  
25 sion of women, minorities, other under-

1 served groups, and frontline health workers  
2 in decision making;

3 (iv) includes proposals for mobilizing  
4 sufficient and durable financing for health  
5 systems;

6 (v) identifies barriers to building and  
7 retaining an effective frontline health  
8 workforce with key global health security  
9 capacities, informed by the International  
10 Health Regulations (2005), including—

11 (I) strengthened data collection  
12 and analysis;

13 (II) data driven decision making  
14 capacity;

15 (III) recommendations for part-  
16 ner country actions to achieve a work-  
17 force that conforms with the World  
18 Health Organization's recommenda-  
19 tion for at least 44.5 doctors, nurses,  
20 and midwives and at least 15 paid,  
21 trained, equipped, and professionally  
22 supervised community health workers  
23 for every 10,000 people, while sup-  
24 porting proper distribution and high-  
25 quality job performance; and

1 (IV) inclusion of the community  
2 health workforce in planning for a re-  
3 silient health system to ensure essen-  
4 tial service delivery and pandemic re-  
5 sponse;

6 (vi) identifies deficiencies in informa-  
7 tion systems and communication tech-  
8 nologies that prevent linkages at all levels  
9 of the health system delivery and medical  
10 supply systems and promotes interoper-  
11 ability across data systems with near real-  
12 time data, while protecting data security;

13 (vii) identifies weaknesses in supply  
14 chain and procurement systems and prac-  
15 tices, and recommends ways to improve the  
16 efficiency, transparency, and effectiveness  
17 of such systems and practices;

18 (viii) identifies obstacles to health  
19 service access and quality and improved  
20 health outcomes for women and girls, and  
21 for the poorest and most vulnerable, in-  
22 cluding a lack of social support and other  
23 underlying causes, and recommendations  
24 for how to overcome such obstacles;

1 (ix) includes plans for integrating in-  
2 novations in health technologies, services,  
3 and systems;

4 (x) identifies barriers to health lit-  
5 eracy, community engagement, and patient  
6 empowerment, and recommendations for  
7 overcoming such barriers;

8 (xi) includes proposals for strength-  
9 ening community health systems and the  
10 community-based health workforce in-  
11 formed by the World Health Organization  
12 guideline on health policy and system sup-  
13 port to optimize community health worker  
14 programmes (2018), including the  
15 professionalization of community health  
16 workers;

17 (xii) describes the role of the private  
18 sector and nongovernmental health pro-  
19 viders, including community groups en-  
20 gaged in health promotion and mutual as-  
21 sistance and other institutions engaged in  
22 health delivery, including the extent to  
23 which the local population utilizes such  
24 health services;



1 (xiii) facilitates rapid response during  
2 health emergencies, such as last mile deliv-  
3 ery of vaccines to respond to and prevent  
4 the spread of infectious diseases with epi-  
5 demic and pandemic potential; and

6 (xiv) ensures that relevant USAID  
7 missions and bureaus are appropriately  
8 staffed and resourced to carry out such ac-  
9 tivities efficiently, effectively, and in-line  
10 with best practices.

11 (D) CONSULTATION AND REPORTING RE-  
12 QUIREMENTS.—

13 (i) CONSULTATION.—In developing a  
14 strategy pursuant to subparagraph (C),  
15 each USAID mission should consult with a  
16 wide variety of stakeholders, including—

17 (I) relevant partner government  
18 institutions;

19 (II) professional associations;

20 (III) patient groups;

21 (IV) civil society organizations  
22 (including international nongovern-  
23 mental organizations with relevant ex-  
24 pertise in program implementation);  
25 and

1 (V) the private sector.

2 (ii) REPORTING.—Not later than 180  
3 days after the date of the enactment of  
4 this Act, the Administrator of USAID and  
5 the United States Global AIDS Coordi-  
6 nator shall submit a report to the appro-  
7 priate congressional committees detailing  
8 the progress of the pilot program author-  
9 ized under this paragraph, including—

10 (I) progress made toward the in-  
11 tegration and co-financing of health  
12 systems strengthening activities by  
13 USAID and the Office of the Global  
14 AIDS Coordinator; and

15 (II) the results of integrated ef-  
16 forts under this section, including for  
17 cross-cutting efforts to strengthen  
18 local health workforces.

19 (4) TECHNICAL CAPACITY.—

20 (A) IN GENERAL.—The Administrator of  
21 USAID shall ensure that USAID is sufficiently  
22 resourced and staffed to ensure performance,  
23 consistency, and adoption of best practices in  
24 USAID's health systems programs, including

1 the pilot program authorized under paragraph  
2 (3).

3 (B) RESOURCES.—The Administrator of  
4 USAID and the United States Global AIDS Co-  
5 ordinator shall include detail in the fiscal year  
6 2023 Congressional Budget Justification re-  
7 garding health systems strengthening activities,  
8 including—

9 (i) the plans for, and the progress to-  
10 ward, reaching the capacity described in  
11 subparagraph (A);

12 (ii) the requirements for sustaining  
13 such capacity, including the resources  
14 needed by USAID; and

15 (iii) budget detail on the integration  
16 and joint funding of health systems capac-  
17 ity building, as appropriate.

18 (5) INTERNATIONAL EFFORTS.—The Secretary  
19 of State, in coordination with the Administrator of  
20 USAID and, as appropriate, the Secretary of Health  
21 and Human Services, should work with the Global  
22 Fund to Fight AIDS, Tuberculosis, and Malaria,  
23 Gavi, the Vaccine Alliance, bilateral donors, and  
24 other relevant multilateral and international organi-  
25 zations and stakeholders to develop—

1 (A) shared core indicators for strengthened  
2 health systems;

3 (B) agreements among donors that report-  
4 ing requirements for health systems come from  
5 country systems to reduce the burden placed on  
6 partner countries;

7 (C) structures for joint assessments, plans,  
8 auditing, and consultations; and

9 (D) a regularized approach to coordination  
10 on health systems strengthening.

