

Manager's Amendment

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

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

S. 2297

To improve global health, and for other purposes.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by Mr. RISCH (for himself and Mr.
MENENDEZ)

Viz:

1 Strike all after the enacting clause and insert the fol-

2 lowing:

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.

2

- 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.
- 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:

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

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

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

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

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

14 (2) **GLOBAL HEALTH SECURITY AGENDA;**
15 **GHSA.**—The terms “Global Health Security Agenda”
16 and “GHSA” mean the multi-sectoral initiative
17 launched in 2014 and renewed in 2018 that brings
18 together countries, regions, international organiza-
19 tions, nongovernmental organizations, and the pri-
20 vate sector to elevate global health security as a na-
21 tional-level priority, to share best practices, and to
22 facilitate national capacity to comply with and ad-
23 here to—

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

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

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

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

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

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

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

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

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

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

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

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

22 (B) other bilateral donors;

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

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

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

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

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

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

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

25 (A) the Department of State;

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

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

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

7 (E) the National Institutes of Health;

8 (F) the Department of the Treasury;

9 (G) the Department of Agriculture;

10 (H) the Department of Defense;

11 (I) the Defense Threat Reduction Agency;

12 (J) the Millennium Challenge Corporation;

13 (K) the Development Finance Corporation;

14 (L) the Peace Corps; and

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

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

1 (10) USAID.—The term “USAID” means the
2 United States Agency for International Develop-
3 ment.

4 **SEC. 3. PURPOSE.**

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

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

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

16 (3) more effectively enables partner countries to
17 strengthen and sustain resilient health systems and
18 supply chains with the resources, capacity, and per-
19 sonnel required to prevent, prepare for, detect, and
20 respond to infectious disease threats before they be-
21 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 and help imme-
25 diately disrupt transmission;

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) entering into discussions with vaccine
16 manufacturing companies to incentivize technology
17 sharing, with the goal of ensuring adequate global
18 supply of vaccines, necessary components, and raw
19 materials, including through existing authorities
20 under the Defense Production Act of 1950 (50
21 U.S.C. 4501 et seq.) and chapter 18 of title 35,
22 United States Code (commonly referred to as the
23 “Bayh-Dole Act”);

1 (11) establishing clear timelines, benchmarks,
2 and goals for COVID–19 response strategies and ac-
3 tivities under this section; and

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

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

8 (a) REPORTING REQUIREMENTS.—Not later than 60
9 days after the date of the enactment of this Act, the Sec-
10 retary of State and the Administrator for the United
11 States Agency for International Development shall jointly
12 submit to the appropriate congressional committees—

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

17 (2) a plan that describes the objectives and
18 timeline for the obligation and expenditure of all re-
19 maining funds appropriated under title X of the
20 American Rescue Plan Act of 2021, to include sup-
21 port for civil society for the protection of human
22 rights in the context of the COVID–19 pandemic,
23 which shall be submitted in an unclassified form,
24 and should include a description of steps taken pur-
25 suant to each objective specified in the plan.

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

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

20 **SEC. 103. UNITED STATES CONTRIBUTIONS TO THE GLOBAL**
21 **FUND TO FIGHT AIDS, TUBERCULOSIS, AND**
22 **MALARIA COVID-19 RESPONSE MECHANISM.**

23 (a) UNITED STATES CONTRIBUTIONS TO THE GLOB-
24 AL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA
25 COVID-19 RESPONSE MECHANISM.—United States con-

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

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

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

14 **SEC. 104. GLOBAL COVID–19 VACCINE DISTRIBUTION AND**
15 **DELIVERY.**

16 (a) ACCELERATING GLOBAL VACCINE DISTRIBUTION
17 STRATEGY.—The Secretary of State, in consultation with
18 the Secretary of Health and Human Services, the Admin-
19 istrator of the United States Agency for International De-
20 velopment, the Director of the Centers for Disease Control
21 and Prevention, the Chief Executive Officer of the United
22 States International Development Finance Corporation,
23 and the heads of other relevant Federal departments and
24 agencies, as determined by the President, shall develop a
25 strategy to expand access to, and accelerate the global dis-

1 tribution of, COVID–19 vaccines to other countries, which
2 shall—

3 (1) identify the countries that have the highest
4 infection and death rates due to COVID–19, the
5 lowest COVID–19 vaccination rates, and face the
6 most difficult, political, logistical, and financial chal-
7 lenges to obtaining and delivering COVID–19 vac-
8 cines, and describe the basis and metrics used to
9 make such determinations;

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

13 (3) describe efforts that the United States is
14 making to increase COVID–19 vaccine manufac-
15 turing capacity, both domestically and internation-
16 ally, as appropriate, through the establishment or re-
17 furbishment of regional manufacturing hubs in
18 South America, South Africa, and South Asia, in-
19 cluding through the provision of development fi-
20 nance, and estimate when, how many, and which
21 types of vaccines will be provided by the United
22 States Government bilaterally and through COVAX;

23 (4) describe efforts to encourage international
24 partners to take actions similar to the efforts re-
25 ferred to in paragraph (3);

1 (5) describe how the United States Government
2 will ensure efficient delivery of COVID–19 vaccines
3 to intended recipients, including United States citi-
4 zens residing overseas, and identify complementary
5 United States foreign assistance that will facilitate
6 vaccine readiness, distribution, delivery, monitoring,
7 and administration activities;

8 (6) describe how the United States Government
9 will ensure the efficient delivery and administration
10 of COVID–19 vaccines to United States citizens re-
11 siding overseas, including through the donation of
12 vaccine doses to United States embassies and con-
13 sulates, as appropriate, giving priority to—

14 (A) countries in which United States citi-
15 zens are deemed ineligible or low priority in the
16 national vaccination deployment plan; and

17 (B) countries that are not presently dis-
18 tributing a COVID–19 vaccine that—

19 (i) has been approved by the United
20 States Food and Drug Administration for
21 emergency use; or

22 (ii) has met the necessary criteria for
23 safety and efficacy established by the
24 World Health Organization;

1 (7) summarize the United States Government's
2 efforts to encourage and facilitate technology shar-
3 ing and the licensing of intellectual property to the
4 extent necessary to ensure an adequate and timely
5 supply of vaccines and vaccine components to meet
6 the vaccination goals specified in section 101(6), giv-
7 ing due consideration to avoiding undermining intel-
8 lectual property innovation and intellectual property
9 rights protections with respect to vaccine develop-
10 ment in performing the assessment required in this
11 paragraph;

12 (8) describe the roles, responsibilities, tasks,
13 and, as appropriate, the authorities of the Secretary
14 of State, the Administrator of the United States
15 Agency for International Development, the Secretary
16 of Health and Human Services, the Director of the
17 Centers for Disease Control and Prevention, the
18 Chief Executive Officer of the United States Inter-
19 national Development Finance Corporation, and the
20 heads of other relevant Federal departments and
21 agencies with respect to the implementation of such
22 strategy;

23 (9) describe how the Department of State and
24 USAID will coordinate with the Secretary of Health
25 and Human Services and the heads of other relevant

1 Federal agencies to expedite the export and distribu-
2 tion of excess vaccines from Federal and State
3 stockpiles to support countries in need and ensure
4 such vaccines will not be wasted;

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

8 (11) describe efforts that the United States is
9 making to help countries disrupt the current trans-
10 mission of COVID–19, while simultaneously increas-
11 ing vaccination rates, utilizing non-vaccine health
12 commodities, including diagnostics and personal pro-
13 tective equipment.

14 (b) SUBMISSION OF STRATEGY.—Not later than 90
15 days after the date of the enactment of this Act, the Sec-
16 retary of State shall submit the strategy described in sub-
17 section (a) to—

18 (1) the appropriate congressional committees;

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

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

23 (c) LIMITATION.—

24 (1) IN GENERAL.—No Federal funds may be
25 made available to COVAX to procure vaccines pro-

1 duced by any companies owned or controlled by the
2 Government of the People’s Republic of China or by
3 the Chinese Communist Party unless the Secretary
4 of State certifies that the People’s Republic of
5 China—

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

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

12 (2) SAFEGUARDS.—The President shall ensure
13 that appropriate safeguards are put in place to en-
14 sure that the condition described in paragraph (1) is
15 honored by Gavi, the Vaccine Alliance.

16 **SEC. 105. LEVERAGING UNITED STATES BILATERAL GLOB-**
17 **AL HEALTH PROGRAMS FOR THE INTER-**
18 **NATIONAL COVID–19 RESPONSE.**

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

- 1 (1) to combat the COVID–19 pandemic, includ-
2 ing through the sharing of COVID–19 vaccines; and
3 (2) to support related activities, including—
4 (A) strengthening vaccine readiness;
5 (B) reducing vaccine hesitancy and misin-
6 formation;
7 (C) delivering and administering COVID–
8 19 vaccines;
9 (D) strengthening health systems and sup-
10 ply chains;
11 (E) supporting health care workforce plan-
12 ning, training, and management;
13 (F) enhancing transparency, quality, and
14 reliability of health data;
15 (G) increasing bidirectional testing, includ-
16 ing screening for symptomatic and asymp-
17 tomatic cases; and
18 (H) building lab capacity.
- 19 (b) ADJUSTMENT OF TARGETS AND GOALS.—The
20 Secretary of State, in coordination with the heads of other
21 relevant Federal departments and agencies, shall submit
22 an annual report to the appropriate congressional commit-
23 tees that identifies—

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

4 (2) the amounts needed in the following fiscal
5 year to meet the original program goals, as nec-
6 essary and appropriate.

7 **SEC. 106. REPORT ON HUMANITARIAN RESPONSE TO THE**
8 **COVID-19 PANDEMIC.**

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

15 (1) assesses the global humanitarian response
16 to COVID-19; and

17 (2) outlines specific elements of the United
18 States Government’s country-level humanitarian re-
19 sponse to the COVID-19 pandemic.

