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1ST SESSION

# H. R. 391

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IN THE SENATE OF THE UNITED STATES

JULY 12, 2021

Received; read twice and referred to the Committee on Foreign Relations

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## AN ACT

To authorize a comprehensive, strategic approach for United States foreign assistance to developing countries to strengthen global health security, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Global Health Security  
3 Act of 2021”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) In December 2009, President Obama re-  
7 leased the National Strategy for Countering Biologi-  
8 cal Threats, which listed as one of seven objectives  
9 “Promote global health security: Increase the avail-  
10 ability of and access to knowledge and products of  
11 the life sciences that can help reduce the impact  
12 from outbreaks of infectious disease whether of nat-  
13 ural, accidental, or deliberate origin”.

14 (2) In February 2014, the United States and  
15 nearly 30 other nations launched the Global Health  
16 Security Agenda (GHSA) to address several high-  
17 priority, global infectious disease threats. The  
18 GHSA is a multi-faceted, multi-country initiative in-  
19 tended to accelerate partner countries’ measurable  
20 capabilities to achieve specific targets to prevent, de-  
21 tect, and respond to infectious disease threats,  
22 whether naturally occurring, deliberate, or acci-  
23 dental.

24 (3) In 2015, the United Nations adopted the  
25 Sustainable Development Goals (SDGs), which in-  
26 clude specific reference to the importance of global

1 health security as part of SDG 3 “ensure healthy  
2 lives and promote well-being for all at all ages” as  
3 follows: “strengthen the capacity of all countries, in  
4 particular developing countries, for early warning,  
5 risk reduction and management of national and  
6 global health risks”.

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

11 (5) In October 2017 at the GHSA Ministerial  
12 Meeting in Uganda, the United States and more  
13 than 40 GHSA member countries supported the  
14 “Kampala Declaration” to extend the GHSA for an  
15 additional 5 years to 2024.

16 (6) In December 2017, President Trump re-  
17 leased the National Security Strategy, which in-  
18 cludes the priority action: “Detect and contain bio-  
19 threats at their source: We will work with other  
20 countries to detect and mitigate outbreaks early to  
21 prevent the spread of disease. We will encourage  
22 other countries to invest in basic health care systems  
23 and to strengthen global health security across the  
24 intersection of human and animal health to prevent  
25 infectious disease outbreaks”.

1           (7) In September 2018, President Trump re-  
2           leased the National Biodefense Strategy, which in-  
3           cludes objectives to “strengthen global health secu-  
4           rity capacities to prevent local bioincidents from be-  
5           coming epidemics”, and “strengthen international  
6           preparedness to support international response and  
7           recovery capabilities”.

8           (8) In January 2021, President Biden issued  
9           Executive Order 13987 (86 Fed. Reg. 7019; relating  
10          to Organizing and Mobilizing the United States Gov-  
11          ernment to Provide a Unified and Effective Re-  
12          sponse to Combat COVID–19 and to Provide United  
13          States Leadership on Global Health and Security),  
14          as well as National Security Memorandum on  
15          United States Global Leadership to Strengthen the  
16          International COVID–19 Response and to Advance  
17          Global Health Security and Biological Preparedness,  
18          which include objectives to strengthen and reform  
19          the World Health Organization, increase United  
20          States leadership in the global response to COVID–  
21          19, and to finance and advance global health secu-  
22          rity and pandemic preparedness.

23 **SEC. 3. STATEMENT OF POLICY.**

24          It is the policy of the United States to—

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

4           (2) advance the aims of the Global Health Se-  
5           curity Agenda;

6           (3) collaborate with other countries to detect  
7           and mitigate outbreaks early to prevent the spread  
8           of disease;

9           (4) encourage and support other countries to  
10          advance pandemic preparedness by investing in basic  
11          resilient and sustainable health care systems; and

12          (5) strengthen global health security across the  
13          intersection of human and animal health to prepare  
14          for and prevent infectious disease outbreaks and  
15          combat the growing threat of antimicrobial resist-  
16          ance.

17 **SEC. 4. GLOBAL HEALTH SECURITY AGENDA INTERAGENCY**

18                                   **REVIEW COUNCIL.**

19          (a) **ESTABLISHMENT.**—The President shall establish  
20          a Global Health Security Agenda Interagency Review  
21          Council (in this section referred to as the “Council”) to  
22          perform the general responsibilities described in sub-  
23          section (c) and the specific roles and responsibilities de-  
24          scribed in subsection (e).

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

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

6 (1) Provide policy-level recommendations to  
7 participating agencies on Global Health Security  
8 Agenda (GHSA) goals, objectives, and implementa-  
9 tion, and other international efforts to strengthen  
10 pandemic preparedness and response.

