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117TH CONGRESS
1ST SESSION

S. 2297

To improve global health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 24, 2021

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

JULY 30, 2021

Reported by Mr. MENENDEZ, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

A BILL

To improve global health, and for other purposes.

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

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

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

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

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

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

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

TITLE II—INTERNATIONAL PANDEMIC PREVENTION AND PREPAREDNESS

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

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

- Sec. 301: Eligible partner country defined.

Sec. 302. Establishment of Fund for Global Health Security and Pandemic Prevention and Preparedness.

Sec. 303. Authorities.

Sec. 304. Administration.

Sec. 305. Advisory Board.

Sec. 306. Reports to Congress.

Sec. 307. United States contributions.

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

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) APPROPRIATE CONGRESSIONAL 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 2017 that brings
18 together countries, regions, international organiza-
19 tions, nongovernmental organizations, and the pri-
20 vate sector to elevate global health security as a na-
21 tional-level priority, to share best practices, and to

1 facilitate national capacity to comply with and ad-
 2 here to—

3 (A) the International Health Regulations
 4 (2005);

5 (B) the World Organisation for Animal
 6 Health international standards and guidelines;

7 (C) United Nations Security Council Reso-
 8 lution 1540 (2004);

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

16 (E) the Global Health Security Agenda
 17 2024 Framework; and

18 (F) other relevant frameworks that con-
 19 tribute to global health security.

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

1 (4) GLOBAL HEALTH SECURITY INITIATIVE.—

2 The term “Global Health Security Initiative” means
3 the informal network of countries and organizations
4 that came together in 2001 to undertake concerted
5 global action to strengthen public health prepared-
6 ness and response to chemical, biological, radio-
7 logical, and nuclear threats, as well as pandemic in-
8 fluenza.

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

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

22 (A) national and local governments in
23 partner countries;

24 (B) other bilateral donors;

1 ~~(C)~~ international, regional, and local orga-
 2 nizations, including private, voluntary, non-
 3 governmental, and civil society organizations;

4 ~~(D)~~ international, regional, and local finan-
 5 cial institutions;

6 ~~(E)~~ representatives of historically
 7 marginalized groups, including women, youth,
 8 and indigenous peoples;

9 ~~(F)~~ the private sector, including medical
 10 device, technology, pharmaceutical, manufac-
 11 turing, logistics, and other relevant companies;
 12 and

13 ~~(G)~~ public and private research and aca-
 14 demic institutions.

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

21 ~~(8) RELEVANT FEDERAL DEPARTMENTS AND~~
 22 ~~AGENCIES.~~—The term “relevant Federal depart-
 23 ments and agencies” means any Federal department
 24 or agency implementing United States policies and
 25 programs relevant to the advancement of United

States global health security and diplomacy overseas;
which may include—

(A) the Department of State;

(B) the United States Agency for International Development;

(C) the Department of Health and Human Services;

(D) the Centers for Disease Control and Prevention;

(E) the National Institutes of Health;

(F) the Department of the Treasury;

(G) the Department of Agriculture;

(H) the Department of Defense;

(I) the Defense Threat Reduction Agency;

(J) the Millennium Challenge Corporation;

(K) the Development Finance Corporation;

(L) the Peace Corps; and

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

(9) RESILIENCE.—The term “resilience” means the ability of people, households, communities, systems, institutions, countries, and regions to reduce, mitigate, withstand, adapt to, and quickly recover

1 from stresses and shocks in a manner that reduces
2 chronic vulnerability and facilitates inclusive growth.

3 **SEC. 3. PURPOSE.**

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

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

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

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

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

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

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

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

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

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

1 detect, and respond to infectious disease
2 threats;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (2) to support related activities, including—

24 (A) strengthening vaccine readiness;

- 1 (B) reducing vaccine hesitancy and misin-
- 2 formation;
- 3 (C) delivering and administering COVID-
- 4 19 vaccines;
- 5 (D) strengthening health systems and sup-
- 6 ply chains;
- 7 (E) supporting health care workforce plan-
- 8 ning, training, and management;
- 9 (F) enhancing transparency, quality, and
- 10 reliability of health data;
- 11 (G) increasing bidirectional testing; and
- 12 (H) building lab capacity.

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

- 18 (1) any adjustments to original program targets
- 19 and goals that result from the use of funds for the
- 20 purposes authorized under subsection (a); and
- 21 (2) the amounts needed in the following fiscal
- 22 year to meet the original program goals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 **SEC. 107. SAFEGUARDING DEMOCRACY AND HUMAN**
 12 **RIGHTS DURING THE COVID-19 PANDEMIC.**

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

15 (1) governments may be required to take appro-
 16 priate extraordinary measures during public health
 17 emergencies to halt the spread of disease, including
 18 closing businesses and public events, limiting access
 19 to public spaces, and restricting the movement of
 20 people;

21 (2) certain foreign governments have taken
 22 measures in response to COVID-19 that violate the
 23 human rights of their citizens without clear public
 24 health justification, oversight measures, or sunset
 25 provisions;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 ~~(C)~~ describes—

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

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

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

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

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

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

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

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

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

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

8 (B) Congress supports—

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

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

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

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

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

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

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

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

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

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

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

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

22 (6) RADIO FREE ASIA.—

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

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

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

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

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

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

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

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

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

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

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

4 (8) OPEN TECHNOLOGY FUND.—

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

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

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

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

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

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

1 security of reporting operations and jour-
2 nalists.

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

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

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

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

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

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

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

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

engaged journalists around the world to combat COVID-19 disinformation, promote unbiased reporting, and strengthen media literacy.

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

(i) are engaged in residency or fellowship training at approximately 750 hospitals throughout the United States, the majority of whom are serving in States that have been the hardest hit by COVID-19; and

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

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

(A) a timeline for increasing visa processing capacities at embassies around the world, notably where there are—

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

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

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

12 ~~(3) GLOBAL ENGAGEMENT CENTER.—~~

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

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

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

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

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

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

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

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

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

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

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

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

(5) Given the prolonged nature of the COVID—19 pandemic, African finance ministers have requested continued efforts to provide—

(A) additional liquidity;

(B) better market access;

(C) more concessional resources; and

(D) an extension in the Debt Service Suspension Initiative established by the Group of 20.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) even when markets begin to recover in the future, it is likely that access to capital will be especially challenging for developing countries, which still will be struggling with the containment of, and the recovery from, the COVID—19 pandemic;

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

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

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

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

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

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

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

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

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

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

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

4 It is the sense of Congress that—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (F) logistics support; and

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

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

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

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

4 ~~(C) providing education and outreach; and~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (10) works to ensure that—

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

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

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

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

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

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

12 (c) ANNUAL REPORT.—

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

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

22 (B) any necessary updates to the strategy;

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

to detect, respond and prevent the spread of infectious disease threats, such as COVID-19 and Ebola; and

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

(2) ~~AGENCY-SPECIFIC PLANS.~~—The reports required under paragraph (1) shall include specific implementation plans from each relevant Federal department and agency that describe—

(A) how updates to the strategy may have impacted the agency's plan during the preceding calendar year;

(B) the progress made in meeting the goals, objectives, and benchmarks under implementation plans during the preceding year;

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

(D) a transparent, open, and detailed accounting of obligations by each of the relevant Federal departments and agencies to implement the strategy, including—

(i) the statutory source of obligated funds;

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

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

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

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

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

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

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

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

7 ~~(b)~~ COORDINATION.—

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

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

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

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

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

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

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

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

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

13 ~~(A) The Director of National Intelligence.~~

14 ~~(B) The Secretary of State.~~

15 ~~(C) The Secretary of Defense.~~

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

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

20 ~~(F) The Secretary of Agriculture.~~

21 ~~(G) The Secretary of the Treasury.~~

22 ~~(H) The Attorney General.~~

23 ~~(I) The Secretary of Homeland Security.~~

24 ~~(J) The Office of Management and Budg-~~
 25 ~~et.~~

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

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

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

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

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

12 ~~(5)~~ FUNCTIONS.—

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

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

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

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

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

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

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

19 (ii) develop a plan for—

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

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

1 to, and recover from emerging biological
2 threats;

3 (iii) provide policy-level recommendations
4 to participating agencies regarding
5 the Global Health Security Agenda goals,
6 objectives, and implementation, and other
7 international efforts to strengthen pandemic
8 prevention, preparedness and response;
9

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

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

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

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

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

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

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

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

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

3 ~~(7) SPECIFIC ROLES AND RESPONSIBILITIES.—~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 (3) shall have—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (f) ~~AUTHORIZATION OF APPROPRIATIONS.~~—

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

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

1 Health Security Strategy developed pursuant to
2 section 202;

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

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

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

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

23 **SEC. 205. RESILIENCE.**

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

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

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

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

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

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

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

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

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

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

19 (c) PILOT PROGRAM.—

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) identifies bureaucratic barriers and inefficiencies, including poor linkages between government ministries and between ministries and donor agencies and the extent of any corruption, and identify actions to overcome such barriers;

(C) identifies potential obstacles to the implementation of the strategy, such as issues relating to lack of political will or poor governance of an effective health system at all levels of the country's public health systems, especially with respect to governing bodies and councils at the provincial, district, and community levels;

(D) includes proposals for mobilizing sufficient and durable financing for health systems;

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

(i) strengthened data collection and analysis;

(ii) data driven decisionmaking capacity; and

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

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

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

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

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

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

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

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

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

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

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

5 (B) professional associations;

6 (C) patient groups;

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

11 (E) the private sector.

12 (d) INTERNATIONAL EFFORTS.—

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

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

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

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

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

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

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

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

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

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

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

22 (iii) to improve system efficiency;

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

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

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

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

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

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

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

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

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

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

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

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

15 (1) in subsection (a)—

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

22 (B) in paragraph (2)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (d) UNITED STATES CONTRIBUTIONS.—

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

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

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

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

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

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

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

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

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

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

7 (b) NATIONAL INTELLIGENCE ESTIMATES.—

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

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

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

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

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

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

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

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

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

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

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

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

21 (b) **REPORT.**—Not later than 1 year after the date
22 of the enactment of this Act, the Secretary of State, in
23 coordination with the Secretary of Health and Human
24 Services and the heads of the other relevant Federal de-
25 partments and agencies, shall submit a report to the ap-

1 appropriate congressional committees that describes United
2 States Government efforts and opportunities to establish
3 or strengthen effective early warning systems for infec-
4 tious disease threats.

5 **SEC. 211. INTERNATIONAL EMERGENCY OPERATIONS.**

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

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

1 Concern for the duration and in the aftermath of such
2 declaration.

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

17 (1) to collect and share data, assess risk, and
18 operationalize early warning;

19 (2) to secure, including through utilization of
20 stand-by arrangements and emergency funding
21 mechanisms, the staff, systems, and resources nec-
22 essary to execute cross-sectoral emergency oper-
23 ations during the 48-hour period immediately fol-
24 lowing an infectious disease outbreak with pandemic
25 potential; and

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

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

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

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

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

22 (2) commitment to transparency, including—

23 (A) budget and global health data trans-
24 parency;

- 1 (B) complying with the International
- 2 Health Regulations (2005);
- 3 (C) investing in domestic health systems;
- 4 and
- 5 (D) achieving measurable results.

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

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

- 21 (1) a multilateral, catalytic financing mecha-
- 22 nism for global health security and pandemic preven-
- 23 tion and preparedness, which may be known as the
- 24 Fund for Global Health Security and Pandemic Pre-
- 25 vention and Preparedness (in this title referred to as

1 “the Fund”), to address the need for and secure du-
 2 rable financing in accordance with the provisions of
 3 this section; and

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

6 (b) PURPOSES.—The purposes of the Fund should
 7 be—

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

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

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

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

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

21 (D) regularly responds to and evaluates
 22 progress based on clear metrics and bench-
 23 marks, such as the Joint External Evaluation
 24 and the Global Health Security Index;

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

(F) helps countries accelerate and achieve compliance with the International Health Regulations (2005) and the fulfillment of the Global Health Security Agenda 2024 Framework not later than 5 years after the date on which the Fund is established, in coordination with the ongoing Joint External Evaluation national action planning process.

~~(c) EXECUTIVE BOARD.—~~

~~(1) IN GENERAL.—The Fund should be governed by a transparent and accountable body (referred to in this title as the “Executive Board”), which should be composed of not more than 20 representatives of donor governments, foundations, academic institutions, civil society, indigenous people, and the private sector that meet a minimum threshold in annual contributions and agree to uphold transparency measures.~~

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

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

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

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

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

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

21 (3) COMPOSITION.—The Executive Board
22 should include—

23 (A) representatives of the governments of
24 founding permanent member countries who, in
25 addition to the requirements under paragraph

(1), qualify based upon meeting an established initial contribution threshold, which should be not less than 10 percent of total initial contributions, and a demonstrated commitment to supporting the International Health Regulations (2005);

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

(i) come from academic institutions, civil society, including indigenous organizations, and the private sector; and

(ii) are selected by the permanent members on the basis of their experience and commitment to innovation, best practices, and the advancement of global health security objectives;

(C) representatives of the World Health Organization;

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

(E) representatives from low- and middle-income countries that are or will be implementing a national pandemic prevention plan.

(4) QUALIFICATIONS.—Individuals appointed to the Executive Board should have demonstrated

1 knowledge and experience across a variety of sectors,
 2 including human and animal health, agriculture, de-
 3 velopment, defense, finance, research, and academia.

4 ~~(5) CONFLICTS OF INTEREST.—~~

5 ~~(A) TECHNICAL EXPERTS.—~~The Executive
 6 Board may include independent technical ex-
 7 perts who are not affiliated with, or employed
 8 by, a recipient country or organization.

9 ~~(B) MULTILATERAL BODIES AND INSTITU-~~
 10 ~~TIONS.—~~Executive Board members appointed
 11 pursuant to paragraph ~~(3)~~(C) should recuse
 12 themselves from matters presenting conflicts of
 13 interest, including financing decisions relating
 14 to such bodies and institutions.

15 ~~(6) UNITED STATES REPRESENTATION.—~~

16 ~~(A) FOUNDING PERMANENT MEMBER.—~~
 17 The Secretary of State should seek—

18 ~~(i) to establish the United States as a~~
 19 ~~founding permanent member of the Fund;~~
 20 ~~and~~

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

1 ~~(B)~~ EFFECTIVE AND TERMINATION
2 DATES.—

3 ~~(i)~~ EFFECTIVE DATE.—This para-
4 graph shall take effect upon the date on
5 which the Secretary of State certifies and
6 submits to Congress an agreement estab-
7 lishing the Fund.

8 ~~(ii)~~ TERMINATION DATE.—The mem-
9 bership established pursuant to subpara-
10 graph ~~(A)~~ shall terminate upon the date of
11 termination of the Fund.

12 ~~(7)~~ REMOVAL PROCEDURES.—The Fund should
13 establish procedures for the removal of members of
14 the Executive Board who—

15 ~~(A)~~ engage in a consistent pattern of
16 human rights abuses;

17 ~~(B)~~ fail to uphold global health data trans-
18 parency requirements; or

19 ~~(C)~~ otherwise violate the established stand-
20 ards of the Fund, including in relation to cor-
21 ruption.

22 **SEC. 303. AUTHORITIES.**

23 ~~(a)~~ PROGRAM OBJECTIVES.—

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

(A) provide grants, including challenge grants, technical assistance, concessional lending, catalytic investment funds, and other innovative funding mechanisms, as appropriate—

(i) to help eligible partner countries close critical gaps in health security, as identified through the Joint External Evaluation process, the Global Health Security Index classification of health systems, and national action plans for health security and other complementary or successor indicators of global health security and pandemic prevention and preparedness; and

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

1 spillover, before they become pandemics;
2 and

3 ~~(B) develop recommendations for a mecha-~~
4 nism for assisting countries that are at high
5 risk for zoonotic spillover events with pandemic
6 potential to participate in the Global Health Se-
7 curity Agenda and the Joint External Evalua-
8 tions.