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

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

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

10 (B) restrictions on travel by humanitarian
11 workers within such country to reach the areas
12 of operation where vulnerable and marginalized
13 populations reside;

14 (C) access to medical evacuation in the
15 event of a health emergency;

16 (D) access to personal protective equip-
17 ment for United States Government imple-
18 menting partners; and

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

22 (2) an analysis and description of countries (re-
23 gardless of whether such countries have received di-
24 rect United States assistance) that have expressly

1 prevented vulnerable populations from accessing nec-
2 essary assistance related to COVID–19, including—

3 (A) the omission of vulnerable populations
4 from national response plans;

5 (B) laws, policies, or practices that restrict
6 or preclude treatment of vulnerable populations
7 at public hospitals and health facilities; and

8 (C) exclusion of, or discrimination against,
9 vulnerable populations in law, policy, or practice
10 that prevents equitable access to food, shelter,
11 and other basic assistance;

12 (3) a description of United States Government
13 efforts to facilitate greater humanitarian access, in-
14 cluding—

15 (A) advocacy and diplomatic efforts with
16 relevant foreign governments and multilateral
17 institutions to ensure that vulnerable and
18 marginalized populations are included in na-
19 tional response plans and other relevant plans
20 developed in response to the COVID–19 pan-
21 demic; and

22 (B) advocacy and diplomatic efforts with
23 relevant foreign governments to ensure that ap-
24 propriate visas, work permits, and domestic
25 travel exemptions are issued for humanitarian

1 and health workers responding to the COVID–
2 19 pandemic; and

3 (4) a description of United States Government
4 plans and efforts to address the second-order im-
5 pacts of the COVID–19 pandemic and an assess-
6 ment of the resources required to implement such
7 plans, including efforts to address—

8 (A) famine and acute food insecurity;

9 (B) gender-based violence;

10 (C) mental health and psychosocial support
11 needs;

12 (D) child protection needs;

13 (E) health, education, and livelihoods;

14 (F) shelter; and

15 (G) attempts to close civil society space,
16 including through bureaucratic, administrative,
17 and health or security related impediments.

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

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

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

22 (1) governments may be required to take appro-
23 priate extraordinary measures during public health
24 emergencies to halt the spread of disease, including
25 closing businesses and public events, limiting access

1 to public spaces, and restricting the movement of
2 people;

3 (2) certain foreign governments have taken
4 measures in response to COVID–19 that violate the
5 human rights of their citizens without clear public
6 health justification, oversight measures, or sunset
7 provisions;

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

17 (4) foreign governments should take immediate
18 steps to release from prison all arbitrarily detained
19 United States citizens and political prisoners who
20 may be at increased risk for contracting or suffering
21 from complications from COVID–19;

22 (5) COVID–19 threatens to roll back decades of
23 progress for women and girls, disproportionately af-
24 fecting women economically, educationally, and with

1 respect to health, while also leading to alarming
2 rises in gender based violence; and

3 (6) during and after the pandemic, the Depart-
4 ment of State and the United States Agency for
5 International Development should directly, and
6 through nongovernmental organizations or inter-
7 national organizations, provide assistance and imple-
8 ment programs that support democratic institutions,
9 civil society, free media, and the advancement of
10 internationally recognized human rights.

11 (b) FUNDING FOR CIVIL SOCIETY AND HUMAN
12 RIGHTS DEFENDERS.—

13 (1) PROGRAM PRIORITIES.—Amounts made
14 available for each of the fiscal years 2022 through
15 2026 to carry out the purposes of sections 101 and
16 102 of the Foreign Assistance Act of 1961 (22
17 U.S.C. 2151 and 2151–1), including programs to
18 support democratic institutions, human rights de-
19 fenders, civil society, and freedom of the press,
20 should be targeted, to the extent feasible, toward
21 civil society organizations in countries in which
22 emergency government measures taken in response
23 to the COVID–19 pandemic have violated inter-
24 nationally recognized human rights.

1 (2) ELIGIBLE ORGANIZATIONS.—Civil society
2 organizations 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
8 for each of the fiscal years 2022 through 2026,
9 for—

10 (A) programs designed to strengthen and
11 support civil society, human rights defenders,
12 freedom of association, and the freedom of the
13 press;

14 (B) programs to restore democratic institu-
15 tions; and

16 (C) peacebuilding and conflict prevention
17 to address the impacts of COVID–19 on social
18 cohesion, public trust, and conflict dynamics by
19 adapting existing programs or investing in new
20 ones.

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

1 (A) lists the countries whose emergency
2 measures limiting internationally recognized
3 human rights in a manner inconsistent with the
4 principles of limitation and derogation remain
5 in place;

6 (B) describes such countries' emergency
7 measures, including—

8 (i) how such procedures violate inter-
9 nationally recognized human rights; and

10 (ii) an analysis of the impact of such
11 measures on access to health and efforts to
12 control the COVID–19 pandemic within
13 the country;

14 (C) describes—

15 (i) security and intelligence surveil-
16 lance measures implemented by countries
17 during the COVID–19 pandemic;

18 (ii) the extent to which such measures
19 have been, or have not been, rolled back;
20 and

21 (iii) whether and how such measures
22 impact internationally recognized human
23 rights; and

24 (D) includes a strategic plan by the De-
25 partment of State and the United States Agen-

1 cy for International Development that address-
2 es, through multilateral and bilateral diplomacy
3 and foreign assistance, the persistent issues re-
4 lated to the restriction of internationally recog-
5 nized human rights in the COVID–19 response.

6 **SEC. 108. PUBLIC DIPLOMACY AND COMBATING**
7 **DISINFORMATION AND MISINFORMATION**
8 **ABOUT COVID–19.**

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

10 (1) FINDING.—Congress finds that the United
11 States Agency for Global Media (referred to in this
12 section as “USAGM”) broadcasting entities and
13 grantees have proven valuable in providing timely
14 and accurate information, particularly in countries
15 in which the free press is under threat.

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

18 (A) accurate, investigative, and scientific
19 journalism is critical for societies to effectively
20 combat global health threats; and

21 (B) Congress supports—

22 (i) accurate and objective investigative
23 and scientific reporting by USAGM net-
24 works and grantees regarding COVID–19;
25 and

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

4 (3) VOICE OF AMERICA.—It is the sense of Con-
5 gress that amounts authorized to be appropriated or
6 otherwise made available to Voice of America should
7 be used—

8 (A) to expand programs such as POLY-
9 GRAPH.info;

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

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

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

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

19 (A) FINDING.—Congress finds that Radio
20 Free Europe/Radio Liberty (referred to in this
21 section as “RFE/RL”) operate in media mar-
22 kets in which authoritarian state and nonstate
23 actors, including Russia, heavily invest in misin-
24 formation and disinformation campaigns de-
25 signed to promote confusion and mistrust.

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

3 (i) increase investigative reporting re-
4 garding the impacts of COVID–19, the po-
5 litical and social responses governments
6 are taking in response to COVID–19, and
7 the lasting impacts such actions will have
8 on key political freedoms; and

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

10 (6) RADIO FREE ASIA.—

11 (A) FINDING.—Congress finds that Radio
12 Free Asia (RFA) operates in a media market
13 dominated by powerful state-run media that
14 have invested heavily in media distortion and
15 disinformation, including about COVID–19.

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

18 (i) commission technical experts to
19 bolster efforts to counter social media
20 tools, including bots used by some coun-
21 tries to promote misinformation;

22 (ii) expand digital programming and
23 local coverage to expose China’s media ma-
24 nipulation techniques; and

1 (iii) increase English language content
2 to help counter China's propaganda di-
3 rected toward English-speaking audiences.

4 (7) MIDDLE EAST BROADCASTING NET-
5 WORKS.—

6 (A) FINDING.—Congress finds that the
7 Middle East Broadcasting Networks operate
8 largely in closed media markets in which malign
9 state and nonstate actors remain active.

10 (B) SENSE OF CONGRESS.—It is the sense
11 of Congress that the Middle East Broadcasting
12 Networks should—

13 (i) continue plans to expand an inves-
14 tigative news unit; and

15 (ii) work to ensure that reporting con-
16 tinues amidst operational challenges on the
17 ground.

18 (8) OPEN TECHNOLOGY FUND.—

19 (A) FINDING.—Congress finds that the
20 Open Technology Fund works to advance inter-
21 net freedom in repressive environments by sup-
22 porting technologies that—

23 (i) provide secure and uncensored ac-
24 cess to USAGM's content and the broader
25 internet; and

1 (ii) counter attempts by authoritarian
2 governments to control the internet and re-
3 strict freedom online.

4 (B) SENSE OF CONGRESS.—It is the sense
5 of Congress that the Open Technology Fund
6 should—

7 (i) support a broad range of tech-
8 nologies to respond to increasingly aggres-
9 sive and sophisticated censorship and sur-
10 veillance threats and provide more com-
11 prehensive and tailored support to
12 USAGM’s networks; and

13 (ii) provide direct assistance to
14 USAGM’s networks to improve the digital
15 security of reporting operations and jour-
16 nalists.

17 (b) DEPARTMENT OF STATE PUBLIC DIPLOMACY
18 PROGRAMS.—

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

20 (A) The Department of State’s public di-
21 plomacy programs build global networks that
22 can address shared challenges, such as the
23 COVID–19 pandemic, including through ex-
24 changes of researchers, public health experts,
25 and scientists.

1 (B) The programs referred to in subpara-
2 graph (A) play a critical role in creating open
3 and resilient information environments where
4 democracies can thrive, as articulated in the
5 2020 Public Diplomacy Strategic Plan, includ-
6 ing by—

7 (i) improving media quality with jour-
8 nalist training and reporting tours;

9 (ii) conducting media literacy pro-
10 grams; and

11 (iii) supporting media access activi-
12 ties.