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

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

17 (4)(A) Review the progress toward and work to  
18 resolve challenges in achieving United States com-  
19 mitments under the GHSA, including commitments  
20 to assist other countries in achieving the GHSA tar-  
21 gets.

22 (B) The Council shall consider, among other  
23 issues, the following:

24 (i) The status of United States financial  
25 commitments to the GHSA in the context of

1 commitments by other donors, and the con-  
2 tributions of partner countries to achieve the  
3 GHSA targets.

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

10 (iii) The external evaluations of United  
11 States and partner country capabilities to ad-  
12 dress infectious disease threats, including the  
13 ability to achieve the targets outlined within the  
14 WHO Joint External Evaluation tool, as well as  
15 gaps identified by such external evaluations.

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

- 21 (1) The Department of State.
- 22 (2) The Department of Defense.
- 23 (3) The Department of Justice.
- 24 (4) The Department of Agriculture.

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

3           (6) The Department of the Treasury.

4           (7) The Department of Labor.

5           (8) The Department of Homeland Security.

6           (9) The Office of Management and Budget.

7           (10) The Office of the Director of National In-  
8 telligence.

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

11           (12) The Environmental Protection Agency.

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

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

16           (15) The National Institutes of Health.

17           (16) The National Institute of Allergy and In-  
18 fectionous Diseases.

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

21 (e) SPECIFIC ROLES AND RESPONSIBILITIES.—

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

24                   (A) make the GHSA and its implementa-  
25 tion and global pandemic preparedness a high



1 priority within their respective agencies, and in-  
2 clude GHSA- and global pandemic prepared-  
3 ness-related activities within their respective  
4 agencies' strategic planning and budget proc-  
5 esses;

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

8 (C) designate, in accordance with sub-  
9 section (d), an appropriate representative at the  
10 Assistant Secretary level or higher to partici-  
11 pate on the Council;

12 (D) keep the Council apprised of GHSA-  
13 related activities undertaken within their re-  
14 spective agencies;

15 (E) maintain responsibility for agency-re-  
16 lated programmatic functions in coordination  
17 with host governments, country teams, and  
18 GHSA in-country teams, and in conjunction  
19 with other relevant agencies;

20 (F) coordinate with other agencies that are  
21 identified in this section to satisfy pro-  
22 grammatic goals, and further facilitate coordi-  
23 nation of country teams, implementers, and do-  
24 nors in host countries; and

1 (G) coordinate across national health secu-  
2 rity action plans and with GHSA and other  
3 partners, as appropriate, to which the United  
4 States is providing assistance.

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

16 **SEC. 5. UNITED STATES COORDINATOR FOR GLOBAL**  
17 **HEALTH SECURITY.**

18 (a) **IN GENERAL.**—The President shall appoint an in-  
19 dividual to the position of United States Coordinator for  
20 Global Health Security, who shall be responsible for the  
21 coordination of the interagency process for responding to  
22 global health security emergencies. As appropriate, the  
23 designee shall coordinate with the President’s Special Co-  
24 ordinator for International Disaster Assistance.

1 (b) CONGRESSIONAL BRIEFING.—Not less frequently  
2 than twice each year, the employee designated under this  
3 section shall provide to the appropriate congressional com-  
4 mittees a briefing on the responsibilities and activities of  
5 the individual under this section.

6 **SEC. 6. SENSE OF CONGRESS.**

7 It is the sense of the Congress that, given the complex  
8 and multisectoral nature of global health threats to the  
9 United States, the President—

10 (1) should consider appointing an individual  
11 with significant background and expertise in public  
12 health or emergency response management to the  
13 position of United States Coordinator for Global  
14 Health Security, as required by section 5(a), who is  
15 an employee of the National Security Council at the  
16 level of Deputy Assistant to the President or higher;  
17 and

18 (2) in providing assistance to implement the  
19 strategy required under section 7(a), should—

20 (A) coordinate, through a whole-of-govern-  
21 ment approach, the efforts of relevant Federal  
22 departments and agencies to implement the  
23 strategy;

24 (B) seek to fully utilize the unique capa-  
25 bilities of each relevant Federal department and

1 agency while collaborating with and leveraging  
2 the contributions of other key stakeholders; and

3 (C) utilize open and streamlined solicita-  
4 tions to allow for the participation of a wide  
5 range of implementing partners through the  
6 most appropriate procurement mechanisms,  
7 which may include grants, contracts, coopera-  
8 tive agreements, and other instruments as nec-  
9 essary and appropriate.