9 ~~(2) ACTIVITIES SUPPORTED.~~—The activities to
10 be supported by the Fund should include efforts—

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

20 ~~(B) to support health security budget plan-~~
21 ning in eligible partner countries; including
22 training in public financial management and
23 budget and health data transparency;

24 ~~(C) to strengthen the health workforce, in-~~
25 cluding hiring, training, and deploying experts

1 to improve frontline prevention of, and moni-
2 toring and preparedness for, unknown, new,
3 emerging, or reemerging pathogens, epidemics,
4 and pandemic threats;

5 (D) to improve infection prevention and
6 control and the protection of healthcare workers
7 within healthcare settings;

8 (E) to combat the threat of antimicrobial
9 resistance;

10 (F) to strengthen laboratory capacity and
11 promote biosafety and biosecurity through the
12 provision of material and technical assistance;

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

16 (H) to build technical capacity to manage
17 health supply chains for commodities, equip-
18 ment, and supplies, including for personal pro-
19 tective equipment, testing reagents, and other
20 lifesaving supplies, through effective fore-
21 casting, procurement, warehousing, and delivery
22 from central warehouses to points of service in
23 both the public and private sectors;

24 (I) to enable bilateral, regional, and inter-
25 national partnerships and cooperation, includ-

ing through pandemic early warning systems and emergency operations centers, to identify and address transnational infectious disease threats exacerbated by natural and man-made disasters, human displacement, and zoonotic infection;

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

(K) to build the technical capacity of eligible partner countries to prepare for and respond to second order development impacts of infectious disease outbreaks, while accounting for the differentiated needs and vulnerabilities of marginalized populations;

(L) to develop and utilize metrics to monitor and evaluate programmatic performance and identify best practices, including in accordance with Joint External Evaluation bench-

marks, Global Health Security Agenda targets,
and Global Health Security Index indicators;

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

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

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

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

(3) IMPLEMENTATION OF PROGRAM OBJEC-
TIVES.—In carrying out the objectives under para-
graph (1), the Fund should work to eliminate dupli-
cation and waste by upholding strict transparency
and accountability standards and coordinating its
programs and activities with key partners working to

1 advance global health security and pandemic preven-
 2 tion and preparedness, including—

3 ~~(A) governments, civil society, nongovern-~~
 4 ~~mental organizations, research and academic in-~~
 5 ~~stitutions, and private sector entities in eligible~~
 6 ~~partner countries;~~

7 ~~(B) the pandemic early warning systems~~
 8 ~~and international emergency operations centers~~
 9 ~~to be established under sections 210 and 211;~~

10 ~~(C) the World Health Organization;~~

11 ~~(D) the Global Health Security Agenda;~~

12 ~~(E) the Global Health Security Initiative;~~

13 ~~(F) the Global Fund to Fight AIDS, Tu-~~
 14 ~~berculosis, and Malaria;~~

15 ~~(G) the United Nations Office for the Co-~~
 16 ~~ordination of Humanitarian Affairs, UNICEF,~~
 17 ~~and other relevant funds, programs, and spe-~~
 18 ~~cialized agencies of the United Nations;~~

19 ~~(H) Gavi, the Vaccine Alliance;~~

20 ~~(I) the Coalition for Epidemic Prepared-~~
 21 ~~ness Innovations (CEPI); and~~

22 ~~(J) the Global Polio Eradication Initiative.~~

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

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

3 (2) measurable gaps in global health security
4 and pandemic prevention and preparedness identi-
5 fied under Joint External Evaluations and national
6 action plans for health security;

7 (3) demonstrated political and financial com-
8 mitment to pandemic prevention and preparedness;
9 and

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

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

19 **SEC. 304. ADMINISTRATION.**

20 (a) **APPOINTMENT OF ADMINISTRATOR.**—The Execu-
21 tive Board should appoint an Administrator, who should
22 be responsible for managing the day-to-day operations of
23 the Fund.

24 (b) **AUTHORITY TO ACCEPT AND SOLICIT CONTRIBU-**
25 **TIONS.**—The Fund should be authorized to solicit and ac-

cept contributions from governments, the private sector,
foundations, individuals, and nongovernmental entities.

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

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

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

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

(1) eligible partner country selection criteria, to
include transparent metrics to measure and assess
global health security and pandemic prevention and
preparedness strengths and vulnerabilities in coun-
tries seeking assistance;

(2) minimum standards for ensuring eligible
partner country ownership and commitment to long-

term results, including requirements for domestic
budgeting, resource mobilization, and co-investment;

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

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

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

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

~~(c) ADDITIONAL TRANSPARENCY AND ACCOUNT-
ABILITY REQUIREMENTS.—~~

~~(1) INSPECTOR GENERAL.—~~

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

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

~~(ii)~~ such office has the requisite re-
sources and capacity to regularly conduct
and publish, on a publicly accessible
website, rigorous financial, programmatic,

1 and reporting audits and investigations of
 2 the Fund and its grantees.

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

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

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

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

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

1 (4) EXEMPTION FROM DUTIES AND TAXES.—

2 The Secretary should ensure that the Fund adopts
3 rules that condition grants upon agreement by the
4 relevant national authorities in an eligible partner
5 country to exempt from duties and taxes all products
6 financed by such grants, including procurements by
7 any principal or sub-recipient for the purpose of ear-
8 rying out such grants.

9 **SEC. 305. ADVISORY BOARD.**

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

12 (b) APPOINTMENTS.—The members of the Advisory
13 Board should be composed of—

14 (1) a geographically diverse group of individuals
15 that includes representation from low- and middle-
16 income countries;

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

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

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

6 (d) PROHIBITION ON PAYMENT OF COMPENSA-
 7 TION.—

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

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

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

1 and, in the event of any conflicts of interest, recuse them-
2 selves from such matters during their service on the Advi-
3 sory Board.

4 **SEC. 306. REPORTS TO CONGRESS.**

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

13 (b) ANNUAL REPORT.—

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

20 (2) REPORT ELEMENTS.—The report required
21 under paragraph (1) shall describe—

22 (A) the goals of the Fund;

23 (B) the programs, projects, and activities
24 supported by the Fund;

1 (C) private and governmental contributions
2 to the Fund; and

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

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

15 **SEC. 307. UNITED STATES CONTRIBUTIONS.**

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

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

25 (1) the amount of the proposed contribution;

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

3 ~~(3) the national interests served by United~~
4 ~~States participation in the Fund.~~

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

11 (d) WITHHOLDINGS.—

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

23 (2) EXCESSIVE SALARIES.—During the 5-year
24 period beginning on the date of the enactment of
25 this Act, if the Secretary of State determines that

1 the salary of any individual employed by the Fund
2 exceeds the salary of the Vice President of the
3 United States for such fiscal year, the United States
4 should withhold from its contribution for the next
5 fiscal year an amount equal to the aggregate amount
6 by which the salary of each such individual exceeds
7 the salary of the Vice President of the United
8 States.

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

1 **SEC. 308. COMPLIANCE WITH THE FOREIGN AID TRANS-**
 2 **PARENCY AND ACCOUNTABILITY ACT OF**
 3 **2016.**

4 Section 2(3) of the Foreign Aid Transparency and
 5 Accountability Act of 2016 (Public Law 114–191; 22
 6 U.S.C. 2394e note) is amended—

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

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

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

12 “(F) the International Pandemic Prepared-
 13 ness and COVID–19 Response Act of 2021.”.

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

15 (a) *SHORT TITLE.*—*This Act may be cited as the*
 16 *“International Pandemic Preparedness and COVID-19 Re-*
 17 *sponse Act of 2021”.*

18 (b) *TABLE OF CONTENTS.*—*The table of contents for*
 19 *this Act is as follows:*

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

Sec. 3. Purpose.

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

*Sec. 101. Statement of policy regarding international cooperation to end the
 COVID–19 pandemic.*

*Sec. 102. Oversight of United States foreign assistance to end the COVID–19 pan-
 demic.*

*Sec. 103. United States contributions to the Global Fund to Fight AIDS, Tuber-
 culosis, and Malaria COVID–19 response mechanism.*

Sec. 104. Global COVID–19 vaccine distribution and delivery.

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

TITLE II—INTERNATIONAL PANDEMIC PREVENTION AND PREPAREDNESS

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

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

- Sec. 301. Eligible partner country defined.*
- Sec. 302. Establishment of Fund for Global Health Security and Pandemic Prevention and Preparedness.*
- Sec. 303. Authorities.*
- Sec. 304. Administration.*
- Sec. 305. Advisory Board.*
- Sec. 306. Reports to Congress.*
- Sec. 307. United States contributions.*
- Sec. 308. Compliance with the Foreign Aid Transparency and Accountability Act of 2016.*
- Sec. 309. Prohibition against United States foreign assistance for the Government of the People’s Republic of China.*

1 SEC. 2. DEFINITIONS.

2 In this Act:

1 (1) *APPROPRIATE CONGRESSIONAL COMMIT-*
2 *TEES.*—*The term “appropriate congressional commit-*
3 *tees” means—*

4 (A) *the Committee on Foreign Relations of*
5 *the Senate;*

6 (B) *the Committee on Appropriations of the*
7 *Senate;*

8 (C) *the Committee on Foreign Affairs of the*
9 *House of Representatives; and*

10 (D) *the Committee on Appropriations of the*
11 *House of Representatives.*

12 (2) *GLOBAL HEALTH SECURITY AGENDA;*
13 *GHSA.*—*The terms “Global Health Security Agenda”*
14 *and “GHSA” mean the multi-sectoral initiative*
15 *launched in 2014 and renewed in 2018 that brings to-*
16 *gether countries, regions, international organizations,*
17 *nongovernmental organizations, and the private sec-*
18 *tor to elevate global health security as a national-level*
19 *priority, to share best practices, and to facilitate na-*
20 *tional capacity to comply with and adhere to—*

21 (A) *the International Health Regulations*
22 *(2005);*

23 (B) *the World Organisation for Animal*
24 *Health international standards and guidelines;*

1 (C) *United Nations Security Council Reso-*
 2 *lution 1540 (2004);*

3 (D) *the Convention on the Prohibition of*
 4 *the Development, Production and Stockpiling of*
 5 *Bacteriological and Toxin Weapons and on their*
 6 *Destruction, done at Washington, London, and*
 7 *Moscow, April 10, 1972 (commonly referred to as*
 8 *the “Biological Weapons Convention”);*

9 (E) *the Global Health Security Agenda*
 10 *2024 Framework; and*

11 (F) *other relevant frameworks that con-*
 12 *tribute to global health security.*

13 (3) *GLOBAL HEALTH SECURITY INDEX* .—*The*
 14 *term “Global Health Security Index” means the com-*
 15 *prehensive assessment and benchmarking of health se-*
 16 *curity and related capabilities across the countries*
 17 *that make up the States Parties to the International*
 18 *Health Regulations (2005).*

19 (4) *GLOBAL HEALTH SECURITY INITIATIVE*.—*The*
 20 *term “Global Health Security Initiative” means the*
 21 *informal network of countries and organizations that*
 22 *came together in 2001 to undertake concerted global*
 23 *action to strengthen public health preparedness and*
 24 *response to chemical, biological, radiological, and nu-*
 25 *clear threats, as well as pandemic influenza.*

1 (5) *JOINT EXTERNAL EVALUATION*.—The term
 2 “*Joint External Evaluation*” means the World Health
 3 Organization-facilitated, voluntary, collaborative,
 4 multi-sectoral process to assess country capacity to
 5 prevent, detect, and rapidly respond to public health
 6 risks occurring naturally or due to deliberate or acci-
 7 dental events, assess progress in achieving the targets
 8 under the *International Health Regulations (2005)*,
 9 and recommend priority actions.

10 (6) *KEY STAKEHOLDERS*.—The term “key stake-
 11 holders” means actors engaged in efforts to advance
 12 global health security programs and objectives, includ-
 13 ing—

14 (A) national and local governments in part-
 15 ner countries;

16 (B) other bilateral donors;

17 (C) international, regional, and local orga-
 18 nizations, including private, voluntary, non-
 19 governmental, and civil society organizations;

20 (D) international, regional, and local finan-
 21 cial institutions;

22 (E) representatives of historically
 23 marginalized groups, including women, youth,
 24 and indigenous peoples;

1 (F) the private sector, including medical de-
 2 vice, technology, pharmaceutical, manufacturing,
 3 logistics, and other relevant companies; and

4 (G) public and private research and aca-
 5 demic institutions.

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

12 (8) *RELEVANT FEDERAL DEPARTMENTS AND*
 13 *AGENCIES.*—The term “relevant Federal departments
 14 and agencies” means any Federal department or
 15 agency implementing United States policies and pro-
 16 grams relevant to the advancement of United States
 17 global health security and diplomacy overseas, which
 18 may include—

19 (A) the Department of State;

20 (B) the United States Agency for Inter-
 21 national Development;

22 (C) the Department of Health and Human
 23 Services;

24 (D) the Centers for Disease Control and
 25 Prevention;

1 *(E) the National Institutes of Health;*
 2 *(F) the Department of the Treasury;*
 3 *(G) the Department of Agriculture;*
 4 *(H) the Department of Defense;*
 5 *(I) the Defense Threat Reduction Agency;*
 6 *(J) the Millennium Challenge Corporation;*
 7 *(K) the Development Finance Corporation;*
 8 *(L) the Peace Corps; and*
 9 *(M) any other department or agency that*
 10 *the President determines to be relevant for these*
 11 *purposes.*

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

18 (10) *USAID.*—*The term “USAID” means the*
 19 *United States Agency for International Development.*

20 **SEC. 3. PURPOSE.**

21 *The purpose of this Act is to accelerate and enhance*
 22 *the United States international response to pandemics, in-*
 23 *cluding the COVID–19 pandemic, and to operationalize les-*
 24 *sons learned from current and prior emergency responses*
 25 *in a manner that—*

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

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

7 (3) *more effectively enables partner countries to*
 8 *strengthen and sustain resilient health systems and*
 9 *supply chains with the resources, capacity, and per-*
 10 *sonnel required to prevent, prepare for, detect, and re-*
 11 *spond to infectious disease threats before they become*
 12 *pandemics.*

13 ***TITLE I—ENHANCING THE***
 14 ***UNITED STATES’ INTER-***
 15 ***NATIONAL RESPONSE TO***
 16 ***COVID–19 AND FUTURE***
 17 ***PANDEMICS***

18 ***SEC. 101. STATEMENT OF POLICY REGARDING INTER-***
 19 ***NATIONAL COOPERATION TO END THE***
 20 ***COVID–19 PANDEMIC.***

21 *It shall be the policy of the United States to lead and*
 22 *implement a comprehensive and coordinated international*
 23 *response to end the COVID–19 pandemic in a manner that*
 24 *recognizes the critical role that multilateral and regional*

1 *organizations can and should play in pandemic response,*
2 *including by—*

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

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

8 *(B) urges member states to address this*
9 *threat by aligning their health preparedness*
10 *plans with international best practices and those*
11 *established by the Global Health Security Agen-*
12 *da to improve country capacity to prevent, de-*
13 *tect, and respond to infectious disease threats;*

14 *(2) advancing efforts to reform the World Health*
15 *Organization so that it serves as an effective nor-*
16 *mative and capable coordinating body empowered to*
17 *align member countries around a single strategic op-*
18 *erating plan to detect, contain, treat, and deter the*
19 *further spread of COVID–19;*

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

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

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

5 (6) *working with key stakeholders to accelerate*
 6 *progress toward meeting and exceeding, as prac-*
 7 *ticable, the global COVID–19 vaccination goals joint-*
 8 *ly proposed by the International Monetary Fund, the*
 9 *World Health Organization, the World Bank, and the*
 10 *World Trade Organization, whereby—*

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

14 (B) *at least 60 percent of the population in*
 15 *all countries is vaccinated by the first half of*
 16 *2022;*

17 (7) *engaging with key stakeholders, including*
 18 *through multilateral facilities such as the COVID–19*
 19 *Vaccines Global Access initiative (referred to in this*
 20 *title as “COVAX”) and the Access to COVID–19 Tools*
 21 *(ACT) Accelerator initiative, and expanding bilateral*
 22 *efforts, including through the International Develop-*
 23 *ment Finance Corporation, to accelerate the develop-*
 24 *ment, manufacturing, local production, and efficient*
 25 *and equitable distribution of—*

1 (A) vaccines and related raw materials to
 2 meet or exceed the vaccination goals under para-
 3 graph (6); and

4 (B) global health commodities, including
 5 personal protective equipment, test kits, medi-
 6 cines and therapeutics, and other essential sup-
 7 plies to combat COVID–19 and help immediately
 8 disrupt transmission;

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

14 (9) working with key stakeholders, including
 15 through the World Bank Group, the International
 16 Monetary Fund, the World Trade Organization, the
 17 International Finance Corporation, and other rel-
 18 evant regional and bilateral financial institutions, to
 19 address the economic and financial implications of
 20 the COVID–19 pandemic, while taking into account
 21 the differentiated needs of disproportionately affected,
 22 vulnerable, and marginalized populations;

23 (10) entering into discussions with vaccine man-
 24 ufacturing companies to incentivize technology shar-
 25 ing, with the goal of ensuring adequate global supply

1 *of vaccines, necessary components, and raw materials,*
 2 *including through existing authorities under the De-*
 3 *fense Production Act of 1950 (50 U.S.C. 4501 et seq.)*
 4 *and chapter 18 of title 35, United States Code (com-*
 5 *monly referred to as the “Bayh-Dole Act”);*

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

9 *(12) generating commitments of resources in*
 10 *support of the goals referred to in paragraph (6).*

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

13 *(a) REPORTING REQUIREMENTS.—Not later than 60*
 14 *days after the date of the enactment of this Act, the Sec-*
 15 *retary of State and the Administrator for the United States*
 16 *Agency for International Development shall jointly submit*
 17 *to the appropriate congressional committees—*

18 *(1) an unclassified report containing a descrip-*
 19 *tion of funds already obligated and expended under*
 20 *title X of the American Rescue Plan Act of 2021*
 21 *(Public Law 117–2); and*

22 *(2) a plan that describes the objectives and*
 23 *timeline for the obligation and expenditure of all re-*
 24 *maining funds appropriated under title X of the*
 25 *American Rescue Plan Act of 2021, to include sup-*

1 *port for civil society for the protection of human*
2 *rights in the context of the COVID–19 pandemic,*
3 *which shall be submitted in an unclassified form, and*
4 *should include a description of steps taken pursuant*
5 *to each objective specified in the plan.*

6 *(b) CONGRESSIONAL CONSULTATION.—Not less fre-*
7 *quently than once every 60 days, until the completion or*
8 *termination of the implementation plan required under*
9 *subsection (a)(2), and upon the request from one or more*
10 *of the appropriate congressional committees, the Secretary*
11 *of State and the Administrator for the United States Agen-*
12 *cy for International Development shall provide a briefing*
13 *to the appropriate congressional committees regarding the*
14 *report required under subsection (a)(1) and the status of*
15 *the implementation of the plan required under subsection*
16 *(a)(2).*

17 *(c) BRANDING.—In providing assistance under this*
18 *title, the Secretary of State and the Administrator of the*
19 *United States Agency for International Development, with*
20 *due consideration for the safety and security of imple-*
21 *menting partners and beneficiaries, shall prescribe the use*
22 *of logos or other insignia, which may include the flag of*
23 *the United States, to appropriately identify such assistance*
24 *as being from the people of the United States.*

1 **SEC. 103. UNITED STATES CONTRIBUTIONS TO THE GLOBAL**
 2 **FUND TO FIGHT AIDS, TUBERCULOSIS, AND**
 3 **MALARIA COVID-19 RESPONSE MECHANISM.**

4 (a) UNITED STATES CONTRIBUTIONS TO THE GLOBAL
 5 FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA
 6 COVID-19 RESPONSE MECHANISM.—United States con-
 7 tributions to the Global Fund to Fight AIDS, Tuberculosis,
 8 and Malaria COVID-19 Response Mechanism under section
 9 10003(a)(2) of the American Rescue Plan Act of 2021 (Pub-
 10 lic Law 107-2)—

11 (1) shall be meaningfully leveraged in a manner
 12 that incentivizes other public and private donor con-
 13 tributions; and

14 (2) shall be subject to the reporting and with-
 15 holding requirements under subsections (c),
 16 (d)(4)(A)(ii), (d)(4)(C), (d)(5), (d)(6), (f), and (g) of
 17 section 202 of the United States Leadership Against
 18 HIV/AIDS, Tuberculosis, and Malaria Act of 2003
 19 (22 U.S.C. 7622).