13 (C) The International Visitor Leadership
14 Program and Digital Communications Network
15 engaged journalists around the world to combat
16 COVID–19 disinformation, promote unbiased
17 reporting, and strengthen media literacy.

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

20 (i) are engaged in residency or fellow-
21 ship training at approximately 750 hos-
22 pitals throughout the United States, the
23 majority of whom are serving in States
24 that have been the hardest hit by COVID–
25 19; and

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

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

11 (A) a timeline for increasing visa proc-
12 essing capacities at embassies around the world,
13 notably where there are—

14 (i) many American citizens, including
15 dual nationals; and

16 (ii) many visa applicants for edu-
17 cational and cultural exchange programs
18 that promote United States foreign policy
19 objectives and economic stability to small
20 businesses, universities, and communities
21 across the United States;

22 (B) a detailed plan for using existing au-
23 thorities to waive or provide other alternatives
24 to in-person appointments and interviews;

1 (C) an assessment of whether additional
2 authorities and resources are required for the
3 use of videoconference appointments and inter-
4 views as an alternative to in-person appoint-
5 ments and interviews; and

6 (D) a detailed plan for using existing au-
7 thorities to rapidly cross-train and surge tem-
8 porary personnel to support consular services at
9 embassies and consulates of the United States
10 around the world, and an assessment of wheth-
11 er additional authorities and resources are re-
12 quired.

13 (3) GLOBAL ENGAGEMENT CENTER.—

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

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

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

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

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

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

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

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

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

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

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

6 (B) an estimated additional 81,000,000
7 labor hours lost due to inactivity or under-
8 employment.

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

12 (A) additional liquidity;

13 (B) better market access;

14 (C) more concessional resources; and

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

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

20 (1) even when markets begin to recover in the
21 future, it is likely that access to capital will be espe-
22 cially challenging for developing countries, which still
23 will be struggling with the containment of, and re-
24 covery 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 create conditions for insecurity;

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

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

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

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

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

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

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

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

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

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

4 It is the sense of Congress that—

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

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

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

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

6 (a) DESIGNATION OF LEAD AGENCIES FOR COORDI-
7 NATION OF THE UNITED STATES' RESPONSE TO INFEC-
8 TIOUS DISEASE OUTBREAKS WITH SEVERE OR PANDEMIC
9 POTENTIAL.—The President shall designate relevant Fed-
10 eral departments and agencies, including the Department
11 of State, USAID, and the Centers for Disease Control and
12 Prevention, to lead specific aspects of the United States
13 response to infectious disease outbreaks with severe or
14 pandemic potential.

15 (b) NOTIFICATION.—Not later than 120 days after
16 the date of the enactment of this Act, the President shall
17 notify the appropriate congressional committees, the Com-
18 mittee on Health, Education, Labor, and Pensions of the
19 Senate, and the Committee on Energy and Commerce of
20 the House of Representatives of the designations made
21 pursuant to subsection (a), including detailed descriptions
22 of the roles and responsibilities of each relevant depart-
23 ment and agency.

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

25 (a) SURGE CAPACITY.—Amounts authorized to be
26 appropriated or otherwise made available to carry out part

1 I and chapter 4 of part II of the Foreign Assistance Act
2 of 1961 (22 U.S.C. 2151 et seq.), including funds made
3 available for “Assistance for Europe, Eurasia and Central
4 Asia”, may be used, in addition to amounts otherwise
5 made available for such purposes, for the cost (including
6 support costs) of individuals detailed to or employed by
7 the United States Agency for International Development
8 whose primary responsibility is to carry out programs in
9 response to global health emergencies and natural or man-
10 made disasters.

11 (b) NOTIFICATION.—Not later than 15 days before
12 making funds available to address man-made disasters
13 pursuant to subsection (a), the Secretary of State or the
14 Administrator of the United States Agency for Inter-
15 national Development shall notify the appropriate congres-
16 sional committees of such action.

17 **SEC. 113. STATEMENT OF POLICY ON HUMANITARIAN AS-**
18 **SISTANCE TO COUNTRIES AFFECTED BY**
19 **PANDEMICS.**

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

22 (1) to ensure that United States assistance to
23 address pandemics, including the provision of vac-
24 cines, reaches vulnerable and marginalized popu-
25 lations, including racial and religious minorities, ref-

1 ugees, internally displaced persons, migrants, state-
2 less persons, women, children, the elderly, and per-
3 sons with disabilities;

4 (2) to ensure that United States assistance, in-
5 cluding development finance, addresses the second
6 order effects of a pandemic, including acute food in-
7 security; and

8 (3) to protect and support humanitarian actors
9 who are essential workers in preventing, mitigating
10 and responding to the spread of a pandemic among
11 vulnerable and marginalized groups described in
12 paragraph (1), including ensuring that such humani-
13 tarian actors—

14 (A) are exempted from unreasonable travel
15 restrictions to ensure that they can effectively
16 provide life-saving assistance; and

17 (B) are prioritized as frontline workers in
18 country vaccine distribution plans.

19 (b) FACILITATING EFFECTIVE AND SAFE HUMANI-
20 TARIAN ASSISTANCE.—The Secretary of State, in coordi-
21 nation with the Administrator of the United States Agen-
22 cy for International Development, should carry out actions
23 that accomplish the policies set forth in subsection (a),
24 including by—

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

7 (2) approving the use of foreign assistance for
8 the procurement of personal protective equipment by
9 United States Government implementing partners
10 from businesses within or nearby the country receiv-
11 ing foreign assistance on an urgent basis and in a
12 manner consistent with efforts to respond to the
13 spread of a pandemic in the United States; and

14 (3) waiving certain travel restrictions imple-
15 mented to help contain the spread of a pandemic in
16 order to facilitate the medical evacuation of United
17 States Government implementing partners, regard-
18 less of nationality.

19 **TITLE II—INTERNATIONAL PAN-**
20 **DEMIC PREVENTION AND**
21 **PREPAREDNESS**

22 **SEC. 201. PARTNER COUNTRY DEFINED.**

23 In this title, the term “partner country” means a for-
24 eign country in which the relevant Federal departments
25 and agencies are implementing United States assistance

1 for global health security and pandemic prevention and
2 preparedness under this Act.

3 **SEC. 202. GLOBAL HEALTH SECURITY STRATEGY AND RE-**
4 **PORT.**

5 (a) IN GENERAL.—The President shall develop, up-
6 date, maintain, and advance a comprehensive strategy for
7 improving global health security and pandemic prevention,
8 preparedness, and response that—

9 (1) clearly articulates the policy goals related to
10 pandemic prevention, preparedness, and response,
11 and actions necessary to elevate and strengthen
12 United States diplomatic leadership in global health
13 security and pandemic preparedness, including by
14 building the expertise of the diplomatic corps;

15 (2) improves the effectiveness of United States
16 foreign assistance to prevent, detect, and respond to
17 infectious disease threats, through a One Health ap-
18 proach, including through the advancement of the
19 Global Health Security Agenda, the International
20 Health Regulations (2005), and other relevant
21 frameworks and programs that contribute to global
22 health security and pandemic preparedness;

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

1 foreign policy and assistance for global health secu-
2 rity that promote learning and adaptation and re-
3 flect international best practices relating to global
4 health security, transparency, and accountability;

5 (4) establishes transparent means to improve
6 coordination and performance by the relevant Fed-
7 eral departments and agencies and sets out clear
8 roles and responsibilities that reflect the unique ca-
9 pabilities and resources of each such department and
10 agency;

11 (5) establishes mechanisms to improve coordi-
12 nation and avoid duplication of effort among the rel-
13 evant Federal departments and agencies, partner
14 countries, donor countries, the private sector, multi-
15 lateral organizations, and other key stakeholders,
16 and ensures collaboration at the country level;

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

21 (7) prioritizes working with partner countries
22 with—

23 (A) demonstrated need, as identified
24 through the Joint External Evaluation process,
25 the Global Health Security Index classification

1 of health systems, national action plans for
2 health security, Global Health Security Agenda
3 Action Packages, other risk-based assessments,
4 and other complementary or successor indica-
5 tors of global health security and pandemic pre-
6 paredness; and

7 (B) demonstrated commitment to trans-
8 parency, including budget and global health
9 data transparency, complying with the Inter-
10 national Health Regulations (2005), investing
11 in domestic health systems, and achieving meas-
12 urable results;

13 (8) reduces long-term reliance upon United
14 States foreign assistance for global health security
15 by—

16 (A) helping build and enhance community
17 resilience to infectious disease emergencies and
18 threats, such as COVID-19 and Ebola;

19 (B) ensuring that United States global
20 health assistance is strategically planned and
21 coordinated in a manner that contributes to the
22 strengthening of overall health systems and
23 builds the capacity of local organizations and
24 institutions;

1 (C) promoting improved domestic resource
2 mobilization, co-financing, and appropriate na-
3 tional budget allocations for strong health sys-
4 tems, global health security, and pandemic pre-
5 paredness and response in partner countries;
6 and

7 (D) ensuring partner country ownership of
8 global health security strategies, data, pro-
9 grams, and outcomes;

10 (9) supports health budget and workforce plan-
11 ning in partner countries, including training in pub-
12 lic financial management and budget data trans-
13 parency;

14 (10) works to ensure that—

15 (A) partner countries have national action
16 plans for health security that are developed
17 with input from key stakeholders, including
18 communities and the private sector;

19 (B) United States foreign assistance for
20 global health security is aligned with such na-
21 tional action plans for health security in part-
22 ner countries, developed with input from key
23 stakeholders, including communities and the
24 private sector, to the greatest extent practicable
25 and appropriate; and

1 (C) United States global health security ef-
2 forts are aligned with ongoing strategies and
3 initiatives across government agencies to help
4 nations better identify and prevent health im-
5 pacts related to deforestation, climate-related
6 events, and increased unsafe interactions be-
7 tween wildlife, livestock, and people, including
8 the emergence, reemergence, and spread of
9 zoonoses;

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

21 (12) supports innovation and partnerships with
22 the private sector, health organizations, civil society,
23 nongovernmental organizations, and health research
24 and academic institutions to improve pandemic pre-
25 paredness and response, including for the prevention

1 and detection of infectious disease, and the develop-
2 ment and deployment of effective, accessible, and af-
3 fordable infectious disease tracking tools,
4 diagnostics, therapeutics, and vaccines.