11 (6) PUBLIC PRIVATE PARTNERSHIPS TO IM-  
12 PROVE HEALTH SYSTEMS STRENGTHENING.—The  
13 country strategies developed under paragraph (3)(C)  
14 should include a section that—

15 (A) discusses the role of the private sector  
16 (including corporate, local, and international or-  
17 ganizations with relevant expertise); and

18 (B) identifies relevant opportunities for the  
19 private sector—

20 (i) to accelerate research and develop-  
21 ment of innovative health and information  
22 technology, and to offer training related to  
23 its use;

1 (ii) to contribute to improvements in  
2 health administration and management  
3 processes;

4 (iii) to improve system efficiency;

5 (iv) to develop training related to clin-  
6 ical practice guidelines; and

7 (v) to help countries develop systems  
8 for documenting outcomes and achieve-  
9 ments related to activities undertaken to  
10 strengthen the health sector.

11 (7) AUTHORIZATION FOR USE OF FUNDS.—

12 Amounts authorized to be appropriated or otherwise  
13 made available to carry out section 104 of the For-  
14 eign Assistance Act of 1961 (22 U.S.C. 2151b) may  
15 be made available to carry out this subsection.

16 (g) ADDITIONAL AUTHORITIES.—

17 (1) FOREIGN ASSISTANCE ACT OF 1961.—Chap-  
18 ter 1 of part I of the Foreign Assistance Act of  
19 1961 (22 U.S.C. 2151 et seq.) is amended—

20 (A) in section 104(c)(1) (22 U.S.C.  
21 2151b(c)(1)), by inserting “(emphasizing health  
22 systems strengthening, as appropriate)” after  
23 “health services”;

24 (B) in section 104A (22 U.S.C. 2151b-  
25 2)—

1 (i) in subsection (b)(3)(D), by striking  
2 “including health care systems, under  
3 other international donor support” and in-  
4 serting “including through support for  
5 health systems strengthening, under other  
6 donor support”; and

7 (ii) in subsection (f)(3)(Q), by insert-  
8 ing “the Office of the United States Global  
9 AIDS Coordinator, partner countries, and  
10 the Global Fund to Fight AIDS, Tuber-  
11 culosis, and Malaria to ensure that their  
12 actions support the activities taken to  
13 strengthen the overall health systems in re-  
14 cipient countries, and efforts by” after “ef-  
15 forts by”; and

16 (C) in section 104B(g)(2) (22 U.S.C.  
17 2151b–3(g)(2)), by inserting “strengthening the  
18 health system of the country and” after “con-  
19 tribute to”.

20 (2) UNITED STATES LEADERSHIP AGAINST HIV/  
21 AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003.—  
22 Section 204(a) of the United States Leadership  
23 Against HIV/AIDS, Tuberculosis, and Malaria Act  
24 of 2003 (22 U.S.C. 7623(a)) is amended—

1 (A) in paragraph (1)(A), by inserting “in  
2 a manner that is coordinated with, and contrib-  
3 utes to, efforts through other assistance activi-  
4 ties being carried out to strengthen national  
5 health systems and health policies” after “sys-  
6 tems”; and

7 (B) in paragraph (2)—

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

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

13 (iii) in subparagraph (E), by striking  
14 the period at the end and inserting “;  
15 and”; and

16 (iv) by adding at the end the fol-  
17 lowing:

18 “(F) to contribute to efforts that build  
19 health systems capable of preventing, detecting  
20 and responding to HIV/AIDS, tuberculosis, ma-  
21 laria and other infectious diseases with pan-  
22 demic potential.”.

23 (h) AUTHORIZATION FOR UNITED STATES PARTICI-  
24 PATION IN THE COALITION FOR EPIDEMIC PREPARED-  
25 NESS INNOVATIONS.—

1           (1) IN GENERAL.—The United States is author-  
2           ized to participate in the Coalition for Epidemic Pre-  
3           paredness Innovations (referred to in this subsection  
4           as “CEPI”).

5           (2) INVESTORS COUNCIL AND BOARD OF DIREC-  
6           TORS.—

7           (A) INITIAL DESIGNATION.—The President  
8           shall designate an employee of USAID to serve  
9           on the Investors Council and, if nominated, on  
10          the Board of Directors of CEPI, as a represent-  
11          ative of the United States during the period be-  
12          ginning on the date of such designation and  
13          ending on September 30, 2022.

14          (B) ONGOING DESIGNATIONS.—The Presi-  
15          dent may designate an employee of the relevant  
16          Federal department or agency with fiduciary re-  
17          sponsibility for United States contributions to  
18          CEPI to serve on the Investors Council and, if  
19          nominated, on the Board of Directors of CEPI,  
20          as a representative of the United States.

21          (C) QUALIFICATIONS.—Any employee des-  
22          ignated pursuant to subparagraph (A) or (B)  
23          shall have demonstrated knowledge and experi-  
24          ence in the fields of development and public  
25          health, epidemiology, or medicine, from the



1 Federal department or agency with primary fi-  
2 duciary responsibility for United States con-  
3 tributions pursuant to paragraph (3).

4 (D) COORDINATION.—In carrying out the  
5 responsibilities under this subsection, an em-  
6 ployee designated by the President to serve on  
7 the Investors Council or the Board of Directors,  
8 as applicable, shall coordinate with the Sec-  
9 retary of Health and Human Services to pro-  
10 mote alignment, as appropriate, between CEPI  
11 and the strategic objectives and activities of the  
12 Secretary of Health and Human Services with  
13 respect to the research, development, and pro-  
14 curement of medical countermeasures, con-  
15 sistent with titles III and XXVIII of the Public  
16 Health Service Act (42 U.S.C. 241 et seq. and  
17 300hh et seq.).