20 **SEC. 104. GLOBAL COVID-19 VACCINE DISTRIBUTION AND**
 21 **DELIVERY.**

22 (a) ACCELERATING GLOBAL VACCINE DISTRIBUTION
 23 STRATEGY.—The Secretary of State, in consultation with
 24 the Secretary of Health and Human Services, the Adminis-
 25 trator of the United States Agency for International Devel-
 26 opment, the Director of the Centers for Disease Control and

1 *Prevention, the Chief Executive Officer of the United States*
2 *International Development Finance Corporation, and the*
3 *heads of other relevant Federal departments and agencies,*
4 *as determined by the President, shall develop a strategy to*
5 *expand access to, and accelerate the global distribution of,*
6 *COVID–19 vaccines to other countries, which shall—*

7 (1) *identify the countries that have the highest*
8 *infection and death rates due to COVID–19, the low-*
9 *est COVID–19 vaccination rates, and face the most*
10 *difficult, political, logistical, and financial challenges*
11 *to obtaining and delivering COVID–19 vaccines, and*
12 *describe the basis and metrics used to make such de-*
13 *terminations;*

14 (2) *identify which countries and regions will be*
15 *prioritized and targeted for COVID–19 vaccine deliv-*
16 *ery, and the rationale for such prioritization;*

17 (3) *describe efforts that the United States is*
18 *making to increase COVID–19 vaccine manufac-*
19 *turing capacity, both domestically and internation-*
20 *ally, as appropriate, through the establishment or re-*
21 *furbishment of regional manufacturing hubs in South*
22 *America, South Africa, and South Asia, including*
23 *through the provision of development finance, and es-*
24 *timate when, how many, and which types of vaccines*

1 *will be provided by the United States Government bi-*
2 *laterally and through COVAX;*

3 *(4) describe efforts to encourage international*
4 *partners to take actions similar to the efforts referred*
5 *to in paragraph (3);*

6 *(5) describe how the United States Government*
7 *will ensure efficient delivery of COVID–19 vaccines to*
8 *intended recipients, including United States citizens*
9 *residing overseas, and identify complementary United*
10 *States foreign assistance that will facilitate vaccine*
11 *readiness, distribution, delivery, monitoring, and ad-*
12 *ministration activities;*

13 *(6) describe how the United States Government*
14 *will ensure the efficient delivery and administration*
15 *of COVID–19 vaccines to United States citizens resid-*
16 *ing overseas, including through the donation of vac-*
17 *cine doses to United States embassies and consulates,*
18 *as appropriate, giving priority to—*

19 *(A) countries in which United States citi-*
20 *zens are deemed ineligible or low priority in the*
21 *national vaccination deployment plan; and*

22 *(B) countries that are not presently distrib-*
23 *uting a COVID–19 vaccine that—*

1 (i) has been approved by the United
 2 States Food and Drug Administration for
 3 emergency use; or

4 (ii) has met the necessary criteria for
 5 safety and efficacy established by the World
 6 Health Organization;

7 (7) summarize the United States Government's
 8 efforts to encourage and facilitate technology sharing
 9 and the licensing of intellectual property to the extent
 10 necessary to ensure an adequate and timely supply of
 11 vaccines and vaccine components to meet the vaccina-
 12 tion goals specified in section 101(6), giving due con-
 13 sideration to avoiding undermining intellectual prop-
 14 erty innovation and intellectual property rights pro-
 15 tections with respect to vaccine development in per-
 16 forming the assessment required in this paragraph;

17 (8) describe the roles, responsibilities, tasks, and,
 18 as appropriate, the authorities of the Secretary of
 19 State, the Administrator of the United States Agency
 20 for International Development, the Secretary of
 21 Health and Human Services, the Director of the Cen-
 22 ters for Disease Control and Prevention, the Chief Ex-
 23 ecutive Officer of the United States International De-
 24 velopment Finance Corporation, and the heads of

1 *other relevant Federal departments and agencies with*
 2 *respect to the implementation of such strategy;*

3 *(9) describe how the Department of State and*
 4 *USAID will coordinate with the Secretary of Health*
 5 *and Human Services and the heads of other relevant*
 6 *Federal agencies to expedite the export and distribu-*
 7 *tion of excess vaccines from Federal and State stock-*
 8 *piles to support countries in need and ensure such*
 9 *vaccines will not be wasted;*

10 *(10) summarize the United States public diplo-*
 11 *macy strategies for branding and addressing vaccine*
 12 *misinformation and hesitancy; and*

13 *(11) describe efforts that the United States is*
 14 *making to help countries disrupt the current trans-*
 15 *mission of COVID–19, while simultaneously increas-*
 16 *ing vaccination rates, utilizing non-vaccine health*
 17 *commodities, including diagnostics and personal pro-*
 18 *TECTIVE equipment.*

19 *(b) SUBMISSION OF STRATEGY.—Not later than 90*
 20 *days after the date of the enactment of this Act, the Sec-*
 21 *retary of State shall submit the strategy described in sub-*
 22 *section (a) to—*

23 *(1) the appropriate congressional committees;*

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

(3) *the Committee on Energy and Commerce of the House of Representatives.*

(c) *LIMITATION.*—

(1) *IN GENERAL.*—No Federal funds may be made available to COVAX to procure vaccines produced by any companies owned or controlled by the Government of the People’s Republic of China or by the Chinese Communist Party unless the Secretary of State certifies that the People’s Republic of China—

(A) *is providing financial support to COVAX that is commensurate with the United States’ contribution to COVAX; and*

(B) *publically discloses transparent data on the quality, safety, and efficacy of its COVID–19 vaccines.*

(2) *SAFEGUARDS.*—The President shall ensure that appropriate safeguards are put in place to ensure that the condition described in paragraph (1) is honored by Gavi, the Vaccine Alliance.

SEC. 105. LEVERAGING UNITED STATES BILATERAL GLOBAL HEALTH PROGRAMS FOR THE INTERNATIONAL COVID–19 RESPONSE.

(a) *AUTHORIZATION FOR LEVERAGING BILATERAL PROGRAM ACTIVITIES.*—Amounts authorized to be appropriated or otherwise made available to carry out section

1 104 of the *Foreign Assistance Act* (22 U.S.C. 2151b) may
 2 be used in countries receiving United States foreign assist-
 3 ance—

4 (1) to combat the COVID–19 pandemic, includ-
 5 ing through the sharing of COVID–19 vaccines; and

6 (2) to support related activities, including—

7 (A) strengthening vaccine readiness;

8 (B) reducing vaccine hesitancy and misin-
 9 formation;

10 (C) delivering and administering COVID–
 11 19 vaccines;

12 (D) strengthening health systems and sup-
 13 ply chains;

14 (E) supporting health care workforce plan-
 15 ning, training, and management;

16 (F) enhancing transparency, quality, and
 17 reliability of health data;

18 (G) increasing bidirectional testing, includ-
 19 ing screening for symptomatic and asymp-
 20 tomatic cases; and

21 (H) building lab capacity.

22 (b) *ADJUSTMENT OF TARGETS AND GOALS.*—The Sec-
 23 retary of State, in coordination with the heads of other rel-
 24 evant Federal departments and agencies, shall submit an

1 *annual report to the appropriate congressional committees*
 2 *that identifies—*

3 (1) *any adjustments to original program targets*
 4 *and goals that result from the use of funds for the*
 5 *purposes authorized under subsection (a); and*

6 (2) *the amounts needed in the following fiscal*
 7 *year to meet the original program goals, as necessary*
 8 *and appropriate.*

9 **SEC. 106. REPORT ON HUMANITARIAN RESPONSE TO THE**
 10 **COVID–19 PANDEMIC.**

11 (a) *IN GENERAL.*—*Not later than 120 days after the*
 12 *date of the enactment of this Act, the Secretary of State,*
 13 *in consultation with the Administrator of the United States*
 14 *Agency for International Development and the Secretary of*
 15 *Health and Human Services, shall submit a report to the*
 16 *appropriate congressional committees that—*

17 (1) *assesses the global humanitarian response to*
 18 *COVID–19; and*

19 (2) *outlines specific elements of the United States*
 20 *Government’s country-level humanitarian response to*
 21 *the COVID–19 pandemic.*

22 (b) *ELEMENTS.*—*The report required under subsection*
 23 *(a) shall include—*

1 (1) *for countries receiving United States assist-*
2 *ance, a description of humanitarian and health-work-*
3 *er access to crisis-affected areas, including—*

4 (A) *legal and bureaucratic restrictions on*
5 *the entry of humanitarian workers from abroad,*
6 *to include visa authorizations that do not allow*
7 *adequate time for humanitarian workers to*
8 *quarantine upon arrival in-line with host coun-*
9 *try regulations, conduct needs assessments, and*
10 *subsequently implement multilateral and United*
11 *States-funded programming in an efficient, effec-*
12 *tive, and unrestricted manner;*

13 (B) *restrictions on travel by humanitarian*
14 *workers within such country to reach the areas*
15 *of operation where vulnerable and marginalized*
16 *populations reside;*

17 (C) *access to medical evacuation in the*
18 *event of a health emergency;*

19 (D) *access to personal protective equipment*
20 *for United States Government implementing*
21 *partners; and*

22 (E) *efforts to support access to COVID–19*
23 *vaccines for humanitarian and health-workers*
24 *and crisis-affected communities;*

1 (2) *an analysis and description of countries (re-*
2 *gardless of whether such countries have received direct*
3 *United States assistance) that have expressly pre-*
4 *vented vulnerable populations from accessing nec-*
5 *essary assistance related to COVID–19, including—*

6 *(A) the omission of vulnerable populations*
7 *from national response plans;*

8 *(B) laws, policies, or practices that restrict*
9 *or preclude treatment of vulnerable populations*
10 *at public hospitals and health facilities; and*

11 *(C) exclusion of, or discrimination against,*
12 *vulnerable populations in law, policy, or prac-*
13 *tice that prevents equitable access to food, shelter,*
14 *and other basic assistance;*

15 (3) *a description of United States Government*
16 *efforts to facilitate greater humanitarian access, in-*
17 *cluding—*

18 *(A) advocacy and diplomatic efforts with*
19 *relevant foreign governments and multilateral*
20 *institutions to ensure that vulnerable and*
21 *marginalized populations are included in na-*
22 *tional response plans and other relevant plans*
23 *developed in response to the COVID–19 pan-*
24 *demic; and*

1 (B) advocacy and diplomatic efforts with
 2 relevant foreign governments to ensure that ap-
 3 propriate visas, work permits, and domestic
 4 travel exemptions are issued for humanitarian
 5 and health workers responding to the COVID–19
 6 pandemic; and

7 (4) a description of United States Government
 8 plans and efforts to address the second-order impacts
 9 of the COVID–19 pandemic and an assessment of the
 10 resources required to implement such plans, including
 11 efforts to address—

12 (A) famine and acute food insecurity;

13 (B) gender-based violence;

14 (C) mental health and psychosocial support
 15 needs;

16 (D) child protection needs;

17 (E) health, education, and livelihoods;

18 (F) shelter; and

19 (G) attempts to close civil society space, in-
 20 cluding through bureaucratic, administrative,
 21 and health or security related impediments.

22 **SEC. 107. SAFEGUARDING DEMOCRACY AND HUMAN RIGHTS**
 23 **DURING THE COVID–19 PANDEMIC.**

24 (a) *SENSE OF CONGRESS.*—*It is the sense of Congress*
 25 *that—*

1 (1) governments may be required to take appro-
2 priate extraordinary measures during public health
3 emergencies to halt the spread of disease, including
4 closing businesses and public events, limiting access to
5 public spaces, and restricting the movement of people;

6 (2) certain foreign governments have taken meas-
7 ures in response to COVID–19 that violate the human
8 rights of their citizens without clear public health jus-
9 tification, oversight measures, or sunset provisions;

10 (3) governments using the COVID–19 pandemic
11 as a pretext for repression have undermined demo-
12 cratic institutions, debilitated institutions for trans-
13 parency and public integrity, quashed legitimate dis-
14 sent, and attacked journalists, civil society organiza-
15 tions, activists, independent voices, and vulnerable
16 and marginalized populations, including refugees and
17 migrants, with far-reaching consequences that will ex-
18 tend beyond the current crisis;

19 (4) foreign governments should take immediate
20 steps to release from prison all arbitrarily detained
21 United States citizens and political prisoners who
22 may be at increased risk for contracting or suffering
23 from complications from COVID–19;

24 (5) COVID–19 threatens to roll back decades of
25 progress for women and girls, disproportionately af-

fecting women economically, educationally, and with respect to health, while also leading to alarming rises in gender based violence; and

(6) during and after the pandemic, the Department of State and the United States Agency for International Development should directly, and through nongovernmental organizations or international organizations, provide assistance and implement programs that support democratic institutions, civil society, free media, and the advancement of internationally recognized human rights.

(b) *FUNDING FOR CIVIL SOCIETY AND HUMAN RIGHTS*

DEFENDERS.—

(1) *PROGRAM PRIORITIES.*—Amounts made available for each of the fiscal years 2022 through 2026 to carry out the purposes of sections 101 and 102 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 and 2151–1), including programs to support democratic institutions, human rights defenders, civil society, and freedom of the press, should be targeted, to the extent feasible, toward civil society organizations in countries in which emergency government measures taken in response to the COVID–19 pandemic have violated internationally recognized human rights.

1 (2) *ELIGIBLE ORGANIZATIONS.*—*Civil society or-*
 2 *ganizations operating in countries in which emer-*
 3 *gency government measures taken in response to the*
 4 *COVID–19 pandemic violated internationally recog-*
 5 *nized human rights shall be eligible to receive funds*
 6 *made available to carry out the purposes of sections*
 7 *101 and 102 of the Foreign Assistance Act of 1961 for*
 8 *each of the fiscal years 2022 through 2026, for—*

9 (A) *programs designed to strengthen and*
 10 *support civil society, human rights defenders,*
 11 *freedom of association, and the freedom of the*
 12 *press;*

13 (B) *programs to restore democratic institu-*
 14 *tions; and*

15 (C) *peacebuilding and conflict prevention to*
 16 *address the impacts of COVID–19 on social cohe-*
 17 *sion, public trust, and conflict dynamics by*
 18 *adapting existing programs or investing in new*
 19 *ones.*

20 (3) *FINAL REPORT.*—*Not later than 180 days*
 21 *after the date of the enactment of this Act, the Sec-*
 22 *retary of State shall submit a report to the appro-*
 23 *priate congressional committees that—*

24 (A) *lists the countries whose emergency*
 25 *measures limiting internationally recognized*

1 *human rights in a manner inconsistent with the*
2 *principles of limitation and derogation remain*
3 *in place;*

4 *(B) describes such countries' emergency*
5 *measures, including—*

6 *(i) how such procedures violate inter-*
7 *nationally recognized human rights; and*

8 *(ii) an analysis of the impact of such*
9 *measures on access to health and efforts to*
10 *control the COVID–19 pandemic within the*
11 *country;*

12 *(C) describes—*

13 *(i) security and intelligence surveil-*
14 *lance measures implemented by countries*
15 *during the COVID–19 pandemic;*

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

18 *(iii) whether and how such measures*
19 *impact internationally recognized human*
20 *rights; and*

21 *(D) includes a strategic plan by the Depart-*
22 *ment of State and the United States Agency for*
23 *International Development that addresses,*
24 *through multilateral and bilateral diplomacy*
25 *and foreign assistance, the persistent issues re-*

1 *lated to the restriction of internationally recog-*
 2 *nized human rights in the COVID–19 response.*

3 **SEC. 108. PUBLIC DIPLOMACY AND COMBATING**
 4 **DISINFORMATION AND MISINFORMATION**
 5 **ABOUT COVID–19.**

6 *(a) UNITED STATES AGENCY FOR GLOBAL MEDIA.—*

7 *(1) FINDING.—Congress finds that the United*
 8 *States Agency for Global Media (referred to in this*
 9 *section as “USAGM”) broadcasting entities and*
 10 *grantees have proven valuable in providing timely*
 11 *and accurate information, particularly in countries*
 12 *in which the free press is under threat.*

13 *(2) SENSE OF CONGRESS.—It is the sense of*
 14 *Congress that—*

15 *(A) accurate, investigative, and scientific*
 16 *journalism is critical for societies to effectively*
 17 *combat global health threats; and*

18 *(B) Congress supports—*

19 *(i) accurate and objective investigative*
 20 *and scientific reporting by USAGM net-*
 21 *works and grantees regarding COVID–19;*
 22 *and*

23 *(ii) platforms that help dispel and*
 24 *combat misinformation about the COVID–*
 25 *19 pandemic.*

1 (3) *VOICE OF AMERICA*.—*It is the sense of Con-*
 2 *gress that amounts authorized to be appropriated or*
 3 *otherwise made available to Voice of America should*
 4 *be used—*

5 (A) *to expand programs such as POLY-*
 6 *GRAPH.info;*

7 (B) *to provide critical tools for combating*
 8 *propaganda associated with COVID–19; and*

9 (C) *to assist journalists in providing accu-*
 10 *rate information to local media outlets.*

11 (4) *OFFICE OF CUBA BROADCASTING*.—*It is the*
 12 *sense of Congress that Radio Televisión Martí and*
 13 *Digital Martí should continue to broadcast programs*
 14 *that detect, highlight, and dispel disinformation.*

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

16 (A) *FINDING*.—*Congress finds that Radio*
 17 *Free Europe/Radio Liberty (referred to in this*
 18 *section as “RFE/RL”) operate in media markets*
 19 *in which authoritarian state and nonstate ac-*
 20 *tors, including Russia, heavily invest in misin-*
 21 *formation and disinformation campaigns de-*
 22 *signed to promote confusion and mistrust.*

23 (B) *SENSE OF CONGRESS*.—*It is the sense of*
 24 *Congress that RFE/RL should—*

1 (i) increase investigative reporting re-
 2 garding the impacts of COVID–19, the po-
 3 litical and social responses governments are
 4 taking in response to COVID–19, and the
 5 lasting impacts such actions will have on
 6 key political freedoms; and

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

8 (6) *RADIO FREE ASIA*.—

9 (A) *FINDING*.—Congress finds that Radio
 10 Free Asia (RFA) operates in a media market
 11 dominated by powerful state-run media that
 12 have invested heavily in media distortion and
 13 disinformation, including about COVID–19.