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

9 (c) ANNUAL REPORT.—

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

17 (A) the status of the implementation of the
18 strategy required under subsection (a);

19 (B) any necessary updates to the strategy;

20 (C) the progress made in implementing the
21 strategy, with specific information related to
22 the progress toward improving countries' ability
23 to detect, respond and prevent the spread of in-
24 fectionous disease threats, such as COVID-19
25 and Ebola; and

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

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

7 (A) how updates to the strategy may have
8 impacted the agency’s plan during the pre-
9 ceeding calendar year;

10 (B) the progress made in meeting the
11 goals, objectives, and benchmarks under imple-
12 mentation plans during the preceding year;

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

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

21 (i) the statutory source of obligated
22 funds;

23 (ii) the amounts obligated;

24 (iii) implementing partners;

25 (iv) targeted beneficiaries; and

1 (v) activities supported;

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

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

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

16 **SEC. 203. COMMITTEE ON GLOBAL HEALTH SECURITY AND**
17 **PANDEMIC AND BIOLOGICAL THREATS.**

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

20 (1) to promote global health security as a core
21 national and security interest; and

22 (2) to ensure effective coordination and collabo-
23 ration between the relevant Federal departments
24 and agencies engaged domestically and internation-
25 ally in efforts to advance the global health security

1 of the United States, in accordance with paragraph
2 (1).

3 (b) COORDINATION.—

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

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

10 (B) has the potential to spread over several
11 countries or continents; and

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

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

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

1 (A) should serve as part of the staff of the
2 National Security Council; and

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

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

10 (A) The Director of National Intelligence.

11 (B) The Secretary of State.

12 (C) The Secretary of Defense.

13 (D) The Secretary of Health and Human
14 Services.

15 (E) The Administrator of the United
16 States Agency for International Development.

17 (F) The Secretary of Agriculture.

18 (G) The Secretary of Treasury.

19 (H) The Attorney General.

20 (I) The Secretary of Homeland Security.

21 (J) The Office of Management and Budg-
22 et.

23 (K) The Administrator of the Environ-
24 mental Protection Agency.

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

3 (M) The Director of the Office of Science
4 and Technology Policy.

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

8 (O) The Director of the National Institutes
9 of Health.

10 (P) The Director of the National Institute
11 of Allergy and Infectious Diseases.

12 (Q) The Secretary of Labor.

13 (R) Such other members as the President
14 may designate.

15 (5) FUNCTIONS.—

16 (A) IN GENERAL.—The functions of the
17 Committee should be—

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

1 (ii) to ensure policy coordination be-
2 tween United States Government agencies,
3 especially coordination between—

4 (I) agencies with a primarily do-
5 mestic mandate; and

6 (II) agencies with an inter-
7 national mandate relating to global
8 health security and pandemic threats.

9 (B) ACTIVITIES.—In carrying out the
10 functions described in subparagraph (A), the
11 Committee should—

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

24 (ii) develop a plan for—

1 (I) establishing an interagency
2 National Center for Epidemic Fore-
3 casting and Outbreak Analytics; and

4 (II) modernizing global early
5 warning and trigger systems for scal-
6 ing action to prevent, detect, respond
7 to, and recover from emerging biologi-
8 cal threats;

9 (iii) provide policy-level recommenda-
10 tions to participating agencies regarding
11 the Global Health Security Agenda goals,
12 objectives, and implementation, and other
13 international efforts to strengthen pan-
14 demic prevention, preparedness and re-
15 sponse;

16 (iv) review the progress toward, and
17 working to resolve challenges in, achieving
18 United States commitments under the
19 Global Health Security Agenda;

20 (v) develop protocols for coordinating
21 and deploying a global response to emerg-
22 ing high-consequence infectious disease
23 threats that outline the respective roles for
24 relevant Federal agencies in facilitating
25 and supporting such response operations

1 that should facilitate the operational work
2 of Federal agencies, and of the Special Ad-
3 visor for Global Health Security;

4 (vi) make recommendations regarding
5 appropriate responses to specific pandemic
6 threats and ensure the coordination of do-
7 mestic and international agencies regard-
8 ing the Federal Government's efforts to
9 prevent, detect, respond to, and recover
10 from biological events;

11 (vii) take steps to strengthen the glob-
12 al pandemic supply chain and address any
13 barriers to the timely delivery of supplies
14 in response to a pandemic, including
15 through engagement with the private sec-
16 tor, as appropriate;

17 (C) develop policies and procedures to en-
18 sure the effective sharing of information from
19 domestic and international sources about pan-
20 demic threats among the relevant Federal de-
21 partments and agencies, State and local govern-
22 ments, and international partners and organiza-
23 tions; and

24 (D) develop guidelines to enhance and im-
25 prove the operational coordination between

1 State and local governments and Federal agen-
2 cies with respect to pandemic threats.

3 (6) FOREIGN AFFAIRS RESPONSIBILITIES.—The
4 Committee should not assume any foreign affairs re-
5 sponsibilities of the Secretary of State, including the
6 responsibility to oversee the implementation of pro-
7 grams and policies that advance global health secu-
8 rity within foreign countries.

9 (7) SPECIFIC ROLES AND RESPONSIBILITIES.—

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

12 (i) make global health security and
13 pandemic threat reduction a high priority
14 within their respective agencies, and in-
15 clude global health security and pandemic
16 threat reduction-related activities within
17 their respective agencies' strategic plan-
18 ning and budget processes;

19 (ii) designate a senior-level official to
20 be responsible for global health security
21 and pandemic threat reduction at each of
22 their respective agencies;

23 (iii) designate, in accordance with
24 paragraph (4), an appropriate representa-
25 tive at the Assistant Secretary level or

1 higher to participate on the Committee in
2 instances where the head of the agency
3 cannot participate;

4 (iv) keep the Committee apprised of
5 Global Health Security and pandemic
6 threat reduction-related activities under-
7 taken within their respective agencies;

8 (v) ensure interagency cooperation
9 and collaboration and maintain responsi-
10 bility for agency-related programmatic
11 functions including, as applicable, in co-
12 ordination with host governments, country
13 teams, and global health security in-coun-
14 try teams; and

15 (vi) keep the Committee apprised of
16 GHSA-related activities undertaken within
17 their respective agencies.

18 (B) ADDITIONAL ROLES AND RESPON-
19 SIBILITIES.—In addition to the roles and re-
20 sponsibilities described in subparagraph (A),
21 the heads of the agencies described in para-
22 graph (4) should carry out their respective roles
23 and responsibilities described in Executive
24 Order 13747 (81 Fed. Reg. 78701; relating to
25 Advancing the Global Health Security Agenda

1 to Achieve a World Safe and Secure from Infec-
2 tious Disease Threats) and the National Secu-
3 rity Memorandum-1 on United States Global
4 Leadership to Strengthen the International
5 COVID-19 Response and to Advance Global
6 Health Security and Biological Preparedness,
7 as in effect on the day before the date of the
8 enactment of this Act.

9 (8) REGULAR BRIEFINGS.—Not less frequently
10 than twice each year, the Special Advisor for Global
11 Health Security shall provide a briefing on the re-
12 sponsibilities and activities of the Committee to the
13 appropriate congressional committees, the Com-
14 mittee on Health, Education, Labor, and Pensions
15 of the Senate and the Committee on Energy and
16 Commerce of the House of Representatives.

17 **SEC. 204. UNITED STATES OVERSEAS GLOBAL HEALTH SE-**
18 **CURITY AND DIPLOMACY COORDINATION.**

19 (a) ESTABLISHMENT.—There is established, within
20 the Department of State, a Special Representative for
21 United States International Activities to Advance Global
22 Health Security and Diplomacy Overseas (referred to in
23 this section as the “Special Representative”).

24 (b) APPOINTMENT; QUALIFICATIONS.—The Special
25 Representative—

1 (3) to serve as the representative of the Sec-
2 retary of State on the Committee on Global Health
3 Security and Pandemic and Biological Threats
4 under section 202;

5 (4) to represent the United States in the multi-
6 lateral, catalytic financing mechanism described in
7 section 302(a);

8 (5) to transfer and allocate United States for-
9 eign assistance funding authorized to be appro-
10 priated pursuant to subsection (f) to the relevant
11 Federal departments and agencies implementing the
12 strategy required under section 202, in coordination
13 with the Office of Management and Budget, the
14 United States Agency for International Develop-
15 ment, the Department of Health and Human Serv-
16 ices, and the Office of Foreign Assistance Resources
17 in the Department of State;

18 (6) to utilize detailees, on a reimbursable or
19 nonreimbursable basis, from the relevant Federal de-
20 partments and agencies and hire personal service
21 contractors, who may operate domestically and inter-
22 nationally, to ensure that the Office of the Special
23 Representative has access to the highest quality ex-
24 perts available to the United States Government to
25 carry out the functions under this Act; and

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

3 (d) DUTIES.—The Special Representative shall co-
4 ordinate, manage, and oversee United States foreign pol-
5 icy, diplomatic efforts, and foreign assistance funded with
6 amounts appropriated pursuant to subsection (f) to ad-
7 vance the United States Global Health Security and Diplo-
8 macy Strategy developed pursuant to section 202, includ-
9 ing by—