18 (3) CONSULTATION.—Not later than 60 days  
19 after the date of the enactment of this Act, the em-  
20 ployee designated pursuant to paragraph (2)(A)  
21 shall consult with the appropriate congressional com-  
22 mittees, the Committee on Health, Education,  
23 Labor, and Pensions of the Senate, and the Com-  
24 mittee on Energy and Commerce of the House of  
25 Representatives regarding—

1 (A) the manner and extent to which the  
2 United States plans to participate in CEPI, in-  
3 cluding through the governance of CEPI;

4 (B) any planned financial contributions  
5 from the United States to CEPI; and

6 (C) how participation in CEPI is expected  
7 to support—

8 (i) the United States Global Health  
9 Security Strategy required under this sub-  
10 title;

11 (ii) the applicable revision of the Na-  
12 tional Biodefense Strategy required under  
13 section 1086 of the National Defense Au-  
14 thorization Act for Fiscal Year 2017 (6  
15 U.S.C. 104); and

16 (iii) any other relevant programs re-  
17 lating to global health security and bio-  
18 defense.

19 (4) UNITED STATES CONTRIBUTIONS.—

20 (A) SENSE OF CONGRESS.—It is the sense  
21 of Congress that the President, consistent with  
22 the provisions under section 10003(a)(1) of the  
23 American Rescue Plan Act of 2021, should  
24 make an immediate contribution to CEPI in the  
25 amount of \$300,000,000, to expand research

1 and development of vaccines to combat the  
2 spread of COVID–19 variants.

3 (B) NOTIFICATION.—Not later than 15  
4 days before a contribution is made available  
5 pursuant to subparagraph (A), the President  
6 shall notify the appropriate congressional com-  
7 mittees of the details of the amount, purposes,  
8 and national interests served by such contribu-  
9 tion.

10 (i) INTELLIGENCE ASSESSMENTS REGARDING  
11 NOVEL DISEASES AND PANDEMIC THREATS.—

12 (1) DEFINED TERM.—In this subsection, the  
13 term “appropriate committees of Congress”  
14 means—

15 (A) the Committee on Foreign Relations of  
16 the Senate;

17 (B) the Select Committee on Intelligence  
18 of the Senate;

19 (C) the Committee on Health, Education,  
20 Labor, and Pensions of the Senate;

21 (D) the Committee on Foreign Affairs of  
22 the House of Representatives;

23 (E) the Permanent Select Committee on  
24 Intelligence of the House of Representatives;

25 and

1 (F) the Committee on Energy and Com-  
2 merce of the House of Representatives.

3 (2) INTELLIGENCE ASSESSMENTS.—

4 (A) IN GENERAL.—Not later than 1 year  
5 after the date of the enactment of this Act, and  
6 annually thereafter for the following 4 years,  
7 the National Intelligence Council shall submit  
8 to the appropriate committees of Congress an  
9 intelligence assessment regarding the risks  
10 posed to the national security interests of the  
11 United States by the emergence, reemergence,  
12 and overseas transmission of pathogens with  
13 pandemic potential.

14 (B) ELEMENTS.—The intelligence assess-  
15 ments submitted pursuant to subparagraph (A)  
16 shall—

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

24 (ii) assess the likelihood that a patho-  
25 gen described in clause (i) will spread to

1 the United States, the United States  
2 Armed Forces, diplomatic or development  
3 personnel of the United States stationed  
4 abroad, or citizens of the United States liv-  
5 ing abroad in a manner that could lead to  
6 an epidemic in the United States or other-  
7 wise affect the national security or eco-  
8 nomic prosperity of the United States;

9 (iii) assess the preparedness of coun-  
10 tries around the world, particularly those  
11 identified pursuant to clause (i), to pre-  
12 vent, detect, and respond to pandemic  
13 threats; and

14 (iv) identify any scientific, capacity, or  
15 governance gaps in the preparedness of  
16 countries identified pursuant to clause (i),  
17 including an analysis of the capacity and  
18 performance of any country or entity de-  
19 scribed in clause (iii) in complying with  
20 biosecurity standards, as applicable.

21 (3) CONGRESSIONAL BRIEFINGS.—The National  
22 Intelligence Council shall provide an annual briefing  
23 to the appropriate committees of Congress regard-  
24 ing—

1           (A) the most recent intelligence assess-  
2           ments submitted pursuant to paragraph (2)(A);  
3           and

4           (B) the emergence or reemergence of  
5           pathogens with pandemic potential that could  
6           lead to an epidemic described in paragraph  
7           (2)(A)(ii).

8           (4) PUBLIC AVAILABILITY.—The Director of  
9           National Intelligence shall make publicly available  
10          an unclassified version of each intelligence assess-  
11          ment submitted pursuant to paragraph (2)(A).

12          (j) PANDEMIC EARLY WARNING NETWORK.—

13           (1) IN GENERAL.—The Secretary of State and  
14           the Secretary of Health and Human Services, in co-  
15           ordination with the USAID Administrator, the Di-  
16           rector of the Centers for Disease Control and Pre-  
17           vention, and the heads of the other relevant Federal  
18           departments and agencies, shall work with the  
19           World Health Organization and other key stake-  
20           holders to establish or strengthen effective early  
21           warning systems, at the partner country, regional,  
22           and international levels, that utilize innovative infor-  
23           mation and analytical tools and robust review proc-  
24           esses to track, document, analyze, and forecast in-

1       fectious disease threats with epidemic and pandemic  
2       potential.