14 (B) *SENSE OF CONGRESS*.—It is the sense of
 15 Congress that RFA should—

16 (i) commission technical experts to bol-
 17 ster efforts to counter social media tools, in-
 18 cluding bots used by some countries to pro-
 19 mote misinformation;

20 (ii) expand digital programming and
 21 local coverage to expose China’s media ma-
 22 nipulation techniques; and

23 (iii) increase English language content
 24 to help counter China’s propaganda di-
 25 rected toward English-speaking audiences.

1 (7) *MIDDLE EAST BROADCASTING NETWORKS.*—

2 (A) *FINDING.*—Congress finds that the Mid-
3 dle East Broadcasting Networks operate largely
4 in closed media markets in which malign state
5 and nonstate actors remain active.

6 (B) *SENSE OF CONGRESS.*—It is the sense of
7 Congress that the Middle East Broadcasting Net-
8 works should—

9 (i) continue plans to expand an inves-
10 tigative news unit; and

11 (ii) work to ensure that reporting con-
12 tinues amidst operational challenges on the
13 ground.

14 (8) *OPEN TECHNOLOGY FUND.*—

15 (A) *FINDING.*—Congress finds that the Open
16 Technology Fund works to advance internet free-
17 dom in repressive environments by supporting
18 technologies that—

19 (i) provide secure and uncensored ac-
20 cess to USAGM's content and the broader
21 internet; and

22 (ii) counter attempts by authoritarian
23 governments to control the internet and re-
24 strict freedom online.

1 (B) *SENSE OF CONGRESS.*—*It is the sense of*
 2 *Congress that the Open Technology Fund*
 3 *should—*

4 (i) *support a broad range of tech-*
 5 *nologies to respond to increasingly aggres-*
 6 *sive and sophisticated censorship and sur-*
 7 *veillance threats and provide more com-*
 8 *prehensive and tailored support to*
 9 *USAGM’s networks; and*

10 (ii) *provide direct assistance to*
 11 *USAGM’s networks to improve the digital*
 12 *security of reporting operations and jour-*
 13 *nalists.*

14 (b) *DEPARTMENT OF STATE PUBLIC DIPLOMACY PRO-*
 15 *GRAMS.*—

16 (1) *FINDINGS.*—*Congress finds the following:*

17 (A) *The Department of State’s public diplo-*
 18 *macy programs build global networks that can*
 19 *address shared challenges, such as the COVID–19*
 20 *pandemic, including through exchanges of re-*
 21 *searchers, public health experts, and scientists.*

22 (B) *The programs referred to in subpara-*
 23 *graph (A) play a critical role in creating open*
 24 *and resilient information environments where*
 25 *democracies can thrive, as articulated in the*

1 *2020 Public Diplomacy Strategic Plan, includ-*
2 *ing by—*

3 *(i) improving media quality with jour-*
4 *nalist training and reporting tours;*

5 *(ii) conducting media literacy pro-*
6 *grams; and*

7 *(iii) supporting media access activi-*
8 *ties.*

9 *(C) The International Visitor Leadership*
10 *Program and Digital Communications Network*
11 *engaged journalists around the world to combat*
12 *COVID–19 disinformation, promote unbiased re-*
13 *porting, and strengthen media literacy.*

14 *(D) More than 12,000 physicians holding*
15 *J–1 visas from 130 countries—*

16 *(i) are engaged in residency or fellow-*
17 *ship training at approximately 750 hos-*
18 *pitals throughout the United States, the ma-*
19 *jority of whom are serving in States that*
20 *have been the hardest hit by COVID–19;*
21 *and*

22 *(ii) throughout the pandemic, have*
23 *served on the front lines of the medical*
24 *workforce and in United States university*

1 *labs researching ways to detect and treat the*
2 *virus.*

3 (2) *VISA PROCESSING BRIEFING.*—*Not later than*
4 *30 days after the date of the enactment of this Act,*
5 *the Assistant Secretary for Consular Affairs shall*
6 *brief the appropriate congressional committees by*
7 *providing—*

8 (A) *a timeline for increasing visa proc-*
9 *essing capacities at embassies around the world,*
10 *notably where there are—*

11 (i) *many American citizens, including*
12 *dual nationals; and*

13 (ii) *many visa applicants for edu-*
14 *cational and cultural exchange programs*
15 *that promote United States foreign policy*
16 *objectives and economic stability to small*
17 *businesses, universities, and communities*
18 *across the United States;*

19 (B) *a detailed plan for using existing au-*
20 *thorities to waive or provide other alternatives to*
21 *in-person appointments and interviews;*

22 (C) *an assessment of whether additional au-*
23 *thorities and resources are required for the use of*
24 *videoconference appointments and interviews as*

1 *an alternative to in-person appointments and*
2 *interviews; and*

3 *(D) a detailed plan for using existing au-*
4 *thorities to rapidly cross-train and surge tem-*
5 *porary personnel to support consular services at*
6 *embassies and consulates of the United States*
7 *around the world, and an assessment of whether*
8 *additional authorities and resources are re-*
9 *quired.*

10 *(3) GLOBAL ENGAGEMENT CENTER.—*

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

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

1 **SEC. 109. FINDINGS AND SENSE OF CONGRESS REGARDING**
2 **THE UNITED STATES INTERNATIONAL DEVEL-**
3 **OPMENT FINANCE CORPORATION.**

4 *(a) FINDINGS.—Congress finds the following:*

5 *(1) The COVID–19 pandemic is causing a global*
6 *economic recession, as evidenced by the global eco-*
7 *nomics indicators described in paragraphs (2) through*
8 *(4).*

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

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

21 *(4) Global markets have suffered losses ranging*
22 *between 5 percent and over 10 percent since the begin-*
23 *ning of the pandemic. While markets are recovering*
24 *in 2021, global job losses and unemployment rates re-*
25 *main high, with—*

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

4 (B) an estimated additional 81,000,000
 5 labor hours lost due to inactivity or under-
 6 employment.

7 (5) Given the prolonged nature of the COVID-
 8 19 pandemic, African finance ministers have re-
 9 quested continued efforts to provide—

10 (A) additional liquidity;

11 (B) better market access;

12 (C) more concessional resources; and

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

16 (b) *SENSE OF CONGRESS.*—It is the sense of Congress
 17 that—

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

23 (2) economic uncertainty and the inability of in-
 24 dividuals and households to generate income are

1 *major drivers of political instability and social dis-*
2 *cord, which create conditions for insecurity;*

3 *(3) it is in the security and economic interests*
4 *of the United States to assist in the economic recovery*
5 *of developing countries that are made more vulnerable*
6 *and unstable from the public health and economic im-*
7 *pacts of the COVID–19 pandemic;*

8 *(4) United States foreign assistance and develop-*
9 *ment finance institutions should seek to blunt the im-*
10 *pacts of a COVID–19 related economic recession by*
11 *supporting investments in sectors critical to main-*
12 *taining economic stability and resilience in low and*
13 *middle income countries;*

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

23 *(6) The United States International Develop-*
24 *ment Finance Corporation should adjust its view of*
25 *risk versus return by taking smart risks that may*

1 *produce a lower rate of financial return, but produce*
 2 *significant development outcomes in responding to the*
 3 *economic effects of COVID–19;*

4 *(7) to mitigate the economic impacts of the*
 5 *COVID–19 recession, the United States International*
 6 *Development Finance Corporation should use its re-*
 7 *sources and authorities, among other things—*

8 *(A) to ensure loan support for small- and*
 9 *medium-sized enterprises;*

10 *(B) to offer local currency loans to bor-*
 11 *rowers for working capital needs;*

12 *(C) to create dedicated financing opportuni-*
 13 *ties for new “customers” that are experiencing fi-*
 14 *nancial hardship due to the COVID–19 pan-*
 15 *demic; and*

16 *(D) to work with other development finance*
 17 *institutions to create co-financing facilities to*
 18 *support customers experiencing hardship due to*
 19 *the COVID–19 pandemic.*

20 **SEC. 110. SENSE OF CONGRESS REGARDING INTER-**
 21 **NATIONAL COOPERATION TO PREVENT AND**
 22 **RESPOND TO FUTURE PANDEMICS.**

23 *It is the sense of Congress that—*

1 (1) *global pandemic preparedness and response*
2 *requires international and regional cooperation and*
3 *action;*

4 (2) *the United States should lead efforts in mul-*
5 *tilateral fora, such as the Group of 7, the Group of*
6 *20, and the United Nations, by collaborating and co-*
7 *operating with other countries and international and*
8 *regional organizations, including the World Health*
9 *Organization and other key stakeholders, to imple-*
10 *ment international strategies, tools, and agreements to*
11 *better prevent, detect, and respond to future infectious*
12 *disease threats before they become pandemics; and*

13 (3) *the United States should enhance and expand*
14 *coordination and collaboration among the relevant*
15 *Federal departments and agencies, the Food and Ag-*
16 *riculture Organization of the United Nations, the*
17 *World Health Organization, and the World Organiza-*
18 *tion for Animal Health, to advance a One Health ap-*
19 *proach toward preventing, detecting, and responding*
20 *to zoonotic threats in the human-animal interface.*

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

6 (a) *DESIGNATION OF LEAD AGENCIES FOR COORDINA-*
 7 *TION OF THE UNITED STATES' RESPONSE TO INFECTIOUS*
 8 *DISEASE OUTBREAKS WITH SEVERE OR PANDEMIC POTEN-*
 9 *TIAL.*—*The President shall designate relevant Federal de-*
 10 *partments and agencies, including the Department of State,*
 11 *USAID, and the Centers for Disease Control and Preven-*
 12 *tion, to lead specific aspects of the United States response*
 13 *to infectious disease outbreaks with severe or pandemic po-*
 14 *tential.*

15 (b) *NOTIFICATION.*—*Not later than 120 days after the*
 16 *date of the enactment of this Act, the President shall notify*
 17 *the appropriate congressional committees, the Committee on*
 18 *Health, Education, Labor, and Pensions of the Senate, and*
 19 *the Committee on Energy and Commerce of the House of*
 20 *Representatives of the designations made pursuant to sub-*
 21 *section (a), including detailed descriptions of the roles and*
 22 *responsibilities of each relevant department and agency.*

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

24 (a) *SURGE CAPACITY.*—*Amounts authorized to be ap-*
 25 *propriated or otherwise made available to carry out part*
 26 *I and chapter 4 of part II of the Foreign Assistance Act*

1 of 1961 (22 U.S.C. 2151 *et seq.*), including funds made
 2 available for “Assistance for Europe, Eurasia and Central
 3 Asia”, may be used, in addition to amounts otherwise made
 4 available for such purposes, for the cost (including support
 5 costs) of individuals detailed to or employed by the United
 6 States Agency for International Development whose pri-
 7 mary responsibility is to carry out programs in response
 8 to global health emergencies and natural or man-made dis-
 9 asters.

10 (b) *NOTIFICATION*.—Not later than 15 days before
 11 making funds available to address man-made disasters pur-
 12 suant to subsection (a), the Secretary of State or the Admin-
 13 istrator of the United States Agency for International De-
 14 velopment shall notify the appropriate congressional com-
 15 mittees of such action.

16 **SEC. 113. STATEMENT OF POLICY ON HUMANITARIAN AS-**
 17 **SISTANCE TO COUNTRIES AFFECTED BY**
 18 **PANDEMICS.**

19 (a) *STATEMENT OF POLICY*.—It shall be the policy of
 20 the United States—

21 (1) to ensure that United States assistance to ad-
 22 dress pandemics, including the provision of vaccines,
 23 reaches vulnerable and marginalized populations, in-
 24 cluding racial and religious minorities, refugees, in-
 25 ternally displaced persons, migrants, stateless persons,

1 *women, children, the elderly, and persons with dis-*
 2 *abilities;*

3 *(2) to ensure that United States assistance, in-*
 4 *cluding development finance, addresses the second*
 5 *order effects of a pandemic, including acute food inse-*
 6 *curity; and*

7 *(3) to protect and support humanitarian actors*
 8 *who are essential workers in preventing, mitigating*
 9 *and responding to the spread of a pandemic among*
 10 *vulnerable and marginalized groups described in*
 11 *paragraph (1), including ensuring that such humani-*
 12 *tarian actors—*

13 *(A) are exempted from unreasonable travel*
 14 *restrictions to ensure that they can effectively*
 15 *provide life-saving assistance; and*

16 *(B) are prioritized as frontline workers in*
 17 *country vaccine distribution plans.*

18 *(b) FACILITATING EFFECTIVE AND SAFE HUMANI-*
 19 *TARIAN ASSISTANCE.—The Secretary of State, in coordina-*
 20 *tion with the Administrator of the United States Agency*
 21 *for International Development, should carry out actions*
 22 *that accomplish the policies set forth in subsection (a), in-*
 23 *cluding by—*

24 *(1) taking steps to ensure that travel restrictions*
 25 *implemented to help contain the spread of a pan-*

1 *demic are not applied to individuals authorized by*
 2 *the United States Government to travel to, or reside*
 3 *in, a designated country to provide assistance related*
 4 *to, or otherwise impacted by, an outbreak;*

5 *(2) approving the use of foreign assistance for*
 6 *the procurement of personal protective equipment by*
 7 *United States Government implementing partners*
 8 *from businesses within or nearby the country receiv-*
 9 *ing foreign assistance on an urgent basis and in a*
 10 *manner consistent with efforts to respond to the*
 11 *spread of a pandemic in the United States; and*

12 *(3) waiving certain travel restrictions imple-*
 13 *mented to help contain the spread of a pandemic in*
 14 *order to facilitate the medical evacuation of United*
 15 *States Government implementing partners, regardless*
 16 *of nationality.*

17 ***TITLE II—INTERNATIONAL PAN-***
 18 ***DEMIC PREVENTION AND***
 19 ***PREPAREDNESS***

20 ***SEC. 201. PARTNER COUNTRY DEFINED.***

21 *In this title, the term “partner country” means a for-*
 22 *ign country in which the relevant Federal departments and*
 23 *agencies are implementing United States assistance for*
 24 *global health security and pandemic prevention and pre-*
 25 *paredness under this Act.*

1 **SEC. 202. GLOBAL HEALTH SECURITY STRATEGY AND RE-**
2 **PORT.**

3 (a) *IN GENERAL.*—*The President shall develop, up-*
4 *date, maintain, and advance a comprehensive strategy for*
5 *improving global health security and pandemic prevention,*
6 *preparedness, and response that—*

7 (1) *clearly articulates the policy goals related to*
8 *pandemic prevention, preparedness, and response,*
9 *and actions necessary to elevate and strengthen*
10 *United States diplomatic leadership in global health*
11 *security and pandemic preparedness, including by*
12 *building the expertise of the diplomatic corps;*

13 (2) *improves the effectiveness of United States*
14 *foreign assistance to prevent, detect, and respond to*
15 *infectious disease threats, through a One Health ap-*
16 *proach, including through the advancement of the*
17 *Global Health Security Agenda, the International*
18 *Health Regulations (2005), and other relevant frame-*
19 *works and programs that contribute to global health*
20 *security and pandemic preparedness;*

21 (3) *establishes specific and measurable goals,*
22 *benchmarks, timetables, performance metrics, and*
23 *monitoring and evaluation plans for United States*
24 *foreign policy and assistance for global health secu-*
25 *rity that promote learning and adaptation and reflect*

1 *international best practices relating to global health*
 2 *security, transparency, and accountability;*

3 *(4) establishes transparent means to improve co-*
 4 *ordination and performance by the relevant Federal*
 5 *departments and agencies and sets out clear roles and*
 6 *responsibilities that reflect the unique capabilities*
 7 *and resources of each such department and agency;*

8 *(5) establishes mechanisms to improve coordina-*
 9 *tion and avoid duplication of effort among the rel-*
 10 *evant Federal departments and agencies, partner*
 11 *countries, donor countries, the private sector, multi-*
 12 *lateral organizations, and other key stakeholders, and*
 13 *ensures collaboration at the country level;*

14 *(6) supports, and is aligned with, partner coun-*
 15 *try-led, global health security policy and investment*
 16 *plans, developed with input from key stakeholders, as*
 17 *appropriate;*