10 (1) developing and coordinating a global pan-
11 demic prevention, preparedness and response frame-
12 work consistent with subsection (c)(2);

13 (2) enhancing engagement with multilateral or-
14 ganizations and partner countries, including through
15 the mobilization of donor support;

16 (3) enhancing coordination of consular services
17 for United States citizens abroad in the event of a
18 global health emergency;

19 (4) ensuring effective program coordination and
20 implementation by the relevant Federal departments
21 and agencies by—

22 (A) formulating, issuing, and updating re-
23 lated policy guidance;

24 (B) establishing, in consultation with the
25 United States Agency for International Devel-

1 opment and the Centers for Disease Control
2 and Prevention, unified auditing, monitoring,
3 and evaluation plans;

4 (C) aligning, in coordination with United
5 States chiefs of mission and country teams in
6 partner countries—

7 (i) the foreign assistance resources
8 funded with amounts appropriated pursu-
9 ant to subsection (f); and

10 (ii) the implementation plans required
11 under section 202(c)(2) with the relevant
12 Federal departments and agencies in a
13 manner that—

14 (I) is consistent with Executive
15 Order 13747 (81 Fed. Reg. 78701;
16 relating to Advancing the Global
17 Health Security Agenda to Achieve a
18 World Safe and Secure from Infec-
19 tious Disease Threats);

20 (II) is consistent with the Na-
21 tional Security Memorandum on
22 United States Global Leadership to
23 Strengthen the International COVID-
24 19 Response and to Advance Global
25 Health Security and Biological Pre-

1 paredness, issued by President Biden
2 on January 21, 2021; and

3 (III) reflects and leverages the
4 unique capabilities of each such de-
5 partment and agency;

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

14 (E) working with, and leveraging the ex-
15 pertise and activities of, the Office of the
16 United States Global AIDS Coordinator, the
17 Office of the United States Global Malaria Co-
18 ordinator, and similar or successor entities that
19 are implementing United States global health
20 assistance overseas; and

21 (F) avoiding duplication of effort and
22 working to resolve policy, program, and funding
23 disputes among the relevant Federal depart-
24 ments and agencies;

1 (5) leading diplomatic efforts to identify and
2 address current and emerging threats to global
3 health security;

4 (6) ensuring, in coordination with the Secretary
5 of Health and Human Services and the Adminis-
6 trator of the United States Agency for International
7 Development, effective representation of the United
8 States in relevant international forums, including at
9 the World Health Organization, the World Health
10 Assembly, and meetings of the Global Health Secu-
11 rity Agenda and of the Global Health Security Ini-
12 tiative;

13 (7) working to enhance coordination with, and
14 transparency among, the governments of partner
15 countries and key stakeholders, including the private
16 sector;

17 (8) promoting greater donor and national in-
18 vestment in partner countries to build more resilient
19 health systems and supply chains, including through
20 representation and participation in a multilateral,
21 catalytic financing mechanism for global health secu-
22 rity and pandemic prevention and preparedness, con-
23 sistent with title III;

24 (9) securing bilateral and multilateral financing
25 commitments to advance the Global Health Security

1 Agenda, including through funding for the financing
2 mechanism described in title III; and

3 (10) providing regular updates to the appro-
4 priate congressional committees regarding the fulfill-
5 ment of the duties described in this subsection.

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

8 (1) should be an employee of the United States
9 Agency for International Development serving in a
10 career or noncareer position in the Senior Executive
11 Service or at the level of a Deputy Assistant Admin-
12 istrator or higher;

13 (2) should have demonstrated knowledge and
14 experience in the fields of development and public
15 health, epidemiology, or medicine; and

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

19 (f) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—There is authorized to be
21 appropriated \$5,000,000,000, for the 5-year period
22 beginning on October 1, 2022, to carry out the pur-
23 poses of this section and title III, which, in consulta-
24 tion with the appropriate congressional committees
25 and subject to the requirements under chapters 1

1 and 10 of part I and section 634A of the Foreign
2 Assistance Act of 1961 (22 U.S.C. 2151 et seq.),
3 may include support for—

4 (A) enhancing preparedness in partner
5 countries through implementation of the Global
6 Health Security Strategy developed pursuant to
7 section 202;

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

17 (C) United States contributions to the
18 World Bank Health Emergency Preparedness
19 and Response Multi-Donor Fund; and

20 (D) United States contributions to a multi-
21 lateral, catalytic financing mechanism for global
22 health security and pandemic prevention and
23 preparedness described in section 302.

24 (2) EXCEPTION.—Section 110 of the Traf-
25 ficking Victims Protection Act of 2000 (22 U.S.C.

1 7107) shall not apply to assistance made available
2 pursuant to this subsection.

3 **SEC. 205. RESILIENCE.**

4 It shall be the policy of the United States to support
5 the growth of healthier, more stable societies, while ad-
6 vancing the global health security interests of the United
7 States by working with key stakeholders—

8 (1) in developing countries that are highly vul-
9 nerable to the emergence, reemergence, and spread
10 of infectious diseases with pandemic potential, in-
11 cluding disease outbreaks resulting from natural and
12 manmade disasters, human displacement, loss of
13 natural habitat, poor access to water, sanitation, and
14 hygiene, and other political, security, economic, and
15 climatic shocks and stresses;

16 (2) to develop effective tools to identify, ana-
17 lyze, forecast, and mitigate the risks that make such
18 countries vulnerable;

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

22 (4) to ensure that international assistance and
23 financing tools are effectively designed, objectively
24 informed, strategically targeted, carefully coordi-
25 nated, reasonably adapted, and rigorously monitored

1 and evaluated in a manner that advances the policy
2 objectives under this section.

3 **SEC. 206. STRENGTHENING HEALTH SYSTEMS.**

4 (a) STATEMENT OF POLICY.—It shall be the policy
5 of the United States to ensure that bilateral global health
6 assistance programs are effectively managed and coordi-
7 nated to contribute to the strengthening of health systems
8 in each country in which such programs are carried out,
9 as necessary and appropriate for the purposes of achieving
10 improved health outcomes.

11 (b) COORDINATION.—The Administrator of USAID
12 shall work with the Director of the Centers for Disease
13 Control and Prevention, the Global Malaria Coordinator,
14 and the United States Global AIDS Coordinator and Spe-
15 cial Representative for Global Health Diplomacy at the
16 Department of State to identify areas of collaboration and
17 coordination in countries with global health programs and
18 activities undertaken by USAID pursuant to the United
19 States Leadership Against HIV/AIDS, Tuberculosis, and
20 Malaria Act of 2003 (Public Law 108–25) and other rel-
21 evant statutes to ensure that such activities contribute to
22 health systems strengthening.

23 (c) PILOT PROGRAM .—

24 (1) IN GENERAL.—The Administrator of
25 USAID should identify not fewer than 5 countries in

1 which the United States has significant bilateral in-
2 vestments in global health to develop an integrated
3 approach toward health systems strengthening that
4 takes advantage of all sources of funding for global
5 health in such country, with the aim of establishing
6 an enduring model for coordinating health systems
7 strengthening activities in additional countries in the
8 future.

9 (2) ASSESSMENT.—In the countries selected
10 under paragraph (1), USAID missions, in consulta-
11 tion with USAID’s Office of Health Systems, should
12 conduct an assessment that—

13 (A) takes a comprehensive view of the con-
14 straints in the country’s health system that pre-
15 vent the achievement of desired outcomes of
16 United States Government-supported health
17 programs;

18 (B) identifies the best opportunities for im-
19 proving health systems to achieve improved out-
20 comes, including obstacles to health service de-
21 livery;

22 (C) maps the resources of the country and
23 other donors in the health sector with a focus
24 on investment in health system strengthening;
25 and

1 (D) develops, based on the results of the
2 assessment described in subparagraph (A), and
3 implements a new or revised 5-year strategy for
4 United States assistance to strengthen the
5 country's health system that—

6 (i) provides a framework for imple-
7 menting such strategy;

8 (ii) identifies key areas for United
9 States Government investments to
10 strengthen the health system in alignment
11 with other donors and achieve health out-
12 comes beyond a single sector;

13 (iii) specifies the anticipated role of
14 health programs undertaken by each of the
15 relevant Federal departments and agencies
16 operating in the country in implementing
17 such strategy;

18 (iv) includes clear goals, benchmarks,
19 outputs, desired outcomes, a means of
20 measuring progress and a cost analysis;
21 and

22 (v) requires reporting by each Federal
23 department and agency regarding their
24 participation and contribution, including in
25 the PEPFAR Annual Report to Congress.

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

6 (A) ensures complementarity with prior-
7 ities identified under any other action plan fo-
8 cused on strengthening a country’s health sys-
9 tem, such as the World Health Organization’s
10 Joint External Evaluation and National Action
11 Plans for Health Security;

12 (B) identifies bureaucratic barriers and in-
13 efficiencies, including poor linkages between
14 government ministries and between ministries
15 and donor agencies and the extent of any cor-
16 ruption, and identify actions to overcome such
17 barriers;

18 (C) identifies potential obstacles to the im-
19 plementation of the strategy, such as issues re-
20 lating to lack of political will, poor governance
21 of an effective health system at all levels of the
22 country’s public health systems, especially with
23 respect to governing bodies and councils at the
24 provincial, district, and community levels, and
25 the exclusion of women, minorities, other under-

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

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

5 (E) identifies barriers to building and re-
6 taining an effective frontline health workforce
7 with key global health security capacities, in-
8 formed by the International Health Regulations
9 (2005), including—

10 (i) strengthened data collection and
11 analysis;

12 (ii) data driven decision making ca-
13 pacity;

14 (iii) recommendations for partner
15 country actions to achieve a workforce that
16 conforms with the World Health Organiza-
17 tion's recommendation for at least 44.5
18 doctors, nurses, and midwives and at least
19 15 paid, trained, equipped, and profes-
20 sionally supervised community health
21 workers for every 10,000 people, while sup-
22 porting proper distribution and high-qual-
23 ity job performance; and

24 (iv) the formalization and inclusion of
25 the community health workforce in plan-

1 ning for a resilient health system to ensure
2 essential service delivery and pandemic re-
3 sponse;

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

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

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

23 (I) includes plans for integrating innova-
24 tions in health technologies, services, and sys-
25 tems;

1 (J) identifies barriers to health literacy,
2 community engagement, and patient empower-
3 ment, and recommendations for overcoming
4 such barriers;

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

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

20 (M) facilitates rapid response during
21 health emergencies, such as last mile delivery of
22 vaccines to respond to and prevent the spread
23 of infectious diseases with epidemic and pan-
24 demic potential; and

1 (N) ensures that relevant USAID missions
2 and bureaus are appropriately staffed and
3 resourced to carry out such activities efficiently,
4 effectively, and in-line with best practices.