10 **SEC. 7. STRATEGY AND REPORTS.**

11 (a) STRATEGY.—The President shall coordinate the  
12 development and implementation of a strategy to imple-  
13 ment the policy aims described in section 3, which shall—

14 (1) seek to strengthen United States diplomatic  
15 leadership and improve the effectiveness of United  
16 States foreign assistance for global health security to  
17 prevent, detect, and respond to infectious disease  
18 threats, including through advancement of the Glob-  
19 al Health Security Agenda (GHSA), the Inter-  
20 national Health Regulations (2005), and other rel-  
21 evant frameworks that contribute to global health  
22 security and pandemic preparedness;

23 (2) establish specific and measurable goals,  
24 benchmarks, timetables, performance metrics, and  
25 monitoring and evaluation plans for United States

1 foreign assistance for global health security that pro-  
2 mote learning and reflect international best practices  
3 relating to global health security, transparency, and  
4 accountability;

5 (3) establish mechanisms to improve coordina-  
6 tion and avoid duplication of effort between the  
7 United States Government and partner countries,  
8 donor countries, the private sector, multilateral orga-  
9 nizations, and other key stakeholders;

10 (4) prioritize working with partner countries  
11 with demonstrated—

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

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

24 (5) reduce long-term reliance upon United  
25 States foreign assistance for global health security

1 by promoting partner country ownership, improved  
2 domestic resource mobilization, co-financing, and ap-  
3 propriate national budget allocations for global  
4 health security and pandemic preparedness and re-  
5 sponse;

6 (6) assist partner countries in building the tech-  
7 nical capacity of relevant ministries, systems, and  
8 networks to prepare, execute, monitor, and evaluate  
9 effective national action plans for health security, in-  
10 cluding mechanisms to enhance budget and global  
11 health data transparency, as necessary and appro-  
12 priate;

13 (7) support and be aligned with country-owned  
14 global health security policy and investment plans  
15 developed with input from key stakeholders, as ap-  
16 propriate;

17 (8) facilitate communication and collaboration,  
18 as appropriate, among local stakeholders in support  
19 of a multi-sectoral approach to global health secu-  
20 rity;

21 (9) support the long-term success of programs  
22 by building the capacity of local organizations and  
23 institutions in target countries and communities;

24 (10) develop community resilience to infectious  
25 disease threats and emergencies;

1           (11) support global health budget and work-  
2           force planning in partner countries, including train-  
3           ing in financial management and budget and global  
4           health data transparency;

5           (12) align United States foreign assistance for  
6           global health security with national action plans for  
7           health security in partner countries, developed with  
8           input from key stakeholders, including the private  
9           sector, to the greatest extent practicable and appro-  
10          priate;

11          (13) strengthen linkages between complemen-  
12          tary bilateral and multilateral foreign assistance pro-  
13          grams, including efforts of the World Bank, the  
14          World Health Organization, the Global Fund to  
15          Fight AIDS, Tuberculosis, and Malaria, and Gavi,  
16          the Vaccine Alliance, that contribute to the develop-  
17          ment of more resilient health systems and supply  
18          chains in partner countries with the capacity, re-  
19          sources, and personnel required to prevent, detect,  
20          and respond to infectious disease threats;

21          (14) support innovation and public-private part-  
22          nerships to improve pandemic preparedness and re-  
23          sponse, including for the development and deploy-  
24          ment of effective, accessible, and affordable infec-

1       tious disease tracking tools, diagnostics, thera-  
2       peutics, and vaccines;

3               (15) support collaboration with and among rel-  
4       evant public and private research entities engaged in  
5       global health security; and

6               (16) support collaboration between United  
7       States universities and public and private institu-  
8       tions in partner countries that promote global health  
9       security and innovation.

10       (b) STRATEGY SUBMISSION.—

11               (1) IN GENERAL.—Not later than 180 days  
12       after the date of the enactment of this Act, the  
13       President, in consultation with the head of each rel-  
14       evant Federal department and agency, shall submit  
15       to the appropriate congressional committees the  
16       strategy required under subsection (a) that provides  
17       a detailed description of how the United States in-  
18       tends to advance the policy set forth in section 3 and  
19       the agency-specific plans described in paragraph (2).

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

24                       (A) the anticipated contributions of the de-  
25       partment or agency, including technical, finan-



1           cial, and in-kind contributions, to implement  
2           the strategy; and

3                   (B) the efforts of the department or agen-  
4           cy to ensure that the activities and programs  
5           carried out pursuant to the strategy are de-  
6           signed to achieve maximum impact and long-  
7           term sustainability.

8           (c) REPORT.—

9                   (1) IN GENERAL.—Not later than 1 year after  
10          the date on which the strategy required under sub-  
11          section (a) is submitted to the appropriate congres-  
12          sional committees under subsection (b), and not  
13          later than October 1 of each year thereafter, the  
14          President shall submit to the appropriate congres-  
15          sional committees a report that describes the status  
16          of the implementation of the strategy.

