To advance the global health security and diplomacy objectives of the United States, improve coordination among the relevant Federal departments and agencies implementing United States foreign assistance for global health security, and more effectively enable partner countries to strengthen and sustain resilient health systems and supply chains with the resources, capacity, and personnel required to prevent, detect, mitigate, and respond to infectious disease threats before they become pandemics, and for other purposes.

IN THE SENATE OF THE UNITED STATES

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

A BILL

To advance the global health security and diplomacy objectives of the United States, improve coordination among the relevant Federal departments and agencies implementing United States foreign assistance for global health security, and more effectively enable partner countries to strengthen and sustain resilient health systems and supply chains with the resources, capacity, and personnel required to prevent, detect, mitigate, and respond to infectious disease threats before they become pandemics, and for other purposes.
Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Global Health Security
and Diplomacy Act of 2020".

SEC. 2. DEFINITIONS.

In this Act:

(1) APPROPRIATE CONGRESSIONAL COMMIT-
TEES.—The term "appropriate congressional com-
mittees" means—

(A) the Committee Foreign Relations and
the Committee on Appropriations of the Senate;
and

(B) the Committee Foreign Affairs and the
Committee on Appropriations of the House of
Representatives.

(2) GLOBAL HEALTH SECURITY AGENDA.—The
term "Global Health Security Agenda" means the
multi-sectoral initiative launched in 2014 and re-
newed in 2017 that brings together countries, re-
gions, international organizations, nongovernmental
organizations, and the private sector to elevate glob-
al health security as a national-level priority, share
best practices, and facilitate national capacity to
comply with and adhere to the World Health Orga-
nization International Health Regulations, the World
Organization for Animal Health international stand-
ards and guidelines, United Nations Security Coun-
cil Resolution 1540 (2004), the Biological Weapons
Convention, and other relevant frameworks that con-
tribute to global health security.

(3) GLOBAL HEALTH SECURITY AGENDA JOINT
EXTERNAL EVALUATION.—The term “Global Health
Security Agenda Joint External Evaluation” means
the voluntary, collaborative, multi-sectoral process to
assess country capacity to prevent, detect, and rap-
idly respond to public health risks occurring natu-
really or due to deliberate or accidental events, assess
progress in achieving the targets under the World
Health Organization International Health Regula-
tions, and recommend priority actions.

(4) GLOBAL HEALTH SECURITY INDEX.—The
term “Global Health Security Index” means the
comprehensive assessment and benchmarking of
health security and related capabilities across the
195 countries that make up the States Parties to
the World Health Organization International Health
Regulations.

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

(A) national and local governments in partner countries;
(B) other bilateral donors;
(C) international and regional organizations;
(D) international, regional, and local financial institutions;
(E) international, regional, and local private voluntary, nongovernmental, faith-based, and civil society organizations;
(F) representatives of historically marginalized groups, including women and youth;
(G) the private sector, including medical device, technology, and pharmaceutical companies; and
(H) public and private research and academic institutions.

(6) **ONE HEALTH APPROACH.**—The term “One Health approach” means the collaborative, multi-sectoral, and transdisciplinary approach toward achieving optimal health outcomes in a manner that recog-
nizes the interconnection between people, animals, plants, and their shared environment.

(7) RELEVANT FEDERAL DEPARTMENTS AND AGENCIES.—The term "relevant Federal departments and agencies" means any Federal department or agency operating under Chief of Mission authority and implementing United States foreign assistance relevant to the advancement of United States global health security and diplomacy overseas, which may include—

(A) the Department of State;

(B) the United States Agency for International Development;

(C) the Department of Health and Human Services;

(D) the Centers for Disease Control and Prevention;

(E) the National Institutes of Health;

(F) the Department of the Treasury;

(G) the Department of Defense;

(H) the Defense Threat Reduction Agency;

(I) the Millennium Challenge Corporation;

(J) the Development Finance Corporation;

(K) the Peace Corps; and
(L) any other department or agency that
the President determines to be relevant for
these purposes.