5 (4) CONSULTATION AND REPORTING REQUIRE-
6 MENTS.—

7 (A) CONSULTATION.—In developing a
8 strategy pursuant to paragraph (3), each
9 USAID mission should consult with a wide vari-
10 ety of stakeholders, including—

11 (i) relevant partner government insti-
12 tutions;

13 (ii) professional associations;

14 (iii) patient groups;

15 (iv) civil society organizations (includ-
16 ing international nongovernmental organi-
17 zations with relevant expertise in program
18 implementation); and

19 (v) the private sector.

20 (B) REPORTING.—Not later than 180 days
21 after the date of the enactment of this Act, the
22 Administrator of USAID and the United States
23 Global AIDS Coordinator shall submit a report
24 to the appropriate congressional committees de-

1 tailing the progress of the pilot program au-
2 thorized under this subsection, including—

3 (i) progress made toward the integra-
4 tion and co-financing of health systems
5 strengthening activities by USAID and the
6 Office of the Global AIDS Coordinator;
7 and

8 (ii) the results of integrated efforts
9 under this section, including for cross-cut-
10 ting efforts to strengthen local health
11 workforces.

12 (d) TECHNICAL CAPACITY.—

13 (1) IN GENERAL.—The Administrator of
14 USAID shall ensure that USAID is sufficiently
15 resourced and staffed to ensure performance, con-
16 sistency, and adoption of best practices in USAID’s
17 health systems programs, including the pilot pro-
18 gram authorized under subsection (c).

19 (2) RESOURCES.—The Administrator of
20 USAID and the United States Global AIDS Coordi-
21 nator shall include detail in the fiscal year 2023
22 Congressional Budget Justification regarding health
23 systems strengthening activities, including—

1 (A) the plans for, and the progress toward,
2 reaching the capacity described in paragraph
3 (1);

4 (B) the requirements for sustaining such
5 capacity, including the resources needed by
6 USAID; and

7 (C) budget detail on the integration and
8 joint funding of health systems capacity build-
9 ing, as appropriate.

10 (e) INTERNATIONAL EFFORTS.—The Secretary of
11 State, in coordination with the Administrator of USAID,
12 should work with the Global Fund to Fight AIDS, Tuber-
13 culosis, and Malaria, Gavi, the Vaccine Alliance, bilateral
14 donors, and other relevant multilateral and international
15 organizations and stakeholders to develop—

16 (1) shared core indicators for strengthened
17 health systems;

18 (2) agreements among donors that reporting re-
19 quirements for health systems come from country
20 systems to reduce the burden placed on partner
21 countries;

22 (3) structures for joint assessments, plans, au-
23 diting, and consultations; and

24 (4) a regularized approach to coordination on
25 health systems strengthening.

1 (f) PUBLIC PRIVATE PARTNERSHIPS TO IMPROVE
2 HEALTH SYSTEMS STRENGTHENING.—The country strat-
3 egies developed under subsection (c)(3) should include a
4 section that—

5 (1) discusses the role of the private sector (in-
6 cluding corporate, local, and international organiza-
7 tions with relevant expertise); and

8 (2) identifies relevant opportunities for the pri-
9 vate sector—

10 (A) to accelerate research and development
11 of innovative health and information technology,
12 and to offer training related to its use;

13 (B) to contribute to improvements in
14 health administration and management proc-
15 esses;

16 (C) to improve system efficiency;

17 (D) to develop training related to clinical
18 practice guidelines; and

19 (E) to help countries develop systems for
20 documenting outcomes and achievements re-
21 lated to activities undertaken to strengthen the
22 health sector.

23 (g) AUTHORIZATION FOR USE OF FUNDS.—Amounts
24 authorized to be appropriated or otherwise made available
25 to carry out section 104 of the Foreign Assistance Act

1 of 1961 (22 U.S.C. 2151b) may be made available to carry
2 out this section.

3 **SEC. 207. ADDITIONAL AUTHORITIES.**

4 (a) FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1
5 of part I of the Foreign Assistance Act of 1961 (22 U.S.C.
6 2151 et seq.) is amended—

7 (1) in section 104(c)(1) (22 U.S.C.
8 2151b(c)(1)), by inserting “(emphasizing health sys-
9 tems strengthening, as appropriate)” after “health
10 services”;

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

12 (A) in subsection (b)(3)(D), by striking
13 “including health care systems, under other
14 international donor support” and inserting “in-
15 cluding through support for health systems
16 strengthening, under other donor support”; and

17 (B) in subsection (f)(3)(Q), by inserting
18 “the Office of the United States Global AIDS
19 Coordinator, partner countries, and the Global
20 Fund to Fight AIDS, Tuberculosis, and Ma-
21 laria to ensure that their actions support the
22 activities taken to strengthen the overall health
23 systems in recipient countries, and efforts by”
24 after “efforts by”; and

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

4 (b) UNITED STATES LEADERSHIP AGAINST HIV/
5 AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003.—
6 Section 204 of the United States Leadership Against HIV/
7 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
8 7623) is amended—

9 (1) in subsection (a) —

10 (A) in paragraph (1)(A), by inserting “in
11 a manner that is coordinated with, and contrib-
12 utes to, efforts through other assistance activi-
13 ties being carried out to strengthen national
14 health systems and health policies” after “sys-
15 tems”; and

16 (B) in paragraph (2)—

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

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

22 (iii) in subparagraph (E), by striking
23 the period at the end and inserting “;
24 and”; and

1 (iv) by adding at the end the fol-
2 lowing:

3 “(F) to contribute to efforts that build
4 health systems capable of preventing, detecting
5 and responding to HIV/AIDS, tuberculosis, ma-
6 laria and other infectious diseases with pan-
7 demic potential.”; and

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

16 **SEC. 208. AUTHORIZATION FOR UNITED STATES PARTICI-
17 PATION IN THE COALITION FOR EPIDEMIC
18 PREPAREDNESS INNOVATIONS.**

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

22 (b) INVESTORS COUNCIL AND BOARD OF DIREC-
23 TORS.—

24 (1) INITIAL DESIGNATION.—The President
25 shall designate an employee of the United States

1 Agency for International Development to serve on
2 the Investors Council and, if nominated, on the
3 Board of Directors of CEPI, as a representative of
4 the United States during the period beginning on
5 the date of such designation and ending on Sep-
6 tember 30, 2022.

7 (2) ONGOING DESIGNATIONS.—The President
8 may designate an employee of the relevant Federal
9 department or agency with fiduciary responsibility
10 for United States contributions to CEPI to serve on
11 the Investors Council and, if nominated, on the
12 Board of Directors of CEPI, as a representative of
13 the United States.

14 (3) QUALIFICATIONS.—Any employee des-
15 ignated pursuant to paragraph (1) or (2) shall have
16 demonstrated knowledge and experience in the fields
17 of development and public health, epidemiology, or
18 medicine, from the Federal department or agency
19 with primary fiduciary responsibility for United
20 States contributions pursuant to subsection (c).

21 (c) CONSULTATION.—Not later than 60 days after
22 the date of the enactment of this Act, the employee des-
23 ignated pursuant to subsection (b)(1) shall consult with
24 the appropriate 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
5 the 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
12 1086 of the National Defense Authorization Act
13 for Fiscal Year 2017 (6 U.S.C. 104); and

14 (C) any other relevant programs relating
15 to 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 pro-
19 visions under section 10003(a)(1) of the American
20 Rescue Plan Act of 2021, should make an immediate
21 contribution to CEPI in the amount of
22 \$300,000,000, to expand research and development
23 of vaccines to combat the spread of COVID–19
24 variants.

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

7 **SEC. 209. NATIONAL INTELLIGENCE ESTIMATE AND BRIEF-**
8 **ING REGARDING NOVEL DISEASES AND PAN-**
9 **DEMIC THREATS.**

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

12 (1) the Committee on Foreign Relations of the
13 Senate;

14 (2) the Select Committee on Intelligence of the
15 Senate;

16 (3) the Committee on Health, Education,
17 Labor, and Pensions of the Senate;

18 (4) the Committee on Foreign Affairs of the
19 House of Representatives;

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

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

24 (b) NATIONAL INTELLIGENCE ESTIMATES.—

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

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

12 (A) identify the countries or regions most
13 vulnerable to the emergence or reemergence of
14 a pathogen with pandemic potential, including
15 the most likely sources and pathways of such
16 emergence or reemergence, whether naturally
17 occurring, accidental, or deliberate;

18 (B) assess the likelihood that a pathogen
19 described in subparagraph (A) will spread to
20 the United States, the United States Armed
21 Forces, diplomatic or development personnel of
22 the United States stationed abroad, or citizens
23 of the United States living abroad in a manner
24 that could lead to lead to an epidemic in the
25 United States or otherwise affect the national

1 security or economic prosperity of the United
2 States;

3 (C) assess the preparedness of countries
4 around the world, particularly those identified
5 pursuant to subparagraph (A), to prevent, de-
6 tect, and respond to pandemic threats; and

7 (D) identify any scientific, capacity, or
8 governance gaps in the preparedness of coun-
9 tries identified pursuant to subparagraph (A),
10 including an analysis of the capacity and per-
11 formance of any country or entity described in
12 subparagraph (C) in complying with biosecurity
13 standards, as applicable.