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

19                           (A) identify any substantial changes made  
20          in the strategy during the preceding calendar  
21          year;

22                           (B) describe the progress made in imple-  
23          menting the strategy;

24                           (C) identify the indicators used to establish  
25          benchmarks and measure results over time, as

1 well as the mechanisms for reporting such re-  
2 sults in an open and transparent manner;

3 (D) contain a transparent, open, and de-  
4 tailed accounting of expenditures by relevant  
5 Federal departments and agencies to implement  
6 the strategy, including, to the extent prac-  
7 ticable, for each Federal department and agen-  
8 cy, the statutory source of expenditures,  
9 amounts expended, partners, targeted popu-  
10 lations, and types of activities supported;

11 (E) describe how the strategy leverages  
12 other United States global health and develop-  
13 ment assistance programs and bilateral and  
14 multilateral institutions;

15 (F) assess efforts to coordinate United  
16 States global health security programs, activi-  
17 ties, and initiatives with key stakeholders;

18 (G) incorporate a plan for regularly review-  
19 ing and updating strategies, partnerships, and  
20 programs and sharing lessons learned with a  
21 wide range of stakeholders, including key stake-  
22 holders, in an open, transparent manner; and

23 (H) describe the progress achieved and  
24 challenges concerning the United States Gov-  
25 ernment's ability to advance GHSA and pan-

1 demic preparedness, including data  
2 disaggregated by priority country using indica-  
3 tors that are consistent on a year-to-year basis  
4 and recommendations to resolve, mitigate, or  
5 otherwise address the challenges identified  
6 therein.

7 (d) FORM.—The strategy required under subsection  
8 (a) and the report required under subsection (c) shall be  
9 submitted in unclassified form but may contain a classi-  
10 fied annex.

11 **SEC. 8. ESTABLISHMENT OF FUND FOR GLOBAL HEALTH**  
12 **SECURITY AND PANDEMIC PREPAREDNESS.**

13 (a) NEGOTIATIONS FOR ESTABLISHMENT OF A FUND  
14 FOR GLOBAL HEALTH SECURITY AND PANDEMIC PRE-  
15 PAREDNESS.—The Secretary of State, in coordination  
16 with the Secretary of the Treasury, the Administrator of  
17 the United States Agency for International Development,  
18 the Secretary of Health and Human Services, and the  
19 heads of other relevant Federal departments and agencies  
20 as necessary and appropriate, should seek to enter into  
21 negotiations with donors, relevant United Nations agen-  
22 cies, including the World Health Organization, and other  
23 key multilateral stakeholders, for the establishment of—

24 (1) a multilateral, catalytic financing mecha-  
25 nism for global health security and pandemic pre-

1       paredness, which may be known as the Fund for  
2       Global Health Security and Pandemic Preparedness  
3       (in this title referred to as “the Fund”), in accord-  
4       ance with the provisions of this section; and

5               (2) an Advisory Board to the Fund in accord-  
6       ance with section 9.

7       (b) PURPOSE.—The purpose of the Fund should be  
8       to close critical gaps in global health security and pan-  
9       demic preparedness and build capacity in eligible partner  
10      countries in the areas of global health security, infectious  
11      disease control, and pandemic preparedness, such that  
12      it—

13              (1) prioritizes capacity building and financing  
14      availability in eligible partner countries;

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

18              (3) leverages government, nongovernment, and  
19      private sector investments;

20              (4) regularly responds to and evaluates progress  
21      based on clear metrics and benchmarks, such as the  
22      Joint External Evaluation and Global Health Secu-  
23      rity Index;

24              (5) aligns with and complements ongoing bilat-  
25      eral and multilateral efforts and financing, including

1 through the World Bank, the World Health Organi-  
2 zation, the Global Fund to Fight AIDS, Tuber-  
3 culosis, and Malaria, and Gavi, the Vaccine Alliance;  
4 and

5 (6) accelerates country compliance with the  
6 International Health Regulations (2005) and fulfill-  
7 ment of the Global Health Security Agenda 2024  
8 Framework, in coordination with the ongoing Joint  
9 External Evaluation national action planning proc-  
10 ess.

11 (c) EXECUTIVE BOARD.—

12 (1) IN GENERAL.—The Fund should be gov-  
13 erned by an Executive Board, which should be com-  
14 posed of not more than 20 representatives of donor  
15 governments, foundations, academic institutions,  
16 civil society, and the private sector that meet a min-  
17 imum threshold in annual contributions and agree to  
18 uphold transparency measures.