3           (2) REPORT.—Not later than 1 year after the  
4       date of the enactment of this Act, and annually  
5       thereafter for the following 4 years, the Secretary of  
6       State, in coordination with the Secretary of Health  
7       and Human Services and the heads of the other rel-  
8       evant Federal departments and agencies, shall sub-  
9       mit a report to the appropriate congressional com-  
10      mittees, the Committee on Health, Education,  
11      Labor, and Pensions of the Senate, and the Com-  
12      mittee on Energy and Commerce of the House of  
13      Representatives that describes United States Gov-  
14      ernment efforts and opportunities to establish or  
15      strengthen effective early warning systems to detect  
16      infectious disease threats internationally.

17      (k) INTERNATIONAL EMERGENCY OPERATIONS.—

18           (1) SENSE OF CONGRESS.—It is the sense of  
19      Congress that it is essential to enhance the capacity  
20      of key stakeholders to effectively operationalize early  
21      warning and execute multi-sectoral emergency oper-  
22      ations during an infectious disease outbreak, par-  
23      ticularly in countries and areas that deliberately  
24      withhold critical global health data and delay access  
25      during an infectious disease outbreak in advance of

1 the next infectious disease outbreak with pandemic  
2 potential.

3 (2) PUBLIC HEALTH EMERGENCIES OF INTER-  
4 NATIONAL CONCERN.—The Secretary of State, in co-  
5 ordination with the Secretary of Health and Human  
6 Services, should work with the World Health Orga-  
7 nization and like-minded member states to adopt an  
8 approach toward assessing infectious disease threats  
9 under the International Health Regulations (2005)  
10 for the World Health Organization to identify and  
11 transparently communicate, on an ongoing basis,  
12 varying levels of risk leading up to a declaration by  
13 the Director General of the World Health Organiza-  
14 tion of a Public Health Emergency of International  
15 Concern for the duration and in the aftermath of  
16 such declaration.

17 (3) EMERGENCY OPERATIONS.—The Secretary  
18 of State and the Secretary of Health and Human  
19 Services, in coordination with the USAID Adminis-  
20 trator, the Director of the Centers for Disease Con-  
21 trol and Prevention, and the heads of other relevant  
22 Federal departments and agencies, and consistent  
23 with the requirements under the International  
24 Health Regulations (2005) and the objectives of the  
25 World Health Organization's Health Emergencies



1 Programme, the Global Health Security Agenda, and  
2 national actions plans for health security, shall work,  
3 in coordination with the World Health Organization,  
4 with partner countries and other key stakeholders to  
5 support the establishment, strengthening, and rapid  
6 response capacity of global health emergency oper-  
7 ations centers, at the partner country and inter-  
8 national levels, including efforts—

9 (A) to collect and share public health data,  
10 assess risk, and operationalize early warning;

11 (B) to secure, including through utilization  
12 of stand-by arrangements and emergency fund-  
13 ing mechanisms, the staff, systems, and re-  
14 sources necessary to execute cross-sectoral  
15 emergency operations during the 48-hour period  
16 immediately following an infectious disease out-  
17 break with pandemic potential; and

18 (C) to organize and conduct emergency  
19 simulations.

20 **SEC. 1296. FINANCING MECHANISM FOR GLOBAL HEALTH**  
21 **SECURITY AND PANDEMIC PREVENTION AND**  
22 **PREPAREDNESS.**

23 (a) **ELIGIBLE PARTNER COUNTRY DEFINED.**—In  
24 this section, the term “eligible partner country” means a  
25 country in which the Fund for Global Health Security and

1 Pandemic Prevention and Preparedness to be established  
2 under subsection (b) may finance global health security  
3 and pandemic prevention and preparedness assistance pro-  
4 grams under this subtitle based on the country's dem-  
5 onstrated—

6           (1) need, as identified through the Joint Exter-  
7           nal Evaluation process, the Global Health Security  
8           Index classification of health systems, national ac-  
9           tion plans for health security, the World Organiza-  
10          tion for Animal Health's Performance of Veterinary  
11          Services evaluation, and other complementary or  
12          successor indicators of global health security and  
13          pandemic prevention and preparedness; and

14          (2) commitment to transparency, including—

15                (A) budget and global health data trans-  
16                parency;

17                (B) complying with the International  
18                Health Regulations (2005);

19                (C) investing in domestic health systems;

20                and

21                (D) achieving measurable results.

22          (b) ESTABLISHMENT OF FUND FOR GLOBAL  
23 HEALTH SECURITY AND PANDEMIC PREVENTION AND  
24 PREPAREDNESS.—

1           (1) NEGOTIATIONS FOR ESTABLISHMENT OF  
2           FUND FOR GLOBAL HEALTH SECURITY AND PAN-  
3           DEMIC PREVENTION AND PREPAREDNESS.—The  
4           Secretary of State, in coordination with the USAID  
5           Administrator, the Secretary of Health and Human  
6           Services, and the heads of other relevant Federal de-  
7           partments and agencies, as necessary and appro-  
8           priate, should seek to enter into negotiations with  
9           donors, relevant United Nations agencies, including  
10          the World Health Organization, and other key multi-  
11          lateral stakeholders, to establish—

12                   (A) a multilateral, catalytic financing  
13                   mechanism for global health security and pan-  
14                   demic prevention and preparedness, which may  
15                   be known as the Fund for Global Health Secu-  
16                   rity and Pandemic Prevention and Prepared-  
17                   ness (referred to in this section as “the Fund”),  
18                   to address the need for and secure durable fi-  
19                   nancing in accordance with the provisions of  
20                   this subsection; and

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

23          (2) PURPOSES.—The purposes of the Fund  
24          should be—

1 (A) to close critical gaps in global health  
2 security and pandemic prevention and prepared-  
3 ness; and