18 *(7) prioritizes working with partner countries*
 19 *with—*

20 *(A) demonstrated need, as identified*
 21 *through the Joint External Evaluation process,*
 22 *the Global Health Security Index classification*
 23 *of health systems, national action plans for*
 24 *health security, Global Health Security Agenda*
 25 *Action Packages, other risk-based assessments,*

1 *and other complementary or successor indicators*
2 *of global health security and pandemic prepared-*
3 *ness; and*

4 *(B) demonstrated commitment to trans-*
5 *parency, including budget and global health data*
6 *transparency, complying with the International*
7 *Health Regulations (2005), investing in domestic*
8 *health systems, and achieving measurable results;*

9 *(8) reduces long-term reliance upon United*
10 *States foreign assistance for global health security*
11 *by—*

12 *(A) helping build and enhance community*
13 *resilience to infectious disease emergencies and*
14 *threats, such as COVID–19 and Ebola;*

15 *(B) ensuring that United States global*
16 *health assistance is strategically planned and co-*
17 *ordinated in a manner that contributes to the*
18 *strengthening of overall health systems and*
19 *builds the capacity of local organizations and in-*
20 *stitutions;*

21 *(C) promoting improved domestic resource*
22 *mobilization, co-financing, and appropriate na-*
23 *tional budget allocations for strong health sys-*
24 *tems, global health security, and pandemic pre-*
25 *paredness and response in partner countries; and*

1 (D) ensuring partner country ownership of
 2 global health security strategies, data, programs,
 3 and outcomes;

4 (9) supports health budget and workforce plan-
 5 ning in partner countries, including training in pub-
 6 lic financial management and budget data trans-
 7 parency;

8 (10) works to ensure that—

9 (A) partner countries have national action
 10 plans for health security that are developed with
 11 input from key stakeholders, including commu-
 12 nities and the private sector;

13 (B) United States foreign assistance for
 14 global health security is aligned with such na-
 15 tional action plans for health security in partner
 16 countries, developed with input from key stake-
 17 holders, including communities and the private
 18 sector, to the greatest extent practicable and ap-
 19 propriate; and

20 (C) United States global health security ef-
 21 forts are aligned with ongoing strategies and ini-
 22 tiatives across government agencies to help na-
 23 tions better identify and prevent health impacts
 24 related to deforestation, climate-related events,
 25 and increased unsafe interactions between wild-

1 *life, livestock, and people, including the emer-*
 2 *gence, reemergence, and spread of zoonoses;*

3 *(11) strengthens linkages between complementary*
 4 *bilateral and multilateral foreign assistance pro-*
 5 *grams, including efforts of the World Bank, the World*
 6 *Health Organization, the Global Fund to Fight*
 7 *AIDS, Tuberculosis, and Malaria, Gavi, the Vaccine*
 8 *Alliance, and regional health organizations, that con-*
 9 *tribute to the development of more resilient health sys-*
 10 *tems and supply chains in partner countries with the*
 11 *capacity, resources, and personnel required to pre-*
 12 *vent, detect, and respond to infectious disease threats;*
 13 *and*

14 *(12) supports innovation and partnerships with*
 15 *the private sector, health organizations, civil society,*
 16 *nongovernmental organizations, and health research*
 17 *and academic institutions to improve pandemic pre-*
 18 *paredness and response, including for the prevention*
 19 *and detection of infectious disease, and the develop-*
 20 *ment and deployment of effective, accessible, and af-*
 21 *fordable infectious disease tracking tools, diagnostics,*
 22 *therapeutics, and vaccines.*

23 *(b) SUBMISSION OF STRATEGY.—Not later than 120*
 24 *days after the date of the enactment of this Act, the Presi-*

1 *dent shall submit the strategy required under subsection (a)*
 2 *to the appropriate congressional committees.*

3 *(c) ANNUAL REPORT.—*

4 *(1) IN GENERAL.—Not later than 1 year after*
 5 *the submission of the strategy to the appropriate con-*
 6 *gressional committees under subsection (b), and not*
 7 *later than October 1 of each year thereafter for the fol-*
 8 *lowing 4 fiscal years, the President shall submit a re-*
 9 *port to the appropriate congressional committees that*
 10 *describes—*

11 *(A) the status of the implementation of the*
 12 *strategy required under subsection (a);*

13 *(B) any necessary updates to the strategy;*

14 *(C) the progress made in implementing the*
 15 *strategy, with specific information related to the*
 16 *progress toward improving countries' ability to*
 17 *detect, respond and prevent the spread of infec-*
 18 *tious disease threats, such as COVID–19 and*
 19 *Ebola; and*

20 *(D) details on the status of funds made*
 21 *available to carry out the purposes of this title.*

22 *(2) AGENCY-SPECIFIC PLANS.—The reports re-*
 23 *quired under paragraph (1) shall include specific im-*
 24 *plementation plans from each relevant Federal de-*
 25 *partment and agency that describe—*

1 (A) how updates to the strategy may have
2 impacted the agency's plan during the preceding
3 calendar year;

4 (B) the progress made in meeting the goals,
5 objectives, and benchmarks under implementa-
6 tion plans during the preceding year;

7 (C) the anticipated staffing plans and con-
8 tributions of the department or agency, includ-
9 ing technical, financial, and in-kind contribu-
10 tions, to implement the strategy;

11 (D) a transparent, open, and detailed ac-
12 counting of obligations by each of the relevant
13 Federal departments and agencies to implement
14 the strategy, including—

15 (i) the statutory source of obligated
16 funds;

17 (ii) the amounts obligated;

18 (iii) implementing partners;

19 (iv) targeted beneficiaries; and

20 (v) activities supported;

21 (E) the efforts of the relevant Federal de-
22 partment or agency to ensure that the activities
23 and programs carried out pursuant to the strat-
24 egy are designed to achieve maximum impact
25 and enduring returns, including through specific

1 *activities to strengthen health systems, as appro-*
 2 *priate; and*

3 *(F) a plan for regularly reviewing and up-*
 4 *dating programs and partnerships, and for shar-*
 5 *ing lessons learned with a wide range of stake-*
 6 *holders in an open, transparent manner.*

7 *(3) FORM.—The reports required under para-*
 8 *graph (1) shall be submitted in unclassified form, but*
 9 *may contain a classified annex.*

10 **SEC. 203. COMMITTEE ON GLOBAL HEALTH SECURITY AND**
 11 **PANDEMIC AND BIOLOGICAL THREATS.**

12 *(a) STATEMENT OF POLICY.—It shall be the policy of*
 13 *the United States—*

14 *(1) to promote global health security as a core*
 15 *national and security interest; and*

16 *(2) to ensure effective coordination and collabo-*
 17 *ration between the relevant Federal departments and*
 18 *agencies engaged domestically and internationally in*
 19 *efforts to advance the global health security of the*
 20 *United States, in accordance with paragraph (1).*

21 *(b) COORDINATION.—*

22 *(1) DEFINED TERM.—In this subsection, the*
 23 *term “pandemic threat” means any infectious disease*
 24 *that—*

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

4 (B) has the potential to spread over several
 5 countries or continents; and

6 (C) could, if not addressed, threaten the na-
 7 tional security of the United States.

8 (2) COMMITTEE ON GLOBAL HEALTH SECURITY
 9 AND PANDEMIC AND BIOLOGICAL THREATS.—There is
 10 authorized to be established, within the National Se-
 11 curity Council, the Committee on Global Health Secu-
 12 rity and Pandemic and Biological Threats (referred
 13 to in this subsection as the “Committee”), whose day
 14 to day operations should be led by the Special Advisor
 15 for Global Health Security.

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

19 (A) should serve as part of the staff of the
 20 National Security Council; and

21 (B) may also be the Senior Director for a
 22 Global Health Security and Biodefense Direc-
 23 torate within the Executive Office of the Presi-
 24 dent, who reports to the Assistant to the Presi-
 25 dent for National Security Affairs.

1 (4) *COMPOSITION.*—*The Committee should in-*
2 *clude the following members:*

3 *(A) The Director of National Intelligence.*

4 *(B) The Secretary of State.*

5 *(C) The Secretary of Defense.*

6 *(D) The Secretary of Health and Human*
7 *Services.*

8 *(E) The Administrator of the United States*
9 *Agency for International Development.*

10 *(F) The Secretary of Agriculture.*

11 *(G) The Secretary of Treasury.*

12 *(H) The Attorney General.*

13 *(I) The Secretary of Homeland Security.*

14 *(J) The Office of Management and Budget.*

15 *(K) The Administrator of the Environ-*
16 *mental Protection Agency.*

17 *(L) The Director of the Centers for Disease*
18 *Control and Prevention.*

19 *(M) The Director of the Office of Science*
20 *and Technology Policy.*

21 *(N) The Assistant to the President for Na-*
22 *tional Security Affairs, who should serve as the*
23 *chairperson of the Committee.*

24 *(O) The Director of the National Institutes*
25 *of Health.*

1 (P) *The Director of the National Institute of*
 2 *Allergy and Infectious Diseases.*

3 (Q) *The Secretary of Labor.*

4 (R) *Such other members as the President*
 5 *may designate.*

6 (5) *FUNCTIONS.—*

7 (A) *IN GENERAL.—The functions of the*
 8 *Committee should be—*

9 (i) *to provide strategic guidance for the*
 10 *development of a policy framework for ac-*
 11 *tivities of the United States Government re-*
 12 *lating to global health security, including*
 13 *pandemic prevention, preparedness and re-*
 14 *sponse; and*

15 (ii) *to ensure policy coordination be-*
 16 *tween United States Government agencies,*
 17 *especially coordination between—*

18 (I) *agencies with a primarily do-*
 19 *mestic mandate; and*

20 (II) *agencies with an inter-*
 21 *national mandate relating to global*
 22 *health security and pandemic threats.*

23 (B) *ACTIVITIES.—In carrying out the func-*
 24 *tions described in subparagraph (A), the Com-*
 25 *mittee should—*

1 (i) conduct, in coordination with the
2 heads of relevant Federal agencies, a review
3 of existing United States health security
4 policies and strategies and develop rec-
5 ommendations for how the Federal Govern-
6 ment may regularly update and harmonize
7 such policies and strategies to ensure the
8 timely development of a comprehensive co-
9 ordinated strategy to enable the United
10 States Government to respond to pandemic
11 threats and to monitor the implementation
12 of such strategies;

13 (ii) develop a plan for—

14 (I) establishing an interagency
15 National Center for Epidemic Fore-
16 casting and Outbreak Analytics; and

17 (II) modernizing global early
18 warning and trigger systems for scal-
19 ing action to prevent, detect, respond
20 to, and recover from emerging biologi-
21 cal threats;

22 (iii) provide policy-level recommenda-
23 tions to participating agencies regarding
24 the Global Health Security Agenda goals,
25 objectives, and implementation, and other

1 *international efforts to strengthen pandemic*
2 *prevention, preparedness and response;*

3 *(iv) review the progress toward, and*
4 *working to resolve challenges in, achieving*
5 *United States commitments under the Glob-*
6 *al Health Security Agenda;*

7 *(v) develop protocols for coordinating*
8 *and deploying a global response to emerging*
9 *high-consequence infectious disease threats*
10 *that outline the respective roles for relevant*
11 *Federal agencies in facilitating and sup-*
12 *porting such response operations that should*
13 *facilitate the operational work of Federal*
14 *agencies, and of the Special Advisor for*
15 *Global Health Security;*

16 *(vi) make recommendations regarding*
17 *appropriate responses to specific pandemic*
18 *threats and ensure the coordination of do-*
19 *mestic and international agencies regarding*
20 *the Federal Government's efforts to prevent,*
21 *detect, respond to, and recover from biologi-*
22 *cal events;*

23 *(vii) take steps to strengthen the global*
24 *pandemic supply chain and address any*
25 *barriers to the timely delivery of supplies in*

1 response to a pandemic, including through
 2 engagement with the private sector, as ap-
 3 propriate;

4 (C) develop policies and procedures to en-
 5 sure the effective sharing of information from do-
 6 mestic and international sources about pandemic
 7 threats among the relevant Federal departments
 8 and agencies, State and local governments, and
 9 international partners and organizations; and

10 (D) develop guidelines to enhance and im-
 11 prove the operational coordination between State
 12 and local governments and Federal agencies with
 13 respect to pandemic threats.

14 (6) *FOREIGN AFFAIRS RESPONSIBILITIES.*—The
 15 Committee should not assume any foreign affairs re-
 16 sponsibilities of the Secretary of State, including the
 17 responsibility to oversee the implementation of pro-
 18 grams and policies that advance global health security
 19 within foreign countries.

20 (7) *SPECIFIC ROLES AND RESPONSIBILITIES.*—

21 (A) *IN GENERAL.*—The heads of the agencies
 22 listed in paragraph (4) should—

23 (i) make global health security and
 24 pandemic threat reduction a high priority
 25 within their respective agencies, and include

1 *global health security and pandemic threat*
2 *reduction-related activities within their re-*
3 *spective agencies' strategic planning and*
4 *budget processes;*

5 *(ii) designate a senior-level official to*
6 *be responsible for global health security and*
7 *pandemic threat reduction at each of their*
8 *respective agencies;*

9 *(iii) designate, in accordance with*
10 *paragraph (4), an appropriate representa-*
11 *tive at the Assistant Secretary level or high-*
12 *er to participate on the Committee in in-*
13 *stances where the head of the agency cannot*
14 *participate;*

15 *(iv) keep the Committee apprised of*
16 *Global Health Security and pandemic*
17 *threat reduction-related activities under-*
18 *taken within their respective agencies;*

19 *(v) ensure interagency cooperation and*
20 *collaboration and maintain responsibility*
21 *for agency-related programmatic functions*
22 *including, as applicable, in coordination*
23 *with host governments, country teams, and*
24 *global health security in-country teams; and*

1 (vi) keep the Committee apprised of
2 GHSA-related activities undertaken within
3 their respective agencies.

4 (B) *ADDITIONAL ROLES AND RESPONSIBIL-*
5 *ITIES.*—In addition to the roles and responsibil-
6 ities described in subparagraph (A), the heads of
7 the agencies described in paragraph (4) should
8 carry out their respective roles and responsibil-
9 ities described in Executive Order 13747 (81
10 Fed. Reg. 78701; relating to Advancing the Glob-
11 al Health Security Agenda to Achieve a World
12 Safe and Secure from Infectious Disease Threats)
13 and the National Security Memorandum-1 on
14 United States Global Leadership to Strengthen
15 the International COVID–19 Response and to
16 Advance Global Health Security and Biological
17 Preparedness, as in effect on the day before the
18 date of the enactment of this Act.

19 (8) *REGULAR BRIEFINGS.*—Not less frequently
20 than twice each year, the Special Advisor for Global
21 Health Security shall provide a briefing on the re-
22 sponsibilities and activities of the Committee to the
23 appropriate congressional committees, the Committee
24 on Health, Education, Labor, and Pensions of the

1 *Senate and the Committee on Energy and Commerce*
 2 *of the House of Representatives.*

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

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

10 *(b) APPOINTMENT; QUALIFICATIONS.—The Special*
 11 *Representative—*

12 *(1) shall be appointed by the President, by and*
 13 *with the advice and consent of the Senate;*

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

15 *(3) shall have—*

16 *(A) demonstrated knowledge and experience*
 17 *in the fields of development and public health,*
 18 *epidemiology, or medicine; and*

19 *(B) relevant diplomatic, policy, and polit-*
 20 *ical expertise.*

21 *(c) AUTHORITIES.—The Special Representative is au-*
 22 *thorized—*

23 *(1) to operate internationally to carry out the*
 24 *purposes of this title;*

1 (2) to lead in developing a global pandemic pre-
2 vention, preparedness and response framework to sup-
3 port global pandemic prevention, preparedness, re-
4 sponses and recovery efforts, including through—

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

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

13 (3) to serve as the representative of the Secretary
14 of State on the Committee on Global Health Security
15 and Pandemic and Biological Threats under section
16 202;

17 (4) to represent the United States in the multi-
18 lateral, catalytic financing mechanism described in
19 section 302(a);

20 (5) to transfer and allocate United States foreign
21 assistance funding authorized to be appropriated pur-
22 suant to subsection (f) to the relevant Federal depart-
23 ments and agencies implementing the strategy re-
24 quired under section 202, in coordination with the
25 Office of Management and Budget, the United States

1 *Agency for International Development, the Depart-*
2 *ment of Health and Human Services, and the Office*
3 *of Foreign Assistance Resources in the Department of*
4 *State;*

5 *(6) to utilize detailees, on a reimbursable or non-*
6 *reimbursable basis, from the relevant Federal depart-*
7 *ments and agencies and hire personal service contrac-*
8 *tors, who may operate domestically and internation-*
9 *ally, to ensure that the Office of the Special Rep-*
10 *resentative has access to the highest quality experts*
11 *available to the United States Government to carry*
12 *out the functions under this Act; and*

13 *(7) to perform such other functions as the Sec-*
14 *retary of State may assign.*

15 *(d) DUTIES.—The Special Representative shall coordi-*
16 *nate, manage, and oversee United States foreign policy,*
17 *diplomatic efforts, and foreign assistance funded with*
18 *amounts appropriated pursuant to subsection (f) to advance*
19 *the United States Global Health Security and Diplomacy*
20 *Strategy developed pursuant to section 202, including by—*

21 *(1) developing and coordinating a global pan-*
22 *demic prevention, preparedness and response frame-*
23 *work consistent with subsection (c)(2);*

1 (2) *enhancing engagement with multilateral or-*
2 *ganizations and partner countries, including through*
3 *the mobilization of donor support;*

4 (3) *enhancing coordination of consular services*
5 *for United States citizens abroad in the event of a*
6 *global health emergency;*