14 (e) CONGRESSIONAL BRIEFINGS.—The National In-
15 telligence Council shall provide an annual briefing to the
16 appropriate committees of Congress regarding—

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

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

22 (d) PUBLIC AVAILABILITY.—The Director of Na-
23 tional Intelligence shall make publicly available an unclas-
24 sified version of each National Intelligence Estimate sub-
25 mitted pursuant to subsection (b)(1).

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

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

14 (b) REPORT.—Not later than 1 year after the date
15 of the enactment of this Act, and annually thereafter for
16 the following 4 years, the Secretary of State, in coordina-
17 tion with the Secretary of Health and Human Services
18 and the heads of the other relevant Federal departments
19 and agencies, shall submit a report to the appropriate con-
20 gressional committees that describes United States Gov-
21 ernment efforts and opportunities to establish or strength-
22 en effective early warning systems for infectious disease
23 threats.

24 **SEC. 211. INTERNATIONAL EMERGENCY OPERATIONS.**

25 (a) SENSE OF CONGRESS.—It is the sense of Con-
26 gress that it is essential to enhance the capacity of key

1 stakeholders to effectively operationalize early warning
2 and execute multi-sectoral emergency operations during
3 an infectious disease outbreak, particularly in countries
4 and areas that deliberately withhold critical global health
5 data and delay access during an infectious disease out-
6 break in advance of the next infectious disease outbreak
7 with pandemic potential.

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

21 (c) EMERGENCY OPERATIONS.—The Secretary of
22 State, in coordination with the Administrator of USAID,
23 the Director of the Centers for Disease Control and Pre-
24 vention, and the heads of other relevant Federal depart-
25 ments and agencies, and consistent with the requirements

1 under the International Health Regulations (2005) and
2 the objectives of the World Health Organization’s Health
3 Emergencies Programme, the Global Health Security
4 Agenda, and national actions plans for health security,
5 shall work, in coordination with the World Health Organi-
6 zation, with partner countries and other key stakeholders
7 to support the establishment, strengthening, and rapid re-
8 sponse capacity of global health emergency operations cen-
9 ters, at the national and international levels, including ef-
10 forts—

11 (1) to collect and share data, assess risk, and
12 operationalize early warning;

13 (2) to secure, including through utilization of
14 stand-by arrangements and emergency funding
15 mechanisms, the staff, systems, and resources nec-
16 essary to execute cross-sectoral emergency oper-
17 ations during the 48-hour period immediately fol-
18 lowing an infectious disease outbreak with pandemic
19 potential; and

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

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

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

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

14 (1) need, as identified through the Joint Exter-
15 nal Evaluation process, the Global Health Security
16 Index classification of health systems, national ac-
17 tion plans for health security, the World Organiza-
18 tion for Animal Health’s Performance of Veterinary
19 Services evaluation, and other complementary or
20 successor indicators of global health security and
21 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, the Director of the Centers for Disease
16 Control and Prevention, and the heads of other relevant
17 Federal departments and agencies, as necessary and ap-
18 propriate, should seek to enter into negotiations with do-
19 nors, relevant United Nations agencies, including the
20 World Health Organization, and other key multilateral
21 stakeholders, to establish—

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

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

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

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

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

11 (2) to work with, and build the capacity of, eli-
12 gible partner countries in the areas of global health
13 security, infectious disease control, and pandemic
14 prevention and preparedness, in a manner that—

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

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

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

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

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

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

16 (c) EXECUTIVE BOARD.—

17 (1) IN GENERAL.—The Fund should be gov-
18 erned by a transparent and accountable body (re-
19 ferred to in this title as the “Executive Board”),
20 which should—

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

1 (B) be composed of not more than 20 rep-
2 resentatives of governments, foundations, aca-
3 demic institutions, independent civil society, in-
4 digenous people, vulnerable communities, front-
5 line health workers, and the private sector with
6 demonstrated commitment to carrying out the
7 purposes of the Fund and upholding trans-
8 parency and accountability requirements.

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

10 (A) be charged with approving strategies,
11 operations, and grant making authorities in
12 order to conduct effective fiduciary, monitoring,
13 and evaluation efforts, and other oversight
14 functions;

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

18 (C) provide oversight and accountability
19 for the Fund in collaboration with the Inspector
20 General to be established pursuant to section
21 304(e)(1)(A);

22 (D) develop and utilize a mechanism to ob-
23 tain formal input from eligible partner coun-
24 tries, independent civil society, and imple-
25 menting entities relative to program design, re-

1 view, and implementation and associated les-
2 sons learned; and

3 (E) coordinate and align with other multi-
4 lateral financing and technical assistance activi-
5 ties, and with the United States and other na-
6 tions leading outbreak prevention, prepared-
7 ness, and response activities in partner coun-
8 tries, as appropriate.

9 (3) COMPOSITION.—The Executive Board
10 should include—

11 (A) representatives of the governments of
12 founding member countries who, in addition to
13 the requirements under paragraph (1), qualify
14 based upon meeting an established initial con-
15 tribution threshold, which should be not less
16 than 10 percent of total initial contributions,
17 and a demonstrated commitment to supporting
18 the International Health Regulations (2005);

19 (B) a geographically diverse group of mem-
20 bers who—

21 (i) come from donor countries, eligible
22 partner countries, academic institutions,
23 independent civil society, including indige-
24 nous organizations, and the private sector;
25 and

1 (ii) are selected on the basis of their
2 experience and commitment to innovation,
3 best practices, and the advancement of
4 global health security objectives;

5 (C) representatives of the World Health
6 Organization; and

7 (D) the chair of the Global Health Security
8 Steering Group.

9 (4) CONTRIBUTIONS.—Each government or pri-
10 vate sector entity represented on the Executive
11 Board should agree to make annual contributions to
12 the Fund in an amount not less than the minimum
13 determined by the Executive Board.

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

19 (6) CONFLICTS OF INTEREST.—

20 (A) TECHNICAL EXPERTS.—The Executive
21 Board may include independent technical ex-
22 perts who are not affiliated with, or employed
23 by, a recipient country or organization.

24 (B) MULTILATERAL BODIES AND INSTITU-
25 TIONS.—Executive Board members appointed

1 graph (A) shall terminate upon the date of
2 termination of the Fund.

3 (8) REMOVAL PROCEDURES.—The Fund should
4 establish procedures for the removal of members of
5 the Executive Board who—

6 (A) engage in a consistent pattern of
7 human rights abuses;

8 (B) fail to uphold global health data trans-
9 parency requirements; or

10 (C) otherwise violate the established stand-
11 ards of the Fund, including in relation to cor-
12 ruption.

13 **SEC. 303. AUTHORITIES.**

14 (a) PROGRAM OBJECTIVES.—

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

18 (A) develop grant making requirements to
19 be administered by an independent technical re-
20 view panel comprised of entities barred from
21 applying for funding or support;

22 (B) provide grants, including challenge
23 grants, technical assistance, concessional lend-
24 ing, catalytic investment funds, and other inno-
25 vative funding mechanisms, in coordination

1 with ongoing bilateral and multilateral efforts,
2 as appropriate—

3 (i) to help eligible partner countries
4 close critical gaps in health security, as
5 identified through the Joint External Eval-
6 uation process, the Global Health Security
7 Index classification of health systems, and
8 national action plans for health security
9 and other complementary or successor in-
10 dicators of global health security and pan-
11 demic prevention and preparedness; and

12 (ii) to support measures that enable
13 such countries, at the national and sub-
14 national levels, and in partnership with
15 civil society and the private sector, to
16 strengthen and sustain resilient health sys-
17 tems and supply chains with the resources,
18 capacity, and personnel required to pre-
19 vent, detect, mitigate, and respond to in-
20 fectionous disease threats, including zoonotic
21 spillover, before they become pandemics;

22 (C) leverage the expertise, capabilities, and
23 resources of proven, existing agencies and orga-
24 nizations to effectively target and manage re-
25 sources for impact, including through alignment

1 with, and co-financing of, complementary pro-
2 grams, as appropriate and consistent with para-
3 graph (3); and

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

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

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

21 (B) to support health security budget plan-
22 ning in eligible partner countries, including
23 training in public financial management, budget
24 and health data transparency, human resource

1 information systems, and integrated and trans-
2 parent budget and health data;

3 (C) to strengthen the health workforce, in-
4 cluding hiring, training, and deploying experts
5 and other essential staff, including community
6 health workers, to improve frontline prevention
7 of, and monitoring and preparedness for, un-
8 known, new, emerging, or reemerging patho-
9 gens, epidemics, and pandemic threats, includ-
10 ing capacity to surge and manage additional
11 staff during emergencies;

12 (D) to improve the quality of community
13 health worker programs as the foundation of
14 pandemic preparedness and response through
15 application of appropriate assessment tools;

16 (E) to improve infection prevention and
17 control, the protection of healthcare workers,
18 including community health workers, and access
19 to water and sanitation within healthcare set-
20 tings;

21 (F) to combat the threat of antimicrobial
22 resistance;

23 (G) to strengthen laboratory capacity and
24 promote biosafety and biosecurity through the
25 provision of material and technical assistance;

1 (H) to reduce the risk of bioterrorism,
2 zoonotic disease spillover (whether through loss
3 of natural habitat, the commercial trade in
4 wildlife for human consumption, or other
5 means), and accidental biological release;