4 (B) to work with, and build the capacity  
5 of, eligible partner countries in the areas of  
6 global health security, infectious disease control,  
7 and pandemic prevention and preparedness, in  
8 a manner that—

9 (i) prioritizes capacity building and fi-  
10 nancing availability in eligible partner  
11 countries;

12 (ii) incentivizes countries to prioritize  
13 the use of domestic resources for global  
14 health security and pandemic prevention  
15 and preparedness;

16 (iii) leverages government, nongovern-  
17 ment, and private sector investments;

18 (iv) regularly responds to and evalu-  
19 ates progress based on clear metrics and  
20 benchmarks, such as the Joint External  
21 Evaluation and the Global Health Security  
22 Index;

23 (v) aligns with and complements ongo-  
24 ing bilateral and multilateral efforts and fi-  
25 nancing, including through the World

1 Bank, the World Health Organization, the  
2 Global Fund to Fight AIDS, Tuberculosis,  
3 and Malaria, the Coalition for Epidemic  
4 Preparedness and Innovation, and Gavi,  
5 the Vaccine Alliance; and

6 (vi) helps countries accelerate and  
7 achieve compliance with the International  
8 Health Regulations (2005) and the fulfill-  
9 ment of the Global Health Security Agenda  
10 2024 Framework not later than 5 years  
11 after the date on which the Fund is estab-  
12 lished, in coordination with the ongoing  
13 Joint External Evaluation national action  
14 planning process.

15 (3) EXECUTIVE BOARD.—

16 (A) IN GENERAL.—The Fund should be  
17 governed by a transparent and accountable  
18 body (referred to in this section as the “Execu-  
19 tive Board”), which should—

20 (i) function as a partnership with, and  
21 through full engagement by, donor govern-  
22 ments, eligible partner countries, and inde-  
23 pendent civil society; and

24 (ii) be composed of not more than 20  
25 representatives of governments, founda-

1 tions, academic institutions, independent  
2 civil society, indigenous people, vulnerable  
3 communities, frontline health workers, and  
4 the private sector with demonstrated com-  
5 mitment to carrying out the purposes of  
6 the Fund and upholding transparency and  
7 accountability requirements.

8 (B) DUTIES.—The Executive Board  
9 should—

10 (i) be charged with approving strate-  
11 gies, operations, and grant making au-  
12 thorities in order to conduct effective fidu-  
13 ciary, monitoring, and evaluation efforts,  
14 and other oversight functions;

15 (ii) determine operational procedures  
16 such that the Fund is able to effectively  
17 fulfill its mission;

18 (iii) provide oversight and account-  
19 ability for the Fund in collaboration with  
20 the Inspector General to be established  
21 pursuant to subsection (d)(5)(A)(i);

22 (iv) develop and utilize a mechanism  
23 to obtain formal input from eligible part-  
24 ner countries, independent civil society,  
25 and implementing entities relative to pro-



1 including indigenous organizations,  
2 and the private sector; and

3 (II) are selected on the basis of  
4 their experience and commitment to  
5 innovation, best practices, and the ad-  
6 vancement of global health security  
7 objectives;

8 (iii) representatives of the World  
9 Health Organization; and

10 (iv) the chair of the Global Health Se-  
11 curity Steering Group.

12 (D) CONTRIBUTIONS.—Each government  
13 or private sector entity represented on the Ex-  
14 ecutive Board should agree to make annual con-  
15 tributions to the Fund in an amount not less  
16 than the minimum determined by the Executive  
17 Board.

18 (E) QUALIFICATIONS.—Individuals ap-  
19 pointed to the Executive Board should have  
20 demonstrated knowledge and experience across  
21 a variety of sectors, including human and ani-  
22 mal health, agriculture, development, defense,  
23 finance, research, and academia.

24 (F) CONFLICTS OF INTEREST.—



1 (i) TECHNICAL EXPERTS.—The Exec-  
2 utive Board may include independent tech-  
3 nical experts who are not affiliated with, or  
4 employed by, a recipient country or organi-  
5 zation.

6 (ii) MULTILATERAL BODIES AND IN-  
7 STITUTIONS.—Executive Board members  
8 appointed pursuant to subparagraph  
9 (C)(iii) should be required to recuse them-  
10 selves from matters presenting conflicts of  
11 interest, including financing decisions re-  
12 lating to such bodies and institutions.

13 (G) UNITED STATES REPRESENTATION.—

14 (i) FOUNDING MEMBER.—The Sec-  
15 retary of State should seek—

16 (I) to establish the United States  
17 as a founding member of the Fund;  
18 and

19 (II) to ensure that the United  
20 States is represented on the Executive  
21 Board by an officer or employee of the  
22 United States, who shall be appointed  
23 by the President.

24 (ii) EFFECTIVE AND TERMINATION  
25 DATES.—

1 (I) EFFECTIVE DATE.—This sub-  
2 paragraph shall take effect upon the  
3 date on which the Secretary of State  
4 certifies and submits to Congress an  
5 agreement establishing the Fund.

6 (II) TERMINATION DATE.—The  
7 membership established pursuant to  
8 clause (i) shall terminate upon the  
9 date of termination of the Fund.

10 (H) REMOVAL PROCEDURES.—The Fund  
11 should establish procedures for the removal of  
12 members of the Executive Board who—

13 (i) engage in a consistent pattern of  
14 human rights abuses;

15 (ii) fail to uphold global health data  
16 transparency requirements; or

17 (iii) otherwise violate the established  
18 standards of the Fund, including in rela-  
19 tion to corruption.