7 (4) *ensuring effective program coordination and*
8 *implementation by the relevant Federal departments*
9 *and agencies by—*

10 (A) *formulating, issuing, and updating re-*
11 *lated policy guidance;*

12 (B) *establishing, in consultation with the*
13 *United States Agency for International Develop-*
14 *ment and the Centers for Disease Control and*
15 *Prevention, unified auditing, monitoring, and*
16 *evaluation plans;*

17 (C) *aligning, in coordination with United*
18 *States chiefs of mission and country teams in*
19 *partner countries—*

20 (i) *the foreign assistance resources*
21 *funded with amounts appropriated pursu-*
22 *ant to subsection (f); and*

23 (ii) *the implementation plans required*
24 *under section 202(c)(2) with the relevant*

1 *Federal departments and agencies in a*
2 *manner that—*

3 *(I) is consistent with Executive*
4 *Order 13747 (81 Fed. Reg. 78701; re-*
5 *lating to Advancing the Global Health*
6 *Security Agenda to Achieve a World*
7 *Safe and Secure from Infectious Dis-*
8 *ease Threats);*

9 *(II) is consistent with the Na-*
10 *tional Security Memorandum on*
11 *United States Global Leadership to*
12 *Strengthen the International COVID–*
13 *19 Response and to Advance Global*
14 *Health Security and Biological Pre-*
15 *paredness, issued by President Biden*
16 *on January 21, 2021; and*

17 *(III) reflects and leverages the*
18 *unique capabilities of each such de-*
19 *partment and agency;*

20 *(D) convening, as appropriate, an inter-*
21 *agency working group on pandemic prevention*
22 *and preparedness, headed by the Special Rep-*
23 *resentative and including representatives from*
24 *the relevant Federal departments and agencies,*
25 *to facilitate coordination of activities relating to*

1 *pandemic prevention and preparedness in part-*
2 *ner countries under this Act;*

3 *(E) working with, and leveraging the exper-*
4 *tise and activities of, the Office of the United*
5 *States Global AIDS Coordinator, the Office of*
6 *the United States Global Malaria Coordinator,*
7 *and similar or successor entities that are imple-*
8 *menting United States global health assistance*
9 *overseas; and*

10 *(F) avoiding duplication of effort and work-*
11 *ing to resolve policy, program, and funding dis-*
12 *putes among the relevant Federal departments*
13 *and agencies;*

14 *(5) leading diplomatic efforts to identify and ad-*
15 *dress current and emerging threats to global health se-*
16 *curity;*

17 *(6) ensuring, in coordination with the Secretary*
18 *of Health and Human Services and the Adminis-*
19 *trator of the United States Agency for International*
20 *Development, effective representation of the United*
21 *States in relevant international forums, including at*
22 *the World Health Organization, the World Health As-*
23 *sembly, and meetings of the Global Health Security*
24 *Agenda and of the Global Health Security Initiative;*

1 (7) *working to enhance coordination with, and*
 2 *transparency among, the governments of partner*
 3 *countries and key stakeholders, including the private*
 4 *sector;*

5 (8) *promoting greater donor and national invest-*
 6 *ment in partner countries to build more resilient*
 7 *health systems and supply chains, including through*
 8 *representation and participation in a multilateral,*
 9 *catalytic financing mechanism for global health secu-*
 10 *rity and pandemic prevention and preparedness, con-*
 11 *sistent with title III;*

12 (9) *securing bilateral and multilateral financing*
 13 *commitments to advance the Global Health Security*
 14 *Agenda, including through funding for the financing*
 15 *mechanism described in title III; and*

16 (10) *providing regular updates to the appro-*
 17 *priate congressional committees regarding the fulfill-*
 18 *ment of the duties described in this subsection.*

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

21 (1) *should be an employee of the United States*
 22 *Agency for International Development serving in a*
 23 *career or noncareer position in the Senior Executive*
 24 *Service or at the level of a Deputy Assistant Adminis-*
 25 *trator or higher;*

1 (2) *should have demonstrated knowledge and ex-*
 2 *perience in the fields of development and public*
 3 *health, epidemiology, or medicine; and*

4 (3) *serves concurrently as the deputy and per-*
 5 *forms the functions described in section 3(h) of Execu-*
 6 *tive Order 13747 (81 Fed. Reg. 78701).*

7 (f) *AUTHORIZATION OF APPROPRIATIONS.—*

8 (1) *IN GENERAL.—There is authorized to be ap-*
 9 *propriated \$5,000,000,000, for the 5-year period be-*
 10 *ginning on October 1, 2022, to carry out the purposes*
 11 *of this section and title III, which, in consultation*
 12 *with the appropriate congressional committees and*
 13 *subject to the requirements under chapters 1 and 10*
 14 *of part I and section 634A of the Foreign Assistance*
 15 *Act of 1961 (22 U.S.C. 2151 et seq.), may include*
 16 *support for—*

17 (A) *enhancing preparedness in partner*
 18 *countries through implementation of the Global*
 19 *Health Security Strategy developed pursuant to*
 20 *section 202;*

21 (B) *replenishing the Emergency Reserve*
 22 *Fund at the United States Agency for Inter-*
 23 *national Development, established pursuant to*
 24 *section 7058(c)(1) of the Department of State,*
 25 *Foreign Operations, and Related Programs Ap-*

1 *appropriations Act, 2017 (division J of Public Law*
 2 *115–31) to address new or emerging infectious*
 3 *disease threats, as necessary and appropriate;*

4 *(C) United States contributions to the*
 5 *World Bank Health Emergency Preparedness*
 6 *and Response Multi-Donor Fund; and*

7 *(D) United States contributions to a multi-*
 8 *lateral, catalytic financing mechanism for global*
 9 *health security and pandemic prevention and*
 10 *preparedness described in section 302.*

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

15 **SEC. 205. RESILIENCE.**

16 *It shall be the policy of the United States to support*
 17 *the growth of healthier, more stable societies, while advanc-*
 18 *ing the global health security interests of the United States*
 19 *by working with key stakeholders—*

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

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

3 *(2) to develop effective tools to identify, analyze,*
 4 *forecast, and mitigate the risks that make such coun-*
 5 *tries vulnerable;*

6 *(3) to better integrate short-, medium-, and long-*
 7 *term recovery efforts into global health emergency re-*
 8 *sponse and disaster relief; and*

9 *(4) to ensure that international assistance and*
 10 *financing tools are effectively designed, objectively in-*
 11 *formed, strategically targeted, carefully coordinated,*
 12 *reasonably adapted, and rigorously monitored and*
 13 *evaluated in a manner that advances the policy objec-*
 14 *tives under this section.*

15 **SEC. 206. STRENGTHENING HEALTH SYSTEMS.**

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

23 *(b) COORDINATION.—The Administrator of USAID*
 24 *shall work with the Director of the Centers for Disease Con-*
 25 *trol and Prevention, the Global Malaria Coordinator, and*

1 *the United States Global AIDS Coordinator and Special*
 2 *Representative for Global Health Diplomacy at the Depart-*
 3 *ment of State to identify areas of collaboration and coordi-*
 4 *nation in countries with global health programs and activi-*
 5 *ties undertaken by USAID pursuant to the United States*
 6 *Leadership Against HIV/AIDS, Tuberculosis, and Malaria*
 7 *Act of 2003 (Public Law 108–25) and other relevant stat-*
 8 *utes to ensure that such activities contribute to health sys-*
 9 *tems strengthening.*

10 *(c) PILOT PROGRAM .—*

11 *(1) IN GENERAL.—The Administrator of USAID*
 12 *should identify not fewer than 5 countries in which*
 13 *the United States has significant bilateral invest-*
 14 *ments in global health to develop an integrated ap-*
 15 *proach toward health systems strengthening that takes*
 16 *advantage of all sources of funding for global health*
 17 *in such country, with the aim of establishing an en-*
 18 *during model for coordinating health systems*
 19 *strengthening activities in additional countries in the*
 20 *future.*

21 *(2) ASSESSMENT.—In the countries selected*
 22 *under paragraph (1), USAID missions, in consulta-*
 23 *tion with USAID’s Office of Health Systems, should*
 24 *conduct an assessment that—*

1 (A) takes a comprehensive view of the con-
2 straints in the country's health system that pre-
3 vent the achievement of desired outcomes of
4 United States Government-supported health pro-
5 grams;

6 (B) identifies the best opportunities for im-
7 proving health systems to achieve improved out-
8 comes, including obstacles to health service deliv-
9 ery;

10 (C) maps the resources of the country and
11 other donors in the health sector with a focus on
12 investment in health system strengthening; and

13 (D) develops, based on the results of the as-
14 sessment described in subparagraph (A), and im-
15 plements a new or revised 5-year strategy for
16 United States assistance to strengthen the coun-
17 try's health system that—

18 (i) provides a framework for imple-
19 menting such strategy;

20 (ii) identifies key areas for United
21 States Government investments to strength-
22 en the health system in alignment with
23 other donors and achieve health outcomes
24 beyond a single sector;

1 (iii) specifies the anticipated role of
 2 health programs undertaken by each of the
 3 relevant Federal departments and agencies
 4 operating in the country in implementing
 5 such strategy;

6 (iv) includes clear goals, benchmarks,
 7 outputs, desired outcomes, a means of meas-
 8 uring progress and a cost analysis; and

9 (v) requires reporting by each Federal
 10 department and agency regarding their par-
 11 ticipation and contribution, including in
 12 the PEPFAR Annual Report to Congress.

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

18 (A) ensures complementarity with priorities
 19 identified under any other action plan focused
 20 on strengthening a country's health system, such
 21 as the World Health Organization's Joint Exter-
 22 nal Evaluation and National Action Plans for
 23 Health Security;

24 (B) identifies bureaucratic barriers and in-
 25 efficiencies, including poor linkages between gov-

ernment ministries and between ministries and donor agencies and the extent of any corruption, and identify actions to overcome such barriers;

(C) identifies potential obstacles to the implementation of the strategy, such as issues relating to lack of political will, poor governance of an effective health system at all levels of the country's public health systems, especially with respect to governing bodies and councils at the provincial, district, and community levels, and the exclusion of women, minorities, other underserved groups, and frontline health workers in decision making;

(D) includes proposals for mobilizing sufficient and durable financing for health systems;

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

(i) strengthened data collection and analysis;

(ii) data driven decision making capacity;

1 (iii) recommendations for partner
 2 country actions to achieve a workforce that
 3 conforms with the World Health Organiza-
 4 tion's recommendation for at least 44.5 doc-
 5 tors, nurses, and midwives and at least 15
 6 paid, trained, equipped, and professionally
 7 supervised community health workers for
 8 every 10,000 people, while supporting prop-
 9 er distribution and high-quality job per-
 10 formance; and

11 (iv) the formalization and inclusion of
 12 the community health workforce in plan-
 13 ning for a resilient health system to ensure
 14 essential service delivery and pandemic re-
 15 sponse;

16 (F) identifies deficiencies in information
 17 systems and communication technologies that
 18 prevent linkages at all levels of the health system
 19 delivery and medical supply systems and pro-
 20 motes interoperability across data systems with
 21 real time data, while protecting data security;

22 (G) identifies weaknesses in supply chain
 23 and procurement systems and practices, and rec-
 24 ommends ways to improve the efficiency, trans-

1 *parency, and effectiveness of such systems and*
 2 *practices;*

3 *(H) identifies obstacles to health service ac-*
 4 *cess and quality and improved health outcomes*
 5 *for women and girls, and for the poorest and*
 6 *most vulnerable, including a lack of social sup-*
 7 *port and other underlying causes, and rec-*
 8 *ommendations for how to overcome such obsta-*
 9 *cles;*

10 *(I) includes plans for integrating innova-*
 11 *tions in health technologies, services, and sys-*
 12 *tems;*

13 *(J) identifies barriers to health literacy,*
 14 *community engagement, and patient empower-*
 15 *ment, and recommendations for overcoming such*
 16 *barriers;*

17 *(K) includes proposals for strengthening*
 18 *community health systems and the community-*
 19 *based health workforce informed by the World*
 20 *Health Organization guideline on health policy*
 21 *and system support to optimize community*
 22 *health worker programmes (2018), including the*
 23 *professionalization of community health workers;*

24 *(L) describes the role of the private sector*
 25 *and nongovernmental health providers, including*

community groups engaged in health promotion and mutual assistance and other institutions engaged in health delivery, including the extent to which the local population utilizes such health services;

(M) facilitates rapid response during health emergencies, such as last mile delivery of vaccines to respond to and prevent the spread of infectious diseases with epidemic and pandemic potential; and

(N) ensures that relevant USAID missions and bureaus are appropriately staffed and resourced to carry out such activities efficiently, effectively, and in-line with best practices.

(4) CONSULTATION AND REPORTING REQUIREMENTS.—

(A) CONSULTATION.—In developing a strategy pursuant to paragraph (3), each USAID mission should consult with a wide variety of stakeholders, including—

(i) relevant partner government institutions;

(ii) professional associations;

(iii) patient groups;

1 (iv) civil society organizations (includ-
2 ing international nongovernmental organi-
3 zations with relevant expertise in program
4 implementation); and

5 (v) the private sector.

6 (B) *REPORTING.*—Not later than 180 days
7 after the date of the enactment of this Act, the
8 Administrator of USAID and the United States
9 Global AIDS Coordinator shall submit a report
10 to the appropriate congressional committees de-
11 tailing the progress of the pilot program author-
12 ized under this subsection, including—

13 (i) progress made toward the integra-
14 tion and co-financing of health systems
15 strengthening activities by USAID and the
16 Office of the Global AIDS Coordinator; and

17 (ii) the results of integrated efforts
18 under this section, including for cross-cut-
19 ting efforts to strengthen local health
20 workforces.

21 (d) *TECHNICAL CAPACITY.*—

22 (1) *IN GENERAL.*—The Administrator of USAID
23 shall ensure that USAID is sufficiently resourced and
24 staffed to ensure performance, consistency, and adop-
25 tion of best practices in USAID’s health systems pro-

1 *grams, including the pilot program authorized under*
 2 *subsection (c).*

3 (2) *RESOURCES.—The Administrator of USAID*
 4 *and the United States Global AIDS Coordinator shall*
 5 *include detail in the fiscal year 2023 Congressional*
 6 *Budget Justification regarding health systems*
 7 *strengthening activities, including—*

8 (A) *the plans for, and the progress toward,*
 9 *reaching the capacity described in paragraph*
 10 (1);

11 (B) *the requirements for sustaining such ca-*
 12 *capacity, including the resources needed by*
 13 *USAID; and*

14 (C) *budget detail on the integration and*
 15 *joint funding of health systems capacity build-*
 16 *ing, as appropriate.*

17 (e) *INTERNATIONAL EFFORTS.—The Secretary of*
 18 *State, in coordination with the Administrator of USAID,*
 19 *should work with the Global Fund to Fight AIDS, Tuber-*
 20 *culosis, and Malaria, Gavi, the Vaccine Alliance, bilateral*
 21 *donors, and other relevant multilateral and international*
 22 *organizations and stakeholders to develop—*

23 (1) *shared core indicators for strengthened health*
 24 *systems;*

1 (2) *agreements among donors that reporting re-*
 2 *quirements for health systems come from country sys-*
 3 *tems to reduce the burden placed on partner coun-*
 4 *tries;*

5 (3) *structures for joint assessments, plans, audit-*
 6 *ing, and consultations; and*

7 (4) *a regularized approach to coordination on*
 8 *health systems strengthening.*

9 (f) *PUBLIC PRIVATE PARTNERSHIPS TO IMPROVE*
 10 *HEALTH SYSTEMS STRENGTHENING.—The country strate-*
 11 *gies developed under subsection (c)(3) should include a sec-*
 12 *tion that—*

13 (1) *discusses the role of the private sector (in-*
 14 *cluding corporate, local, and international organiza-*
 15 *tions with relevant expertise); and*

16 (2) *identifies relevant opportunities for the pri-*
 17 *vate sector—*

18 (A) *to accelerate research and development*
 19 *of innovative health and information technology,*
 20 *and to offer training related to its use;*

21 (B) *to contribute to improvements in health*
 22 *administration and management processes;*

23 (C) *to improve system efficiency;*

24 (D) *to develop training related to clinical*
 25 *practice guidelines; and*

1 (E) to help countries develop systems for
 2 documenting outcomes and achievements related
 3 to activities undertaken to strengthen the health
 4 sector.

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

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

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

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

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

18 (A) in subsection (b)(3)(D), by striking “in-
 19 cluding health care systems, under other inter-
 20 national donor support” and inserting “includ-
 21 ing through support for health systems strength-
 22 ening, under other donor support”; and

23 (B) in subsection (f)(3)(Q), by inserting
 24 “the Office of the United States Global AIDS Co-
 25 ordinator, partner countries, and the Global

1 *Fund to Fight AIDS, Tuberculosis, and Malaria*
 2 *to ensure that their actions support the activities*
 3 *taken to strengthen the overall health systems in*
 4 *recipient countries, and efforts by” after “efforts*
 5 *by”; and*

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

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

14 (1) in subsection (a) —

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

20 (B) in paragraph (2)—

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

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

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

4 (iv) by adding at the end the following:
5 “(F) to contribute to efforts that build
6 health systems capable of preventing, detecting
7 and responding to HIV/AIDS, tuberculosis, ma-
8 laria and other infectious diseases with pan-
9 demic potential.”; and

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

18 **SEC. 208. AUTHORIZATION FOR UNITED STATES PARTICIPA-**
19 **TION IN THE COALITION FOR EPIDEMIC PRE-**
20 **PAREDNESS INNOVATIONS.**

21 (a) *IN GENERAL.*—The United States is authorized to
22 participate in the Coalition for Epidemic Preparedness In-
23 novations (referred to in this section as “CEPI”).