19 (2) DUTIES.—The Executive Board should be  
20 charged with approving strategies, operations, and  
21 grant-making authorities, such that it is able to con-  
22 duct effective fiduciary, monitoring, and evaluation  
23 efforts, and other oversight functions. In addition,  
24 the Executive Board should—

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

4           (B) determine operational procedures such  
5 that the Fund is able to effectively fulfill its  
6 mission; and

7           (C) provide oversight and accountability  
8 for the Fund in collaboration with the Inspector  
9 General to be established pursuant to section  
10 10(e)(1)(A).

11       (3) COMPOSITION.—The Executive Board  
12 should include—

13           (A) representatives of the governments of  
14 founding permanent member countries who, in  
15 addition to the requirements in paragraph (1),  
16 qualify based upon meeting an established ini-  
17 tial contribution threshold, which should be not  
18 less than 10 percent of total initial contribu-  
19 tions, and a demonstrated commitment to sup-  
20 porting the International Health Regulations  
21 (2005);

22           (B) term members, who are from academic  
23 institutions, civil society, and the private sector  
24 and are selected by the permanent members on  
25 the basis of their experience and commitment to

1 innovation, best practices, and the advancement  
2 of global health security objectives; and

3 (C) representatives of the World Health  
4 Organization, and the chair of the Global  
5 Health Security Steering Group.

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

11 (5) CONFLICTS OF INTEREST.—

12 (A) TECHNICAL EXPERTS.—The Executive  
13 Board may include independent technical ex-  
14 perts, provided they are not affiliated with or  
15 employed by a recipient country or organiza-  
16 tion.

17 (B) MULTILATERAL BODIES AND INSTITU-  
18 TIONS.—Executive Board members appointed  
19 under paragraph (3)(C) should recuse them-  
20 selves from matters presenting conflicts of in-  
21 terest, including financing decisions relating to  
22 such bodies and institutions.

23 (6) UNITED STATES REPRESENTATION.—

24 (A) IN GENERAL.—

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

5 (ii) UNITED STATES REPRESENTA-  
6 TION.—The United States shall be rep-  
7 resented on the Executive Board by an of-  
8 ficer or employee of the United States ap-  
9 pointed by the President.

10 (B) EFFECTIVE AND TERMINATION  
11 DATES.—

12 (i) EFFECTIVE DATE.—This para-  
13 graph shall take effect upon the date the  
14 Secretary of State certifies and transmits  
15 to Congress an agreement establishing the  
16 Fund.

17 (ii) TERMINATION DATE.—The mem-  
18 bership established pursuant to subpara-  
19 graph (A) shall terminate upon the date of  
20 termination of the Fund.

21 (7) REMOVAL PROCEDURES.—The Fund should  
22 establish procedures for the removal of members of  
23 the Executive Board who engage in a consistent pat-  
24 tern of human rights abuses, fail to uphold global  
25 health data transparency requirements, or otherwise



1 violate the established standards of the Fund, in-  
2 cluding in relation to corruption.

3 (8) ENFORCEABILITY.—Any agreement con-  
4 cluded under the authorities provided by this section  
5 shall be legally effective and binding upon the  
6 United States, as may be provided in the agreement,  
7 upon—

8 (A) the enactment of appropriate imple-  
9 menting legislation which provides for the ap-  
10 proval of the specific agreement or agreements,  
11 including attachments, annexes, and supporting  
12 documentation, as appropriate; or

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

15 (9) ELIGIBLE PARTNER COUNTRY DEFINED.—  
16 In this section, the term “eligible partner country”  
17 means a country with demonstrated—

18 (A) need, as identified through the Joint  
19 External Evaluation process, the Global Health  
20 Security Index classification of health systems,  
21 national action plans for health security, and  
22 other complementary or successor indicators of  
23 global health security and pandemic prepared-  
24 ness; and

1 (B) commitment to transparency, including  
2 budget and global health data transparency,  
3 complying with the International Health Regu-  
4 lations (2005), investing in domestic health sys-  
5 tems, and achieving measurable results, and in  
6 which the Fund for Global Health Security and  
7 Pandemic Preparedness established under this  
8 section may finance global health security and  
9 pandemic preparedness assistance programs  
10 under this Act.