20 (c) AUTHORITIES.—

21 (1) PROGRAM OBJECTIVES.—

22 (A) IN GENERAL.—In carrying out the  
23 purpose set forth in subsection (b), the Fund,  
24 acting through the Executive Board, should—

1 (i) develop grant making requirements  
2 to be administered by an independent tech-  
3 nical review panel comprised of entities  
4 barred from applying for funding or sup-  
5 port;

6 (ii) provide grants, including challenge  
7 grants, technical assistance, concessional  
8 lending, catalytic investment funds, and  
9 other innovative funding mechanisms, in  
10 coordination with ongoing bilateral and  
11 multilateral efforts, as appropriate—

12 (I) to help eligible partner coun-  
13 tries close critical gaps in health secu-  
14 rity, as identified through the Joint  
15 External Evaluation process, the  
16 Global Health Security Index classi-  
17 fication of health systems, and na-  
18 tional action plans for health security  
19 and other complementary or successor  
20 indicators of global health security  
21 and pandemic prevention and pre-  
22 paredness; and

23 (II) to support measures that en-  
24 able such countries, at the national  
25 and subnational levels, and in partner-

1 ship with civil society and the private  
2 sector, to strengthen and sustain resil-  
3 ient health systems and supply chains  
4 with the resources, capacity, and per-  
5 sonnel required to prevent, detect,  
6 mitigate, and respond to infectious  
7 disease threats, including the emer-  
8 gence or reemergence of pathogens,  
9 before they become pandemics;

10 (iii) leverage the expertise, capabili-  
11 ties, and resources of proven, existing  
12 agencies and organizations to effectively  
13 target and manage resources for impact,  
14 including through alignment with, and co-  
15 financing of, complementary programs, as  
16 appropriate and consistent with subpara-  
17 graph (C); and

18 (iv) develop recommendations for a  
19 mechanism for assisting countries that are  
20 at high risk for the emergence or reemer-  
21 gence of pathogens with pandemic poten-  
22 tial to participate in the Global Health Se-  
23 curity Agenda and the Joint External  
24 Evaluations.

1 (B) ACTIVITIES SUPPORTED.—The activi-  
2 ties to be supported by the Fund should include  
3 efforts—

4 (i) to enable eligible partner countries  
5 to formulate and implement national  
6 health security and pandemic prevention  
7 and preparedness action plans, advance ac-  
8 tion packages under the Global Health Se-  
9 curity Agenda, and adopt and uphold com-  
10 mitments under the International Health  
11 Regulations (2005) and other related inter-  
12 national health agreements and arrange-  
13 ments, as appropriate;

14 (ii) to support health security budget  
15 planning in eligible partner countries, in-  
16 cluding training in public financial man-  
17 agement, budget and health data trans-  
18 parency, human resource information sys-  
19 tems, and integrated and transparent  
20 budget and health data;

21 (iii) to strengthen the health work-  
22 force, including hiring, training, and de-  
23 ploying experts and other essential staff,  
24 including community health workers, to  
25 improve frontline prevention of, and moni-

1 toring and preparedness for, unknown,  
2 new, emerging, or reemerging pathogens,  
3 epidemics, and pandemic threats, including  
4 capacity to surge and manage additional  
5 staff during emergencies;

6 (iv) to improve the quality of commu-  
7 nity health worker programs as the foun-  
8 dation of pandemic preparedness and re-  
9 sponse through application of appropriate  
10 assessment tools;

11 (v) to improve infection prevention  
12 and control, the protection of healthcare  
13 workers, including community health work-  
14 ers, and access to water and sanitation  
15 within healthcare settings;

16 (vi) to combat the threat of anti-  
17 microbial resistance;

18 (vii) to strengthen laboratory capacity  
19 and promote biosafety and biosecurity  
20 through the provision of material and tech-  
21 nical assistance;

22 (viii) to reduce the risk of bioter-  
23 rorism, the emergence, reemergence, or  
24 spread of zoonotic disease (whether  
25 through loss of natural habitat, the com-

1           merchial trade in wildlife for human con-  
2           sumption, or other means), and accidental  
3           biological release;

4                   (ix) to build technical capacity to  
5           manage, as appropriate, supply chains for  
6           applicable global health commodities  
7           through effective forecasting, procurement,  
8           warehousing, and delivery from central  
9           warehouses to points of service in both the  
10          public and private sectors;

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

19                   (xi) to establish partnerships for the  
20          sharing of best practices and enabling eli-  
21          gible countries to meet targets and indica-  
22          tors under the Joint External Evaluation  
23          process, the Global Health Security Index  
24          classification of health systems, and na-  
25          tional action plans for health security re-

1 relating to the prevention, detection, and  
2 treatment of neglected tropical diseases;

3 (xii) to build the capacity of eligible  
4 partner countries to prepare for and re-  
5 spond to second order development impacts  
6 of infectious disease outbreaks and main-  
7 tain essential health services, while ac-  
8 counting for the differentiated needs and  
9 vulnerabilities of marginalized populations,  
10 including women and girls;

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

18 (xiv) to develop and deploy mecha-  
19 nisms to enhance and independently mon-  
20 itor the transparency and accountability of  
21 global health security and pandemic pre-  
22 vention and preparedness programs and  
23 data, in compliance with the International  
24 Health Regulations (2005), including



1 through the sharing of trends, risks, and  
2 lessons learned;

3 (xv) to promote broad participation in  
4 health emergency planning and advisory  
5 bodies, including by women and frontline  
6 health workers;

7 (xvi) to develop and implement sim-  
8 ulation exercises, produce and release after  
9 action reports, and address related gaps;

10 (xvii) to support countries in con-  
11 ducting Joint External Evaluations;

12 (xviii) to improve disease surveillance  
13 capacity in partner countries, including at  
14 the community level, such that those coun-  
15 tries are better able to detect and respond  
16 to known and unknown pathogens and  
17 zoonotic infectious diseases; and

18 (xix) to support governments through  
19 coordinated and prioritized assistance ef-  
20 forts to prevent the emergence, reemer-  
21 gence, or spread of zoonotic diseases  
22 caused by deforestation, commercial trade  
23 in wildlife for human consumption, cli-  
24 mate-related events, and unsafe inter-

1 actions between wildlife, livestock, and peo-  
2 ple.