6 (I) to build technical capacity to manage
7 health supply chains for commodities, equip-
8 ment, and supplies, including for personal pro-
9 tective equipment, testing reagents, and other
10 lifesaving supplies, through effective fore-
11 casting, procurement, warehousing, and delivery
12 from central warehouses to points of service in
13 both the public and private sectors;

14 (J) to enable bilateral, regional, and inter-
15 national partnerships and cooperation, includ-
16 ing through pandemic early warning systems
17 and emergency operations centers, to identify
18 and address transnational infectious disease
19 threats exacerbated by natural and man-made
20 disasters, human displacement, and zoonotic in-
21 fection;

22 (K) to establish partnerships for the shar-
23 ing of best practices and enabling eligible coun-
24 tries to meet targets and indicators under the
25 Joint External Evaluation process, the Global

1 Health Security Index classification of health
2 systems, and national action plans for health
3 security relating to the prevention, detection,
4 and treatment of neglected tropical diseases;

5 (L) to build the capacity of eligible partner
6 countries to prepare for and respond to second
7 order development impacts of infectious disease
8 outbreaks and maintain essential health serv-
9 ices, while accounting for the differentiated
10 needs and vulnerabilities of marginalized popu-
11 lations, including women and girls;

12 (M) to develop and utilize metrics to mon-
13 itor and evaluate programmatic performance
14 and identify best practices, including in accord-
15 ance with Joint External Evaluation bench-
16 marks, Global Health Security Agenda targets,
17 and Global Health Security Index indicators;

18 (N) to develop and deploy mechanisms to
19 enhance and independently monitor the trans-
20 parency and accountability of global health se-
21 curity and pandemic prevention and prepared-
22 ness programs and data, in compliance with the
23 International Health Regulations (2005), in-
24 cluding through the sharing of trends, risks,
25 and lessons learned;

1 (O) to promote broad participation in
2 health emergency planning and advisory bodies,
3 including by women and frontline health work-
4 ers;

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

8 (Q) to support countries in conducting
9 Joint External Evaluations;

10 (R) to improve disease surveillance capac-
11 ity in partner counties, including at the commu-
12 nity level, such that those countries are better
13 able to detect and respond to known and un-
14 known pathogens and zoonotic infectious dis-
15 eases; and

16 (S) to support governments through co-
17 ordinated and prioritized assistance efforts to
18 prevent zoonotic spillover caused by deforest-
19 ation, commercial trade in wildlife for human
20 consumption, climate-related events, and unsafe
21 interactions between wildlife, livestock, and peo-
22 ple to reduce the emergence, reemergence, and
23 spread of zoonoses.

24 (3) IMPLEMENTATION OF PROGRAM OBJEC-
25 TIVES.—In carrying out the objectives under para-

1 graph (1), the Fund should work to eliminate dupli-
2 cation and waste by upholding strict transparency
3 and accountability standards and coordinating its
4 programs and activities with key partners working to
5 advance global health security and pandemic preven-
6 tion and preparedness, including—

7 (A) governments, independent civil society,
8 nongovernmental organizations, research and
9 academic institutions, and private sector enti-
10 ties in eligible partner countries;

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

14 (C) the World Health Organization;

15 (D) the Global Health Security Agenda;

16 (E) the Global Health Security Initiative;

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

19 (G) the United Nations Office for the Co-
20 ordination of Humanitarian Affairs, UNICEF,
21 and other relevant funds, programs, and spe-
22 cialized agencies of the United Nations;

23 (H) Gavi, the Vaccine Alliance;

24 (I) the Coalition for Epidemic Prepared-
25 ness Innovations (CEPI);

1 (J) The World Organisation for Animal
2 Health;

3 (K) The United Nations Environment Pro-
4 gramme;

5 (L) Food and Agriculture Organization;
6 and

7 (M) the Global Polio Eradication Initiative.

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

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

13 (2) measurable gaps in global health security
14 and pandemic prevention and preparedness identi-
15 fied under Joint External Evaluations and national
16 action plans for health security;

17 (3) demonstrated political and financial com-
18 mitment to pandemic prevention and preparedness;
19 and

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

1 (c) ELIGIBLE GRANT RECIPIENTS.—Governments
2 and nongovernmental organizations should be eligible to
3 receive grants as described in this section.

4 **SEC. 304. ADMINISTRATION.**

5 (a) APPOINTMENTS.—The Executive Board should
6 appoint—

7 (1) an Administrator, who should be responsible
8 for managing the day-to-day operations of the Fund;
9 and

10 (2) an independent Inspector General, who
11 should be responsible for monitoring grants imple-
12 mentation and proactively safeguarding against con-
13 flicts of interests.

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

18 (c) ACCOUNTABILITY; CONFLICTS OF INTEREST;
19 CRITERIA FOR PROGRAMS.—As part of the negotiations
20 described in section 302(a), the Secretary of the State,
21 consistent with subsection (d), should—

22 (1) take such actions as are necessary to ensure
23 that the Fund will have in effect adequate proce-
24 dures and standards to account for and monitor the

1 use of funds contributed to the Fund, including the
2 cost of administering the Fund;

3 (2) ensure there is agreement to put in place a
4 conflict of interest policy to ensure fairness and a
5 high standard of ethical conduct in the Fund's deci-
6 sion-making processes, including proactive proce-
7 dures to screen staff for conflicts of interest and
8 measures to address any conflicts, such as potential
9 divestments of interests, prohibition from engaging
10 in certain activities, recusal from certain decision-
11 making and administrative processes, and represen-
12 tation by an alternate board member; and

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

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

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

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

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

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

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

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

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

13 (e) ADDITIONAL TRANSPARENCY AND ACCOUNT-
14 ABILITY REQUIREMENTS.—

15 (1) INSPECTOR GENERAL.—

16 (A) IN GENERAL.—The Secretary of State
17 shall seek to ensure that the Inspector General
18 appointed pursuant to subsection (a)—

19 (i) is fully enabled to operate inde-
20 pendently and transparently;

21 (ii) is supported by and with the req-
22 uisite resources and capacity to regularly
23 conduct and publish, on a publicly acces-
24 sible website, rigorous financial, pro-

1 grammatic, and reporting audits and inves-
2 tigations of the Fund and its grantees; and

3 (iii) establishes an investigative unit
4 that—

5 (I) develops an oversight mecha-
6 nism to ensure that grant funds are
7 not diverted to illicit or corrupt pur-
8 poses or activities; and

9 (II) submits an annual report to
10 the Executive Board describing its ac-
11 tivities, investigations, and results.

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

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

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

23 (2) ADMINISTRATIVE EXPENSES.—The Sec-
24 retary of State shall seek to ensure the Fund estab-
25 lishes, maintains, and makes publicly available a sys-

1 tem to track the administrative and management
2 costs of the Fund on a quarterly basis.

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

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

17 **SEC. 305. ADVISORY BOARD.**

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

20 (b) APPOINTMENTS.—The members of the Advisory
21 Board should be composed of—

22 (1) a geographically diverse group of individuals
23 that includes representation from low- and middle-
24 income countries;

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

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

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

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

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

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

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

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

13 **SEC. 306. REPORTS TO CONGRESS.**

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

22 (b) ANNUAL REPORT.—

23 (1) IN GENERAL.—Not later than 1 year after
24 the date of the establishment of the Fund, and an-
25 nually thereafter for the duration of the Fund, the

1 Secretary of State, shall submit a report to the ap-
2 propriate congressional committees regarding the ad-
3 ministration of the Fund.

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

6 (A) the goals of the Fund;

7 (B) the programs, projects, and activities
8 supported by the Fund;

9 (C) private and governmental contributions
10 to the Fund; and

11 (D) the criteria utilized to determine the
12 programs and activities that should be assisted
13 by the Fund, including baselines, targets, de-
14 sired outcomes, measurable goals, and extent to
15 which those goals are being achieved.

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

23 **SEC. 307. UNITED STATES CONTRIBUTIONS.**

24 (a) IN GENERAL.—Subject to submission of the cer-
25 tification under this section, the President is authorized

1 to make available for United States contributions to the
2 Fund such funds as may be appropriated or otherwise
3 made available for such purpose.

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

8 (1) the amount of the proposed contribution;

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

11 (3) the national interests served by United
12 States participation in the Fund.

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

19 (d) WITHHOLDINGS.—

20 (1) SUPPORT FOR ACTS OF INTERNATIONAL
21 TERRORISM.—If the Secretary of State determines
22 that the Fund has provided assistance to a country,
23 the government of which the Secretary of State has
24 determined, for purposes of section 620A of the For-
25 eign Assistance Act of 1961 (22 U.S.C. 2371) has

1 repeatedly provided support for acts of international
2 terrorism, the United States shall withhold from its
3 contribution to the Fund for the next fiscal year an
4 amount equal to the amount expended by the Fund
5 to the government of such country.

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

17 (3) ACCOUNTABILITY CERTIFICATION REQUIRE-
18 MENT.—The Secretary of State may withhold not
19 more than 20 percent of planned United States con-
20 tributions to the Fund until the Secretary certifies
21 to the appropriate congressional committees that the
22 Fund has established procedures to provide access
23 by the Office of Inspector General of the Depart-
24 ment of State, as cognizant Inspector General, the
25 Inspector General of the Department of Health and

1 Human Services, the Inspector General of the
2 United States Agency for International Develop-
3 ment, and the Comptroller General of the United
4 States to the Fund’s financial data and other infor-
5 mation relevant to United States contributions to
6 the Fund (as determined by the Inspector General
7 of the Department of State, in consultation with the
8 Secretary of State).

9 **SEC. 308. COMPLIANCE WITH THE FOREIGN AID TRANS-**
10 **PARENCY AND ACCOUNTABILITY ACT OF**
11 **2016.**

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

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

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

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

20 “(F) the International Pandemic Prepared-
21 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.