24 (b) *INVESTORS COUNCIL AND BOARD OF DIREC-*
25 *TORS.*—

1 (1) *INITIAL DESIGNATION.*—*The President shall*
 2 *designate an employee of the United States Agency for*
 3 *International Development to serve on the Investors*
 4 *Council and, if nominated, on the Board of Directors*
 5 *of CEPI, as a representative of the United States dur-*
 6 *ing the period beginning on the date of such designa-*
 7 *tion and ending on September 30, 2022.*

8 (2) *ONGOING DESIGNATIONS.*—*The President*
 9 *may designate an employee of the relevant Federal de-*
 10 *partment or agency with fiduciary responsibility for*
 11 *United States contributions to CEPI to serve on the*
 12 *Investors Council and, if nominated, on the Board of*
 13 *Directors of CEPI, as a representative of the United*
 14 *States.*

15 (3) *QUALIFICATIONS.*—*Any employee designated*
 16 *pursuant to paragraph (1) or (2) shall have dem-*
 17 *onstrated knowledge and experience in the fields of de-*
 18 *velopment and public health, epidemiology, or medi-*
 19 *cine, from the Federal department or agency with*
 20 *primary fiduciary responsibility for United States*
 21 *contributions pursuant to subsection (c).*

22 (c) *CONSULTATION.*—*Not later than 60 days after the*
 23 *date of the enactment of this Act, the employee designated*
 24 *pursuant to subsection (b)(1) shall consult with the appro-*
 25 *priate congressional committees regarding—*

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

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

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

8 (A) *the United States Global Health Secu-*
 9 *rity Strategy required under this Act;*

10 (B) *the applicable revision of the National*
 11 *Biodefense Strategy required under section 1086*
 12 *of the National Defense Authorization Act for*
 13 *Fiscal Year 2017 (6 U.S.C. 104); and*

14 (C) *any other relevant programs relating to*
 15 *global health security and biodefense.*

16 (d) *UNITED STATES CONTRIBUTIONS.—*

17 (1) *SENSE OF CONGRESS.—It is the sense of*
 18 *Congress that the President, consistent with the provi-*
 19 *sions under section 10003(a)(1) of the American Res-*
 20 *cue Plan Act of 2021, should make an immediate con-*
 21 *tribution to CEPI in the amount of \$300,000,000, to*
 22 *expand research and development of vaccines to com-*
 23 *bat the spread of COVID–19 variants.*

24 (2) *NOTIFICATION.—Not later than 15 days be-*
 25 *fore a contribution is made available pursuant to*

1 *paragraph (1), the President shall notify the appro-*
 2 *prate congressional committees of the details of the*
 3 *amount, purposes, and national interests served by*
 4 *such contribution.*

5 **SEC. 209. NATIONAL INTELLIGENCE ESTIMATE AND BRIEF-**
 6 **ING REGARDING NOVEL DISEASES AND PAN-**
 7 **DEMIC THREATS.**

8 *(a) DEFINED TERM.—In this section, the term “appro-*
 9 *priate committees of Congress” means—*

10 *(1) the Committee on Foreign Relations of the*
 11 *Senate;*

12 *(2) the Select Committee on Intelligence of the*
 13 *Senate;*

14 *(3) the Committee on Health, Education, Labor,*
 15 *and Pensions of the Senate;*

16 *(4) the Committee on Foreign Affairs of the*
 17 *House of Representatives;*

18 *(5) the Permanent Select Committee on Intel-*
 19 *ligence of the House of Representatives; and*

20 *(6) the Committee on Energy and Commerce of*
 21 *the House of Representatives.*

22 *(b) NATIONAL INTELLIGENCE ESTIMATES.—*

23 *(1) IN GENERAL.—Not later than 1 year after*
 24 *the date of the enactment of this Act, and annually*
 25 *thereafter for the following 4 years, the National In-*

1 *telligence Council shall submit to the appropriate*
2 *committees of Congress a National Intelligence Esti-*
3 *mate regarding the risks posed to the national secu-*
4 *rity interests of the United States by the emergence,*
5 *reemergence, and overseas transmission of pathogens*
6 *with pandemic potential.*

7 (2) *ELEMENTS.—The National Intelligence Esti-*
8 *mate submitted pursuant to paragraph (1) shall—*

9 (A) *identify the countries or regions most*
10 *vulnerable to the emergence or reemergence of a*
11 *pathogen with pandemic potential, including the*
12 *most likely sources and pathways of such emer-*
13 *gence or reemergence, whether naturally occur-*
14 *ring, accidental, or deliberate;*

15 (B) *assess the likelihood that a pathogen de-*
16 *scribed in subparagraph (A) will spread to the*
17 *United States, the United States Armed Forces,*
18 *diplomatic or development personnel of the*
19 *United States stationed abroad, or citizens of the*
20 *United States living abroad in a manner that*
21 *could lead to lead to an epidemic in the United*
22 *States or otherwise affect the national security or*
23 *economic prosperity of the United States;*

24 (C) *assess the preparedness of countries*
25 *around the world, particularly those identified*

1 pursuant to subparagraph (A), to prevent, detect,
2 and respond to pandemic threats; and

3 (D) identify any scientific, capacity, or gov-
4 ernance gaps in the preparedness of countries
5 identified pursuant to subparagraph (A), includ-
6 ing an analysis of the capacity and performance
7 of any country or entity described in subpara-
8 graph (C) in complying with biosecurity stand-
9 ards, as applicable.

10 (c) CONGRESSIONAL BRIEFINGS.—The National Intel-
11 ligence Council shall provide an annual briefing to the ap-
12 propriate committees of Congress regarding—

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

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

18 (d) PUBLIC AVAILABILITY.—The Director of National
19 Intelligence shall make publicly available an unclassified
20 version of each National Intelligence Estimate submitted
21 pursuant to subsection (b)(1).

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

23 (a) IN GENERAL.—The Secretary of State, in coordi-
24 nation with the Administrator of the United States Agency
25 for International Development, the Secretary of Health and

1 *Human Services, and the heads of the other relevant Federal*
 2 *departments and agencies, shall work with the World*
 3 *Health Organization and other key stakeholders to establish*
 4 *or strengthen effective early warning systems, at the partner*
 5 *country, regional, and international levels, that utilize in-*
 6 *novative information and analytical tools and robust re-*
 7 *view processes to track, document, analyze, and forecast in-*
 8 *fectious disease threats with epidemic and pandemic poten-*
 9 *tial.*

10 **(b) REPORT.**—*Not later than 1 year after the date of*
 11 *the enactment of this Act, and annually thereafter for the*
 12 *following 4 years, the Secretary of State, in coordination*
 13 *with the Secretary of Health and Human Services and the*
 14 *heads of the other relevant Federal departments and agen-*
 15 *cies, shall submit a report to the appropriate congressional*
 16 *committees that describes United States Government efforts*
 17 *and opportunities to establish or strengthen effective early*
 18 *warning systems for infectious disease threats.*

19 **SEC. 211. INTERNATIONAL EMERGENCY OPERATIONS.**

20 **(a) SENSE OF CONGRESS.**—*It is the sense of Congress*
 21 *that it is essential to enhance the capacity of key stake-*
 22 *holders to effectively operationalize early warning and exe-*
 23 *cute multi-sectoral emergency operations during an infec-*
 24 *tious disease outbreak, particularly in countries and areas*
 25 *that deliberately withhold critical global health data and*

1 *delay access during an infectious disease outbreak in ad-*
 2 *vance of the next infectious disease outbreak with pandemic*
 3 *potential.*

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

17 (c) *EMERGENCY OPERATIONS.*—*The Secretary of*
 18 *State, in coordination with the Administrator of USAID,*
 19 *the Director of the Centers for Disease Control and Preven-*
 20 *tion, and the heads of other relevant Federal departments*
 21 *and agencies, and consistent with the requirements under*
 22 *the International Health Regulations (2005) and the objec-*
 23 *tives of the World Health Organization’s Health Emer-*
 24 *gencies Programme, the Global Health Security Agenda,*
 25 *and national actions plans for health security, shall work,*

1 *in coordination with the World Health Organization, with*
 2 *partner countries and other key stakeholders to support the*
 3 *establishment, strengthening, and rapid response capacity*
 4 *of global health emergency operations centers, at the na-*
 5 *tional and international levels, including efforts—*

6 (1) *to collect and share data, assess risk, and*
 7 *operationalize early warning;*

8 (2) *to secure, including through utilization of*
 9 *stand-by arrangements and emergency funding mech-*
 10 *anisms, the staff, systems, and resources necessary to*
 11 *execute cross-sectoral emergency operations during the*
 12 *48-hour period immediately following an infectious*
 13 *disease outbreak with pandemic potential; and*

14 (3) *to organize and conduct emergency simula-*
 15 *tions.*

16 ***TITLE III—FINANCING MECHA-***
 17 ***NISM FOR GLOBAL HEALTH***
 18 ***SECURITY AND PANDEMIC***
 19 ***PREVENTION AND PREPARED-***
 20 ***NESS***

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

22 *In this title, the term “eligible partner country” means*
 23 *a country in which the Fund for Global Health Security*
 24 *and Pandemic Prevention and Preparedness to be estab-*
 25 *lished under section 302 may finance global health security*

1 *and pandemic prevention and preparedness assistance pro-*
 2 *grams under this Act based on the country's dem-*
 3 *onstrated—*

4 (1) *need, as identified through the Joint Exter-*
 5 *nal Evaluation process, the Global Health Security*
 6 *Index classification of health systems, national action*
 7 *plans for health security, the World Organization for*
 8 *Animal Health's Performance of Veterinary Services*
 9 *evaluation, and other complementary or successor in-*
 10 *dicators of global health security and pandemic pre-*
 11 *vention and preparedness; and*

12 (2) *commitment to transparency, including—*

13 (A) *budget and global health data trans-*
 14 *parency;*

15 (B) *complying with the International*
 16 *Health Regulations (2005);*

17 (C) *investing in domestic health systems;*

18 *and*

19 (D) *achieving measurable results.*

20 **SEC. 302. ESTABLISHMENT OF FUND FOR GLOBAL HEALTH**
 21 **SECURITY AND PANDEMIC PREVENTION AND**
 22 **PREPAREDNESS.**

23 (a) *NEGOTIATIONS FOR ESTABLISHMENT OF FUND*
 24 *FOR GLOBAL HEALTH SECURITY AND PANDEMIC PREVEN-*
 25 *TION AND PREPAREDNESS.—The Secretary of State, in co-*

1 *ordination with the Secretary of the Treasury, the Adminis-*
 2 *trator of the United States Agency for International Devel-*
 3 *opment, the Secretary of Health and Human Services, the*
 4 *Director of the Centers for Disease Control and Prevention,*
 5 *and the heads of other relevant Federal departments and*
 6 *agencies, as necessary and appropriate, should seek to enter*
 7 *into negotiations with donors, relevant United Nations*
 8 *agencies, including the World Health Organization, and*
 9 *other key multilateral stakeholders, to establish—*

10 *(1) a multilateral, catalytic financing mecha-*
 11 *nism for global health security and pandemic preven-*
 12 *tion and preparedness, which may be known as the*
 13 *Fund for Global Health Security and Pandemic Pre-*
 14 *vention and Preparedness (in this title referred to as*
 15 *“the Fund”), to address the need for and secure dura-*
 16 *ble financing in accordance with the provisions of*
 17 *this section; and*

18 *(2) an Advisory Board to the Fund in accord-*
 19 *ance with section 305.*

20 *(b) PURPOSES.—The purposes of the Fund should be—*

21 *(1) to close critical gaps in global health security*
 22 *and pandemic prevention and preparedness; and*

23 *(2) to work with, and build the capacity of, eligi-*
 24 *ble partner countries in the areas of global health se-*

1 *curity, infectious disease control, and pandemic pre-*
 2 *vention and preparedness, in a manner that—*

3 *(A) prioritizes capacity building and fi-*
 4 *ancing availability in eligible partner coun-*
 5 *tries;*

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

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

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

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

22 *(F) helps countries accelerate and achieve*
 23 *compliance with the International Health Regu-*
 24 *lations (2005) and the fulfillment of the Global*
 25 *Health Security Agenda 2024 Framework not*

1 *later than 5 years after the date on which the*
 2 *Fund is established, in coordination with the on-*
 3 *going Joint External Evaluation national action*
 4 *planning process.*

5 *(c) EXECUTIVE BOARD.—*

6 *(1) IN GENERAL.—The Fund should be governed*
 7 *by a transparent and accountable body (referred to in*
 8 *this title as the “Executive Board”), which should—*

9 *(A) function as a partnership with, and*
 10 *through full engagement by, donor governments,*
 11 *eligible partner countries, and independent civil*
 12 *society; and*

13 *(B) be composed of not more than 20 rep-*
 14 *resentatives of governments, foundations, aca-*
 15 *ademic institutions, independent civil society, in-*
 16 *digenuous people, vulnerable communities, front-*
 17 *line health workers, and the private sector with*
 18 *demonstrated commitment to carrying out the*
 19 *purposes of the Fund and upholding trans-*
 20 *parency and accountability requirements.*

21 *(2) DUTIES.—The Executive Board should—*

22 *(A) be charged with approving strategies,*
 23 *operations, and grant making authorities in*
 24 *order to conduct effective fiduciary, monitoring,*

1 *and evaluation efforts, and other oversight func-*
2 *tions;*

3 *(B) determine operational procedures such*
4 *that the Fund is able to effectively fulfill its mis-*
5 *sion;*

6 *(C) provide oversight and accountability for*
7 *the Fund in collaboration with the Inspector*
8 *General to be established pursuant to section*
9 *304(e)(1)(A);*

10 *(D) develop and utilize a mechanism to ob-*
11 *tain formal input from eligible partner coun-*
12 *tries, independent civil society, and imple-*
13 *menting entities relative to program design, re-*
14 *view, and implementation and associated lessons*
15 *learned; and*

16 *(E) coordinate and align with other multi-*
17 *lateral financing and technical assistance activi-*
18 *ties, and with the United States and other na-*
19 *tions leading outbreak prevention, preparedness,*
20 *and response activities in partner countries, as*
21 *appropriate.*

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

24 *(A) representatives of the governments of*
25 *founding member countries who, in addition to*

the requirements under paragraph (1), qualify based upon meeting an established initial contribution threshold, which should be not less than 10 percent of total initial contributions, and a demonstrated commitment to supporting the International Health Regulations (2005);

(B) a geographically diverse group of members who—

(i) come from donor countries, eligible partner countries, academic institutions, independent civil society, including indigenous organizations, and the private sector; and

(ii) are selected on the basis of their experience and commitment to innovation, best practices, and the advancement of global health security objectives;

(C) representatives of the World Health Organization; and

(D) the chair of the Global Health Security Steering Group.

(4) CONTRIBUTIONS.—Each government or private sector entity represented on the Executive Board should agree to make annual contributions to the

1 *Fund in an amount not less than the minimum deter-*
 2 *mined by the Executive Board.*

3 (5) *QUALIFICATIONS.*—*Individuals appointed to*
 4 *the Executive Board should have demonstrated knowl-*
 5 *edge and experience across a variety of sectors, in-*
 6 *cluding human and animal health, agriculture, devel-*
 7 *opment, defense, finance, research, and academia.*

8 (6) *CONFLICTS OF INTEREST.*—

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

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

19 (7) *UNITED STATES REPRESENTATION.*—

20 (A) *FOUNDING MEMBER.*—*The Secretary of*
 21 *State should seek—*

22 (i) *to establish the United States as a*
 23 *founding member of the Fund; and*

24 (ii) *to ensure that the United States is*
 25 *represented on the Executive Board by an*

officer or employee of the United States,
who shall be appointed by the President.

(B) *EFFECTIVE AND TERMINATION
DATES.*—

(i) *EFFECTIVE DATE.*—This paragraph
shall take effect upon the date on which the
Secretary of State certifies and submits to
Congress an agreement establishing the
Fund.

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

(8) *REMOVAL PROCEDURES.*—The Fund should
establish procedures for the removal of members of the
Executive Board who—

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

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

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

SEC. 303. AUTHORITIES.

(a) *PROGRAM OBJECTIVES.*—

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

4 (A) *develop grant making requirements to*
5 *be administered by an independent technical re-*
6 *view panel comprised of entities barred from ap-*
7 *plying for funding or support;*

8 (B) *provide grants, including challenge*
9 *grants, technical assistance, concessional lending,*
10 *catalytic investment funds, and other innovative*
11 *funding mechanisms, in coordination with ongo-*
12 *ing bilateral and multilateral efforts, as appro-*
13 *priate—*

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

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

1 civil society and the private sector, to
 2 strengthen and sustain resilient health sys-
 3 tems and supply chains with the resources,
 4 capacity, and personnel required to prevent,
 5 detect, mitigate, and respond to infectious
 6 disease threats, including zoonotic spillover,
 7 before they become pandemics;

8 (C) leverage the expertise, capabilities, and
 9 resources of proven, existing agencies and orga-
 10 nizations to effectively target and manage re-
 11 sources for impact, including through alignment
 12 with, and co-financing of, complementary pro-
 13 grams, as appropriate and consistent with para-
 14 graph (3); and

15 (D) develop recommendations for a mecha-
 16 nism for assisting countries that are at high risk
 17 for zoonotic spillover events with pandemic po-
 18 tential to participate in the Global Health Secu-
 19 rity Agenda and the Joint External Evaluations.