3 (C) IMPLEMENTATION OF PROGRAM OB-  
4 JECTIVES.—In carrying out the objectives  
5 under subparagraph (A), the Fund should work  
6 to eliminate duplication and waste by upholding  
7 strict transparency and accountability stand-  
8 ards and coordinating its programs and activi-  
9 ties with key partners working to advance glob-  
10 al health security and pandemic prevention and  
11 preparedness, including—

12 (i) governments, independent civil so-  
13 ciety, nongovernmental organizations, re-  
14 search and academic institutions, and pri-  
15 vate sector entities in eligible partner coun-  
16 tries;

17 (ii) the pandemic early warning sys-  
18 tems and international emergency oper-  
19 ations centers to be established under sub-  
20 sections (j) and (k) of section 1295;

21 (iii) the World Health Organization;

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

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

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

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

8 (viii) Gavi, the Vaccine Alliance;

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

11 (x) The World Organisation for Ani-  
12 mal Health;

13 (xi) The United Nations Environment  
14 Programme;

15 (xii) Food and Agriculture Organiza-  
16 tion; and

17 (xiii) the Global Polio Eradication Ini-  
18 tiative.

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

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

24 (B) measurable gaps in global health secu-  
25 rity and pandemic prevention and preparedness

1 identified under Joint External Evaluations and  
2 national action plans for health security;

3 (C) demonstrated political and financial  
4 commitment to pandemic prevention and pre-  
5 paredness; and

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

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

15 (d) ADMINISTRATION.—

16 (1) APPOINTMENTS.—The Executive Board  
17 should appoint—

18 (A) an Administrator, who should be re-  
19 sponsible for managing the day-to-day oper-  
20 ations of the Fund; and

21 (B) an independent Inspector General, who  
22 should be responsible for monitoring grants im-  
23 plementation and proactively safeguarding  
24 against conflicts of interests.

1           (2) AUTHORITY TO ACCEPT AND SOLICIT CON-  
2           TRIBUTIONS.—The Fund should be authorized to so-  
3           licit and accept contributions from governments, the  
4           private sector, foundations, individuals, and non-  
5           governmental entities.

6           (3) ACCOUNTABILITY; CONFLICTS OF INTER-  
7           EST; CRITERIA FOR PROGRAMS.—As part of the ne-  
8           gotiations described in subsection (b)(1), the Sec-  
9           retary of the State, consistent with paragraph (4),  
10          should—

11                 (A) take such actions as are necessary to  
12                 ensure that the Fund will have in effect ade-  
13                 quate procedures and standards to account for  
14                 and monitor the use of funds contributed to the  
15                 Fund, including the cost of administering the  
16                 Fund;

17                 (B) ensure there is agreement to put in  
18                 place a conflict of interest policy to ensure fair-  
19                 ness and a high standard of ethical conduct in  
20                 the Fund's decision-making processes, including  
21                 proactive procedures to screen staff for conflicts  
22                 of interest and measures to address any con-  
23                 flicts, such as potential divestments of interests,  
24                 prohibition from engaging in certain activities,  
25                 recusal from certain decision-making and ad-

1           ministrative processes, and representation by an  
2           alternate board member; and

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

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

9           (A) eligible partner country selection cri-  
10          teria, to include transparent metrics to measure  
11          and assess global health security and pandemic  
12          prevention and preparedness strengths and  
13          vulnerabilities in countries seeking assistance;

14          (B) minimum standards for ensuring eligi-  
15          ble partner country ownership and commitment  
16          to long-term results, including requirements for  
17          domestic budgeting, resource mobilization, and  
18          co-investment;

19          (C) criteria for the selection of projects to  
20          receive support from the Fund;

21          (D) standards and criteria regarding quali-  
22          fications of recipients of such support;

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

1 (F) such rules and procedures as may be  
2 necessary to ensure transparency and account-  
3 ability in the grant-making process.

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

6 (A) INSPECTOR GENERAL.—

7 (i) IN GENERAL.—The Secretary of  
8 State shall seek to ensure that the Inspec-  
9 tor General appointed pursuant to para-  
10 graph (1)—

11 (I) is fully enabled to operate  
12 independently and transparently;

13 (II) is supported by and with the  
14 requisite resources and capacity to  
15 regularly conduct and publish, on a  
16 publicly accessible website, rigorous fi-  
17 nancial, programmatic, and reporting  
18 audits and investigations of the Fund  
19 and its grantees; and

20 (III) establishes an investigative  
21 unit that—

22 (aa) develops an oversight  
23 mechanism to ensure that grant  
24 funds are not diverted to illicit or

1 corrupt purposes or activities;  
2 and

3 (bb) submits an annual re-  
4 port to the Executive Board de-  
5 scribing its activities, investiga-  
6 tions, and results.

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

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

13 (II) in making financial recov-  
14 eries relating to a corrupt act or  
15 criminal conduct under a grant, as de-  
16 termined by the Inspector General,  
17 the responsible grant recipient should  
18 be assessed at a recovery rate of up to  
19 150 percent of such loss.

20 (B) ADMINISTRATIVE EXPENSES.—The  
21 Secretary of State shall seek to ensure the  
22 Fund establishes, maintains, and makes pub-  
23 licly available a system to track the administra-  
24 tive and management costs of the Fund on a  
25 quarterly basis.