11 **SEC. 9. FUND AUTHORITIES.**

12 (a) PROGRAM OBJECTIVES.—

13 (1) IN GENERAL.—In carrying out the purpose  
14 set forth in section 8, the Fund, acting through the  
15 Executive Board, should provide grants, including  
16 challenge grants, technical assistance, concessional  
17 lending, catalytic investment funds, and other inno-  
18 vative funding mechanisms, as appropriate, to—

19 (A) help eligible partner countries close  
20 critical gaps in health security, as identified  
21 through the Joint External Evaluation process,  
22 the Global Health Security Index classification  
23 of health systems, and national action plans for  
24 health security and other complementary or

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

3 (B) support measures that enable such  
4 countries, at both national and sub-national lev-  
5 els, and in partnership with civil society and the  
6 private sector, to strengthen and sustain resil-  
7 ient health systems and supply chains with the  
8 resources, capacity, and personnel required to  
9 prevent, detect, mitigate, and respond to infec-  
10 tious disease threats before they become  
11 pandemics.

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

15 (A) enable eligible partner countries to for-  
16 mulate and implement national health security  
17 and pandemic preparedness action plans, ad-  
18 vance action packages under the Global Health  
19 Security Agenda, and adopt and uphold com-  
20 mitments under the International Health Regu-  
21 lations (2005) and other related international  
22 health agreements, as appropriate;

23 (B) support global health security budget  
24 planning in eligible partner countries, including

1 training in financial management and budget  
2 and global health data transparency;

3 (C) strengthen the health security work-  
4 force, including hiring, training, and deploying  
5 experts to improve frontline preparedness for  
6 emerging epidemic and pandemic threats;

7 (D) improve infection control and the pro-  
8 tection of healthcare workers within healthcare  
9 settings;

10 (E) combat the threat of antimicrobial re-  
11 sistance;

12 (F) strengthen laboratory capacity and  
13 promote biosafety and biosecurity through the  
14 provision of material and technical assistance;

15 (G) reduce the risk of bioterrorism,  
16 zoonotic disease spillover, and accidental bio-  
17 logical release;

18 (H) build technical capacity to manage  
19 global health security related supply chains, in-  
20 cluding for personal protective equipment, oxy-  
21 gen, testing reagents, and other lifesaving sup-  
22 plies, through effective forecasting, procure-  
23 ment, warehousing, and delivery from central  
24 warehouses to points of service in both the pub-  
25 lic and private sectors;

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

9 (J) establish partnerships for the sharing  
10 of best practices and enabling eligible countries  
11 to meet targets and indicators under the Joint  
12 External Evaluation process, the Global Health  
13 Security Index classification of health systems,  
14 and national action plans for health security re-  
15 lating to the detection, treatment, and preven-  
16 tion of neglected tropical diseases;

17 (K) build the technical capacity of eligible  
18 partner countries to prepare for and respond to  
19 second order development impacts of infectious  
20 disease outbreaks, while accounting for the dif-  
21 ferentiated needs and vulnerabilities of  
22 marginalized populations;

23 (L) develop and utilize metrics to monitor  
24 and evaluate programmatic performance and  
25 identify best practices, including in accordance

1 with Joint External Evaluation benchmarks,  
2 Global Health Security Agenda targets, and  
3 Global Health Security Index indicators;

4 (M) develop and deploy mechanisms to en-  
5 hance the transparency and accountability of  
6 global health security and pandemic prepared-  
7 ness programs and data, in compliance with the  
8 International Health Regulations (2005), in-  
9 cluding through the sharing of trends, risks,  
10 and lessons learned; and

11 (N) develop and implement simulation ex-  
12 ercises, produce and release after action re-  
13 ports, and address related gaps.

14 (3) IMPLEMENTATION OF PROGRAM OBJEC-  
15 TIVES.—In carrying out the objectives of paragraph  
16 (1), the Fund should work to eliminate duplication  
17 and waste by upholding strict transparency and ac-  
18 countability standards and coordinating its programs  
19 and activities with key partners working to advance  
20 global health security and pandemic preparedness,  
21 including—

22 (A) governments, civil society, faith-based,  
23 and nongovernmental organizations, research  
24 and academic institutions, and private sector  
25 entities in eligible partner countries;

1 (B) the pandemic early warning systems  
2 and emergency operations centers to be estab-  
3 lished under section 9;

4 (C) the World Health Organization;

5 (D) the Global Health Security Agenda;

6 (E) the Global Health Security Initiative;

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

9 (G) the United Nations Office for the Co-  
10 ordination of Humanitarian Affairs, UNICEF,  
11 and other relevant funds, programs, and spe-  
12 cialized agencies of the United Nations;

13 (H) Gavi, the Vaccine Alliance;

14 (I) the Coalition for Epidemic Prepared-  
15 ness Innovations (CEPI);

16 (J) the Global Polio Eradication Initiative;

17 and

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

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

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

1           (2) measurable gaps in global health security  
2           and pandemic preparedness identified under Joint  
3           External Evaluations and national action plans for  
4           health security;

5           (3) demonstrated political and financial com-  
6           mitment to pandemic preparedness; and

7           (4) demonstrated commitment to upholding  
8           global health budget and data transparency and ac-  
9           countability standards, complying with the Inter-  
10          national Health Regulations (2005), investing in do-  
11          mestic health systems, and achieving measurable re-  
12          sults.