20 (2) *ACTIVITIES SUPPORTED.*—The activities to be
 21 supported by the Fund should include efforts—

22 (A) to enable eligible partner countries to
 23 formulate and implement national health secu-
 24 rity and pandemic prevention and preparedness
 25 action plans, advance action packages under the

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

6 *(B) to support health security budget plan-*
7 *ning in eligible partner countries, including*
8 *training in public financial management, budget*
9 *and health data transparency, human resource*
10 *information systems, and integrated and trans-*
11 *parent budget and health data;*

12 *(C) to strengthen the health workforce, in-*
13 *cluding hiring, training, and deploying experts*
14 *and other essential staff, including community*
15 *health workers, to improve frontline prevention*
16 *of, and monitoring and preparedness for, un-*
17 *known, new, emerging, or reemerging pathogens,*
18 *epidemics, and pandemic threats, including ca-*
19 *capacity to surge and manage additional staff dur-*
20 *ing emergencies;*

21 *(D) to improve the quality of community*
22 *health worker programs as the foundation of*
23 *pandemic preparedness and response through ap-*
24 *plication of appropriate assessment tools;*

1 (E) to improve infection prevention and
2 control, the protection of healthcare workers, in-
3 cluding community health workers, and access to
4 water and sanitation within healthcare settings;

5 (F) to combat the threat of antimicrobial
6 resistance;

7 (G) to strengthen laboratory capacity and
8 promote biosafety and biosecurity through the
9 provision of material and technical assistance;

10 (H) to reduce the risk of bioterrorism,
11 zoonotic disease spillover (whether through loss of
12 natural habitat, the commercial trade in wildlife
13 for human consumption, or other means), and
14 accidental biological release;

15 (I) to build technical capacity to manage
16 health supply chains for commodities, equip-
17 ment, and supplies, including for personal pro-
18 tective equipment, testing reagents, and other
19 lifesaving supplies, through effective forecasting,
20 procurement, warehousing, and delivery from
21 central warehouses to points of service in both
22 the public and private sectors;

23 (J) to enable bilateral, regional, and inter-
24 national partnerships and cooperation, includ-
25 ing through pandemic early warning systems

1 *and emergency operations centers, to identify*
 2 *and address transnational infectious disease*
 3 *threats exacerbated by natural and man-made*
 4 *disasters, human displacement, and zoonotic in-*
 5 *fection;*

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

14 *(L) to build the capacity of eligible partner*
 15 *countries to prepare for and respond to second*
 16 *order development impacts of infectious disease*
 17 *outbreaks and maintain essential health services,*
 18 *while accounting for the differentiated needs and*
 19 *vulnerabilities of marginalized populations, in-*
 20 *cluding women and girls;*

21 *(M) to develop and utilize metrics to mon-*
 22 *itor and evaluate programmatic performance*
 23 *and identify best practices, including in accord-*
 24 *ance with Joint External Evaluation bench-*

1 *marks, Global Health Security Agenda targets,*
 2 *and Global Health Security Index indicators;*

3 *(N) to develop and deploy mechanisms to*
 4 *enhance and independently monitor the trans-*
 5 *parency and accountability of global health secu-*
 6 *rity and pandemic prevention and preparedness*
 7 *programs and data, in compliance with the*
 8 *International Health Regulations (2005), includ-*
 9 *ing through the sharing of trends, risks, and les-*
 10 *sons learned;*

11 *(O) to promote broad participation in*
 12 *health emergency planning and advisory bodies,*
 13 *including by women and frontline health work-*
 14 *ers;*

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

18 *(Q) to support countries in conducting*
 19 *Joint External Evaluations;*

20 *(R) to improve disease surveillance capacity*
 21 *in partner counties, including at the community*
 22 *level, such that those countries are better able to*
 23 *detect and respond to known and unknown*
 24 *pathogens and zoonotic infectious diseases; and*

(S) to support governments through coordinated and prioritized assistance efforts to prevent zoonotic spillover caused by deforestation, commercial trade in wildlife for human consumption, climate-related events, and unsafe interactions between wildlife, livestock, and people to reduce the emergence, reemergence, and spread of zoonoses.

(3) IMPLEMENTATION OF PROGRAM OBJECTIVES.—In carrying out the objectives under paragraph (1), the Fund should work to eliminate duplication and waste by upholding strict transparency and accountability standards and coordinating its programs and activities with key partners working to advance global health security and pandemic prevention and preparedness, including—

(A) governments, independent civil society, nongovernmental organizations, research and academic institutions, and private sector entities in eligible partner countries;

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

(C) the World Health Organization;

(D) the Global Health Security Agenda;

1 (E) the Global Health Security Initiative;

2 (F) the Global Fund to Fight AIDS, Tuber-
3 culosis, and Malaria;

4 (G) the United Nations Office for the Co-
5 ordination of Humanitarian Affairs, UNICEF,
6 and other relevant funds, programs, and special-
7 ized agencies of the United Nations;

8 (H) Gavi, the Vaccine Alliance;

9 (I) the Coalition for Epidemic Preparedness
10 Innovations (CEPI);

11 (J) The World Organisation for Animal
12 Health;

13 (K) The United Nations Environment Pro-
14 gramme;

15 (L) Food and Agriculture Organization;
16 and

17 (M) the Global Polio Eradication Initiative.

18 (b) *PRIORITY*.—In providing assistance under this sec-
19 tion, the Fund should give priority to low-and lower middle
20 income countries with—

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

23 (2) measurable gaps in global health security
24 and pandemic prevention and preparedness identified

1 *under Joint External Evaluations and national ac-*
 2 *tion plans for health security;*

3 (3) *demonstrated political and financial commit-*
 4 *ment to pandemic prevention and preparedness; and*

5 (4) *demonstrated commitment to upholding glob-*
 6 *al health budget and data transparency and account-*
 7 *ability standards, complying with the International*
 8 *Health Regulations (2005), investing in domestic*
 9 *health systems, and achieving measurable results.*

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

13 **SEC. 304. ADMINISTRATION.**

14 (a) *APPOINTMENTS.—The Executive Board should ap-*
 15 *point—*

16 (1) *an Administrator, who should be responsible*
 17 *for managing the day-to-day operations of the Fund;*
 18 *and*

19 (2) *an independent Inspector General, who*
 20 *should be responsible for monitoring grants imple-*
 21 *mentation and proactively safeguarding against con-*
 22 *flicts of interests.*

23 (b) *AUTHORITY TO ACCEPT AND SOLICIT CONTRIBU-*
 24 *TIONS.—The Fund should be authorized to solicit and ac-*

1 *cept contributions from governments, the private sector,*
 2 *foundations, individuals, and nongovernmental entities.*

3 *(c) ACCOUNTABILITY; CONFLICTS OF INTEREST; CRI-*
 4 *TERIA FOR PROGRAMS.—As part of the negotiations de-*
 5 *scribed in section 302(a), the Secretary of the State, con-*
 6 *sistent with subsection (d), should—*

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

12 *(2) ensure there is agreement to put in place a*
 13 *conflict of interest policy to ensure fairness and a*
 14 *high standard of ethical conduct in the Fund's deci-*
 15 *sion-making processes, including proactive procedures*
 16 *to screen staff for conflicts of interest and measures to*
 17 *address any conflicts, such as potential divestments of*
 18 *interests, prohibition from engaging in certain activi-*
 19 *ties, recusal from certain decision-making and ad-*
 20 *ministrative processes, and representation by an al-*
 21 *ternate board member; and*

22 *(3) seek agreement on the criteria that should be*
 23 *used to determine the programs and activities that*
 24 *should be assisted by the Fund.*

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

3 (1) *eligible partner country selection criteria, to*
 4 *include transparent metrics to measure and assess*
 5 *global health security and pandemic prevention and*
 6 *preparedness strengths and vulnerabilities in coun-*
 7 *tries seeking assistance;*

8 (2) *minimum standards for ensuring eligible*
 9 *partner country ownership and commitment to long-*
 10 *term results, including requirements for domestic*
 11 *budgeting, resource mobilization, and co-investment;*

12 (3) *criteria for the selection of projects to receive*
 13 *support from the Fund;*

14 (4) *standards and criteria regarding qualifica-*
 15 *tions of recipients of such support;*

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

18 (6) *such rules and procedures as may be nec-*
 19 *essary to ensure transparency and accountability in*
 20 *the grant-making process.*

21 (e) *ADDITIONAL TRANSPARENCY AND ACCOUNTABILITY*
 22 *REQUIREMENTS.—*

23 (1) *INSPECTOR GENERAL.—*

1 (A) *IN GENERAL.*—*The Secretary of State*
 2 *shall seek to ensure that the Inspector General*
 3 *appointed pursuant to subsection (a)—*

4 (i) *is fully enabled to operate inde-*
 5 *pendently and transparently;*

6 (ii) *is supported by and with the req-*
 7 *uisite resources and capacity to regularly*
 8 *conduct and publish, on a publicly acces-*
 9 *sible website, rigorous financial, pro-*
 10 *grammatic, and reporting audits and inves-*
 11 *tigations of the Fund and its grantees; and*

12 (iii) *establishes an investigative unit*
 13 *that—*

14 (I) *develops an oversight mecha-*
 15 *nism to ensure that grant funds are*
 16 *not diverted to illicit or corrupt pur-*
 17 *poses or activities; and*

18 (II) *submits an annual report to*
 19 *the Executive Board describing its ac-*
 20 *tivities, investigations, and results.*

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

23 (i) *corruption within global health pro-*
 24 *grams contribute directly to the loss of*
 25 *human life and cannot be tolerated; and*

1 (ii) in making financial recoveries re-
2 lating to a corrupt act or criminal conduct
3 under a grant, as determined by the Inspec-
4 tor General, the responsible grant recipient
5 should be assessed at a recovery rate of up
6 to 150 percent of such loss.

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

12 (3) *FINANCIAL TRACKING SYSTEMS.*—The Sec-
13 retary of State shall ensure that the Fund establishes,
14 maintains, and makes publicly available a system to
15 track the amount of funds disbursed to each grant re-
16 cipient and sub-recipient during a grant's fiscal
17 cycle.

18 (4) *EXEMPTION FROM DUTIES AND TAXES.*—The
19 Secretary should ensure that the Fund adopts rules
20 that condition grants upon agreement by the relevant
21 national authorities in an eligible partner country to
22 exempt from duties and taxes all products financed
23 by such grants, including procurements by any prin-
24 cipal or sub-recipient for the purpose of carrying out
25 such grants.

1 **SEC. 305. ADVISORY BOARD.**

2 (a) *IN GENERAL.*—*There should be an Advisory Board*
 3 *to the Fund.*

4 (b) *APPOINTMENTS.*—*The members of the Advisory*
 5 *Board should be composed of—*

6 (1) *a geographically diverse group of individuals*
 7 *that includes representation from low- and middle-in-*
 8 *come countries;*

9 (2) *individuals with experience and leadership*
 10 *in the fields of development, global health, epidemi-*
 11 *ology, medicine, biomedical research, and social*
 12 *sciences; and*

13 (3) *representatives of relevant United Nations*
 14 *agencies, including the World Health Organization,*
 15 *and nongovernmental organizations with on-the*
 16 *ground experience in implementing global health pro-*
 17 *grams in low and lower-middle income countries.*

18 (c) *RESPONSIBILITIES.*—*The Advisory Board should*
 19 *provide advice and guidance to the Executive Board of the*
 20 *Fund on the development and implementation of programs*
 21 *and projects to be assisted by the Fund and on leveraging*
 22 *donations to the Fund.*

23 (d) *PROHIBITION ON PAYMENT OF COMPENSATION.*—

24 (1) *IN GENERAL.*—*Except for travel expenses (in-*
 25 *cluding per diem in lieu of subsistence), no member*

1 *of the Advisory Board should receive compensation for*
 2 *services performed as a member of the Board.*

3 (2) *UNITED STATES REPRESENTATIVE.*—*Not-*
 4 *withstanding any other provision of law (including*
 5 *an international agreement), a representative of the*
 6 *United States on the Advisory Board may not accept*
 7 *compensation for services performed as a member of*
 8 *the Board, except that such representative may accept*
 9 *travel expenses, including per diem in lieu of subsist-*
 10 *ence, while away from the representative's home or*
 11 *regular place of business in the performance of serv-*
 12 *ices for the Board.*

13 (e) *CONFLICTS OF INTEREST.*—*Members of the Advi-*
 14 *sory Board should be required to disclose any potential con-*
 15 *flicts of interest prior to serving on the Advisory Board and,*
 16 *in the event of any conflicts of interest, recuse themselves*
 17 *from such matters during their service on the Advisory*
 18 *Board.*

19 **SEC. 306. REPORTS TO CONGRESS.**

20 (a) *STATUS REPORT.*—*Not later than 180 days after*
 21 *the date of the enactment of this Act, the Secretary of State,*
 22 *in coordination with the Administrator of the United States*
 23 *Agency for International Development, and the heads of*
 24 *other relevant Federal departments and agencies, shall sub-*
 25 *mit a report to the appropriate congressional committees*

1 *that describes the progress of international negotiations to*
2 *establish the Fund.*

3 *(b) ANNUAL REPORT.—*

4 *(1) IN GENERAL.—Not later than 1 year after*
5 *the date of the establishment of the Fund, and annu-*
6 *ally thereafter for the duration of the Fund, the Sec-*
7 *retary of State, shall submit a report to the appro-*
8 *priate congressional committees regarding the admin-*
9 *istration of the Fund.*

10 *(2) REPORT ELEMENTS.—The report required*
11 *under paragraph (1) shall describe—*

12 *(A) the goals of the Fund;*

13 *(B) the programs, projects, and activities*
14 *supported by the Fund;*

15 *(C) private and governmental contributions*
16 *to the Fund; and*

17 *(D) the criteria utilized to determine the*
18 *programs and activities that should be assisted*
19 *by the Fund, including baselines, targets, desired*
20 *outcomes, measurable goals, and extent to which*
21 *those goals are being achieved.*

22 *(c) GAO REPORT ON EFFECTIVENESS.—Not later than*
23 *2 years after the date on which the Fund is established,*
24 *the Comptroller General of the United States shall submit*
25 *a report to the appropriate congressional committees that*

1 *evaluates the effectiveness of the Fund, including the effec-*
 2 *tiveness of the programs, projects, and activities supported*
 3 *by the Fund, as described in section 303(a).*

4 **SEC. 307. UNITED STATES CONTRIBUTIONS.**

5 (a) *IN GENERAL.*—Subject to submission of the certifi-
 6 cation under this section, the President is authorized to
 7 make available for United States contributions to the Fund
 8 such funds as may be appropriated or otherwise made
 9 available for such purpose.

10 (b) *NOTIFICATION.*—The Secretary of State shall no-
 11 tify the appropriate congressional committees not later than
 12 15 days in advance of making a contribution to the Fund,
 13 including—

- 14 (1) *the amount of the proposed contribution;*
- 15 (2) *the total of funds contributed by other do-*
 16 *nors; and*
- 17 (3) *the national interests served by United States*
 18 *participation in the Fund.*

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

25 (d) *WITHHOLDINGS.*—

1 (1) *SUPPORT FOR ACTS OF INTERNATIONAL TER-*
2 *RORISM.*—*If the Secretary of State determines that*
3 *the Fund has provided assistance to a country, the*
4 *government of which the Secretary of State has deter-*
5 *mined, for purposes of section 620A of the Foreign*
6 *Assistance Act of 1961 (22 U.S.C. 2371) has repeat-*
7 *edly provided support for acts of international ter-*
8 *rorism, the United States shall withhold from its con-*
9 *tribution to the Fund for the next fiscal year an*
10 *amount equal to the amount expended by the Fund*
11 *to the government of such country.*

12 (2) *EXCESSIVE SALARIES.*—*During the 5-year*
13 *period beginning on the date of the enactment of this*
14 *Act,, if the Secretary of State determines that the sal-*
15 *ary of any individual employed by the Fund exceeds*
16 *the salary of the Vice President of the United States*
17 *for such fiscal year, the United States should withhold*
18 *from its contribution for the next fiscal year an*
19 *amount equal to the aggregate amount by which the*
20 *salary of each such individual exceeds the salary of*
21 *the Vice President of the United States.*

22 (3) *ACCOUNTABILITY CERTIFICATION REQUIRE-*
23 *MENT.*—*The Secretary of State may withhold not*
24 *more than 20 percent of planned United States con-*
25 *tributions to the Fund until the Secretary certifies to*

1 *the appropriate congressional committees that the*
 2 *Fund has established procedures to provide access by*
 3 *the Office of Inspector General of the Department of*
 4 *State, as cognizant Inspector General, the Inspector*
 5 *General of the Department of Health and Human*
 6 *Services, the Inspector General of the United States*
 7 *Agency for International Development, and the*
 8 *Comptroller General of the United States to the*
 9 *Fund’s financial data and other information relevant*
 10 *to United States contributions to the Fund (as deter-*
 11 *mined by the Inspector General of the Department of*
 12 *State, in consultation with the Secretary of State).*

13 **SEC. 308. COMPLIANCE WITH THE FOREIGN AID TRANS-**
 14 **PARENCY AND ACCOUNTABILITY ACT OF 2016.**

15 *Section 2(3) of the Foreign Aid Transparency and Ac-*
 16 *countability Act of 2016 (Public Law 114–191; 22 U.S.C.*
 17 *2394c note) is amended—*

18 (1) *in subparagraph (D), by striking “and” at*
 19 *the end;*

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

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

23 *“(F) the International Pandemic Prepared-*
 24 *ness and COVID-19 Response Act of 2021.”.*

1 **SEC. 309. PROHIBITION AGAINST UNITED STATES FOREIGN**
2 **ASSISTANCE FOR THE GOVERNMENT OF THE**
3 **PEOPLE'S REPUBLIC OF CHINA.**

4 *None of the assistance authorized to be appropriated*
5 *under this Act may be made available to the Government*
6 *of the People's Republic of China or to any entity owned*
7 *or controlled by the Government of the People's Republic*
8 *of China.*

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S. 2297

A BILL

To improve global health, and for other purposes.

JULY 30, 2021

Reported with an amendment