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

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

16       (e) ADVISORY BOARD.—

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

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

21           (A) a geographically diverse group of indi-  
22          viduals that includes representation from low-  
23          and middle-income countries;

24           (B) individuals with experience and leader-  
25          ship in the fields of development, global health,

1 epidemiology, medicine, biomedical research,  
2 and social sciences; and

3 (C) representatives of relevant United Na-  
4 tions agencies, including the World Health Or-  
5 ganization, and nongovernmental organizations  
6 with on-the ground experience in implementing  
7 global health programs in low and lower-middle  
8 income countries.

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

15 (4) PROHIBITION ON PAYMENT OF COMPENSA-  
16 TION.—

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

22 (B) UNITED STATES REPRESENTATIVE.—  
23 Notwithstanding any other provision of law (in-  
24 cluding an international agreement), a rep-  
25 resentative of the United States on the Advi-

1           sory Board may not accept compensation for  
2           services performed as a member of the Board,  
3           except that such representative may accept  
4           travel expenses, including per diem in lieu of  
5           subsistence, while away from the representa-  
6           tive's home or regular place of business in the  
7           performance of services for the Board.

8           (5) CONFLICTS OF INTEREST.—Members of the  
9           Advisory Board should be required to disclose any  
10          potential conflicts of interest prior to serving on the  
11          Advisory Board and, in the event of any conflicts of  
12          interest, recuse themselves from such matters during  
13          their service on the Advisory Board.

14          (f) REPORTS TO CONGRESS.—

15               (1) STATUS REPORT.—Not later than 180 days  
16               after the date of the enactment of this Act, the Sec-  
17               retary of State, in coordination with the USAID Ad-  
18               ministrator, and the heads of other relevant Federal  
19               departments and agencies, shall submit a report to  
20               the appropriate congressional committees that de-  
21               scribes the progress of international negotiations to  
22               establish the Fund.

23               (2) ANNUAL REPORT.—

24                       (A) IN GENERAL.—Not later than 1 year  
25                       after the date of the establishment of the Fund,

1 and annually thereafter for the duration of the  
2 Fund, the Secretary of State, shall submit a re-  
3 port to the appropriate congressional commit-  
4 tees regarding the administration of the Fund.

5 (B) REPORT ELEMENTS.—The report re-  
6 quired under subparagraph (A) shall describe—

7 (i) the goals of the Fund;

8 (ii) the programs, projects, and activi-  
9 ties supported by the Fund;

10 (iii) private and governmental con-  
11 tributions to the Fund; and

12 (iv) the criteria utilized to determine  
13 the programs and activities that should be  
14 assisted by the Fund, including baselines,  
15 targets, desired outcomes, measurable  
16 goals, and extent to which those goals are  
17 being achieved.

18 (3) GAO REPORT ON EFFECTIVENESS.—Not  
19 later than 2 years after the date on which the Fund  
20 is established, the Comptroller General of the United  
21 States shall submit a report to the appropriate con-  
22 gressional committees that evaluates the effective-  
23 ness of the Fund, including the effectiveness of the  
24 programs, projects, and activities supported by the  
25 Fund, as described in subsection (c)(1).

1 (g) UNITED STATES CONTRIBUTIONS.—

2 (1) IN GENERAL.—Subject to submission of the  
3 certification under this subsection, the President is  
4 authorized to make available for United States con-  
5 tributions to the Fund such funds as may be appro-  
6 priated or otherwise made available for such pur-  
7 pose.

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

12 (A) the amount of the proposed contribu-  
13 tion;

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

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

18 (3) LIMITATION.—During the 5-year period be-  
19 ginning on the date of the enactment of this Act, a  
20 United States contribution to the Fund may not  
21 cause the cumulative total of United States contribu-  
22 tions to the Fund to exceed 33 percent of the total  
23 contributions to the Fund from all sources.

24 (4) WITHHOLDINGS.—

1           (A) SUPPORT FOR ACTS OF INTER-  
2 NATIONAL TERRORISM.—If the Secretary of  
3 State determines that the Fund has provided  
4 assistance to a country, the government of  
5 which the Secretary of State has determined,  
6 for purposes of section 620A of the Foreign As-  
7 sistance Act of 1961 (22 U.S.C. 2371) has re-  
8 peatedly provided support for acts of inter-  
9 national terrorism, the United States shall  
10 withhold from its contribution to the Fund for  
11 the next fiscal year an amount equal to the  
12 amount expended by the Fund to the govern-  
13 ment of such country.

14           (B) EXCESSIVE SALARIES.—During the 5-  
15 year period beginning on the date of the enact-  
16 ment of this Act, if the Secretary of State de-  
17 termines that the salary of any individual em-  
18 ployed by the Fund exceeds the salary of the  
19 Vice President of the United States for such  
20 fiscal year, the United States should withhold  
21 from its contribution for the next fiscal year an  
22 amount equal to the aggregate amount by  
23 which the salary of each such individual exceeds  
24 the salary of the Vice President of the United  
25 States.

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

19 (h) COMPLIANCE WITH THE FOREIGN AID TRANS-  
20 PARENCY AND ACCOUNTABILITY ACT OF 2016.—Section  
21 2(3) of the Foreign Aid Transparency and Accountability  
22 Act of 2016 (Public Law 114–191; 22 U.S.C. 2394c note)  
23 is amended—

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

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

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

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

6           (i) PROHIBITION AGAINST UNITED STATES FOREIGN  
7 ASSISTANCE FOR THE GOVERNMENT OF THE PEOPLE’S  
8 REPUBLIC OF CHINA.—None of the assistance authorized  
9 to be appropriated under this subtitle may be made avail-  
10 able to the Government of the People’s Republic of China  
11 or to any entity owned or controlled by the Government  
12 of the People’s Republic of China.