13          (c) **ELIGIBLE GRANT RECIPIENTS.**—Governments  
14          and nongovernmental organizations should be eligible to  
15          receive grants as described in this section.

16          **SEC. 10. FUND ADMINISTRATION.**

17          (a) **APPOINTMENT OF AN ADMINISTRATOR.**—The Ex-  
18          ecutive Board of the Fund should appoint an Adminis-  
19          trator who should be responsible for managing the day-  
20          to-day operations of the Fund.

21          (b) **AUTHORITY TO SOLICIT AND ACCEPT CONTRIBU-**  
22          **TIONS.**—The Fund should be authorized to solicit and ac-  
23          cept contributions from governments, the private sector,  
24          foundations, individuals, and nongovernmental entities of  
25          all kinds.



1 (c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR  
2 PROGRAMS.—As part of the negotiations described in sec-  
3 tion 8(a), the Secretary of the State, shall, consistent with  
4 subsection (d)—

5 (1) take such actions as are necessary to ensure  
6 that the Fund will have in effect adequate proce-  
7 dures and standards to account for and monitor the  
8 use of funds contributed to the Fund, including the  
9 cost of administering the Fund; and

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

13 (d) SELECTION OF PARTNER COUNTRIES, PROJECTS,  
14 AND RECIPIENTS.—The Executive Board should estab-  
15 lish—

16 (1) eligible partner country selection criteria, to  
17 include transparent metrics to measure and assess  
18 global health security and pandemic preparedness  
19 strengths and vulnerabilities in countries seeking as-  
20 sistance;

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

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

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

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

8           (6) such rules and procedures as may be nec-  
9           essary to ensure transparency and accountability in  
10          the grant-making process.

11          (e) **ADDITIONAL TRANSPARENCY AND ACCOUNT-**  
12 **ABILITY REQUIREMENTS.—**

13           (1) **INSPECTOR GENERAL.—**

14           (A) **IN GENERAL.—**The Secretary of State  
15           shall seek to ensure that the Fund maintains  
16           an independent Office of the Inspector General  
17           and ensure that the office has the requisite re-  
18           sources and capacity to regularly conduct and  
19           publish, on a publicly accessible website, rig-  
20           orous financial, programmatic, and reporting  
21           audits and investigations of the Fund and its  
22           grantees.

23           (B) **SENSE OF CONGRESS ON CORRUP-**  
24           **TION.—**It is the sense of Congress that—

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

4 (ii) in making financial recoveries re-  
5 lating to a corrupt act or criminal conduct  
6 under a grant, as determined by the In-  
7 spector General, the responsible grant re-  
8 cipient should be assessed at a recovery  
9 rate of up to 150 percent of such loss.

10 (2) ADMINISTRATIVE EXPENSES.—The Sec-  
11 retary of State shall seek to ensure the Fund estab-  
12 lishes, maintains, and makes publicly available a sys-  
13 tem to track the administrative and management  
14 costs of the Fund on a quarterly basis.

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

21 **SEC. 11. FUND ADVISORY BOARD.**

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

24 (b) APPOINTMENTS.—The members of the Advisory  
25 Board should be composed of—

1           (1) individuals with experience and leadership  
2           in the fields of development, global health, epidemi-  
3           ology, medicine, biomedical research, and social  
4           sciences; and

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

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

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

17               (1) IN GENERAL.—Except for travel expenses  
18               (including per diem in lieu of subsistence), no mem-  
19               ber of the Advisory Board should receive compensa-  
20               tion for services performed as a member of the  
21               Board.

22               (2) UNITED STATES REPRESENTATIVE.—Not-  
23               withstanding any other provision of law (including  
24               an international agreement), a representative of the  
25               United States on the Advisory Board may not accept

1 compensation for services performed as a member of  
2 the Board, except that such representative may ac-  
3 cept travel expenses, including per diem in lieu of  
4 subsistence, while away from the representative's  
5 home or regular place of business in the perform-  
6 ance of services for the Board.

7 (e) CONFLICTS OF INTEREST.—Members of the Advi-  
8 sory Board should be required to disclose any potential  
9 conflicts of interest prior to serving on the Advisory  
10 Board.

11 **SEC. 12. REPORTS TO CONGRESS ON THE FUND.**

12 (a) STATUS REPORT.—Not later than 6 months after  
13 the date of enactment of this Act, the Secretary of State,  
14 in coordination with the Administrator of the United  
15 States Agency for International Development, and the  
16 heads of other relevant Federal departments and agencies,  
17 shall submit to the appropriate congressional committees  
18 a report detailing the progress of international negotia-  
19 tions to establish the Fund.

20 (b) ANNUAL REPORT.—

21 (1) IN GENERAL.—Not later than 1 year after  
22 the date of the establishment of the Fund, and an-  
23 nually thereafter for the duration of the Fund, the  
24 Secretary of State, shall submit to the appropriate  
25 congressional committees a report on the Fund.

1           (2) REPORT ELEMENTS.—The report shall in-  
2       clude a description of—

3                   (A) the goals of the Fund;

4                   (B) the programs, projects, and activities  
5       supported by the Fund;

6                   (C) private and governmental contributions  
7       to the Fund; and

8                   (D) the criteria utilized to determine the  
9       programs and activities that should be assisted  
10      by the Fund.

11       (c) GAO REPORT ON EFFECTIVENESS.—Not later  
12      than 2 years after the date that the Fund comes into ef-  
13      fect, the Comptroller General of the United States shall  
14      submit to the appropriate congressional committees a re-  
15      port evaluating the effectiveness of the Fund, including—

16                   (1) the effectiveness of the programs, projects,  
17      and activities supported by the Fund; and

18                   (2) an assessment of the merits of continued  
19      United States participation in the Fund.

20      **SEC. 13. UNITED STATES CONTRIBUTIONS.**

21       (a) IN GENERAL.—Subject to submission of the cer-  
22      tification under this section, the President is authorized  
23      to make available for United States contributions to the  
24      Fund such funds as may be authorized to be made avail-  
25      able for such purpose.

1 (b) NOTIFICATION.—The Secretary of State shall no-  
2 tify the appropriate congressional committees not later  
3 than 15 days in advance of making a contribution to the  
4 Fund, including—

5 (1) the amount of the proposed contribution;

6 (2) the total of funds contributed by other do-  
7 nors; and

8 (3) the national interests served by United  
9 States participation in the Fund.

10 (c) LIMITATION.—At no point during the five years  
11 after enactment of this Act shall a United States contribu-  
12 tion to the Fund cause the cumulative total of United  
13 States contributions to the Fund to exceed 33 percent of  
14 the total contributions to the Fund from all sources.

15 (d) WITHHOLDINGS.—

16 (1) SUPPORT FOR ACTS OF INTERNATIONAL  
17 TERRORISM.—If at any time the Secretary of State  
18 determines that the Fund has provided assistance to  
19 a country, the government of which the Secretary of  
20 State has determined, for purposes of section 620A  
21 of the Foreign Assistance Act of 1961 (22 U.S.C.  
22 2371) has repeatedly provided support for acts of  
23 international terrorism, the United States shall with-  
24 hold from its contribution to the Fund for the next

1 fiscal year an amount equal to the amount expended  
2 by the Fund to the government of such country.

3 (2) EXCESSIVE SALARIES.—If at any time dur-  
4 ing the five years after enactment of this Act, the  
5 Secretary of State determines that the salary of any  
6 individual employed by the Fund exceeds the salary  
7 of the Vice President of the United States for that  
8 fiscal year, then the United States should withhold  
9 from its contribution for the next fiscal year an  
10 amount equal to the aggregate amount by which the  
11 salary of each such individual exceeds the salary of  
12 the Vice President of the United States.

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



1 mation relevant to United States contributions to  
2 the Fund (as determined by the Inspector General  
3 of the Department of State, in consultation with the  
4 Secretary of State).

5 **SEC. 14. COMPLIANCE WITH THE FOREIGN AID TRANS-**  
6 **PARENCY AND ACCOUNTABILITY ACT OF**  
7 **2016.**

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

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

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

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

16 “(E) the Global Health Security Act of  
17 2021.”.

18 **SEC. 15. DEFINITIONS.**

19 In this Act:

20 (1) **APPROPRIATE CONGRESSIONAL COMMIT-**  
21 **TEES.**—The term “appropriate congressional Com-  
22 **mittees” means—**

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

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

4 (2) GLOBAL HEALTH SECURITY.—The term  
5 “global health security” means activities supporting  
6 epidemic and pandemic preparedness and capabili-  
7 ties at the country and global levels in order to mini-  
8 mize vulnerability to acute public health events that  
9 can endanger the health of populations across geo-  
10 graphical regions and international boundaries.

11 **SEC. 16. SUNSET.**

12 This Act, and the amendments made by this Act shall  
13 cease to be effective 5 fiscal years after the enactment of  
14 this Act.

Passed the House of Representatives June 28, 2021.

Attest: CHERYL L. JOHNSON,  
*Clerk.*