SEC. 3. PURPOSE.

The purpose of this Act is to advance the global
health security and diplomacy objectives of the United
States, improve coordination among the relevant Federal
departments and agencies implementing United States
foreign assistance for global health security, and more ef-
effectively enable partner countries to strengthen and sus-
tain resilient health systems and supply chains with the
resources, capacity, and personnel required to prevent, de-
tect, mitigate, and respond to infectious disease threats
before they become pandemics by—

(1) establishing a comprehensive United States
Global Health Security Strategy with a One Health
approach and clear goals, objectives, and bench-
marks, as well as instruments to monitor and evalu-
ate outputs and outcomes, measure impact, and
share data and learning;

(2) establishing a mechanism to coordinate
United States global health security policies, activi-
ties, and assistance, including efforts to advance the
United States Global Health Security Strategy and
the Global Health Security Agenda, while fully uti-
lizing the unique capabilities of the relevant Federal
departments and agencies;

(3) coordinating with key stakeholders and sup-
porting partner country efforts to strengthen and
sustain more resilient health systems and supply
chains;

(4) accelerating progress under the United
States Global Health Security Strategy, the Global
Health Security Agenda, the World Health Organi-
tization International Health Regulations, and other
relevant frameworks that contribute to global health
security;

(5) enhancing support for innovation and pub-
lic-private partnerships for research, development,
and deployment of effective and affordable disease
tracking tools, diagnostics, therapeutics, and vac-
cines;

(6) authorizing appropriations to advance the
United States Global Health Security Strategy and
provide for a global health security emergency re-
serve; and

(7) authorizing the Secretary of State, in co-
ordination with the Secretary of the Treasury, to
enter into negotiations for the establishment of the
Trust Fund for Global Health Security.
TITLE I—UNITED STATES GLOBAL HEALTH SECURITY STRATEGY AND ASSISTANCE

SEC. 101. PARTNER COUNTRY DEFINED.

In this title, the term "partner country" means a country in which the relevant Federal departments and agencies are implementing United States foreign assistance for global health security under this Act.

SEC. 102. GLOBAL HEALTH SECURITY STRATEGY.

(a) GENERAL.—The President shall maintain and advance a comprehensive strategy with a One Health approach toward advancing the global health security and diplomacy objectives of the United States overseas, which shall—

(1) seek to strengthen United States diplomatic leadership and improve the effectiveness of United States foreign assistance for global health security to prevent, detect, and respond to infectious disease threats, including through advancement of the Global Health Security Agenda;

(2) establish specific and measurable goals, benchmarks, timetables, performance metrics, and monitoring and evaluation plans for United States foreign assistance for global health security that promote learning and reflect international best practices
relating to global health security, transparency, and accountability;

(3) establish mechanisms to improve coordination and performance by the relevant Federal departments and agencies, including by setting out clear roles and responsibilities that reflect the unique capabilities and resources of each such department and agency;

(4) establish mechanisms to improve coordination and avoid duplication of effort among the relevant Federal departments and agencies, partner countries, donor countries, multilateral organizations, and other key stakeholders;

(5) prioritize working with partner countries with low scores on the Global Health Security Index classification of health systems and on the Global Health Security Agenda Joint External Evaluation;

(6) reduce long-term reliance upon United States foreign assistance for global health security by promoting partner country ownership, improved domestic resource mobilization, co-financing, and appropriate national budget allocations for global health security and pandemic preparedness and response;
(7) assist partner countries in building the technical capacity of relevant ministries to prepare, execute, monitor, and evaluate effective national action plans for health security, including mechanisms to enhance budget and global health data transparency, as necessary and appropriate;

(8) align United States foreign assistance for global health security with partner country national action plans for health security, developed with input from key stakeholders, to the greatest extent practicable and appropriate;

(9) create linkages between complementary bilateral and multilateral foreign assistance programs that contribute to the development of more resilient health systems and supply chains in partner countries with the capacity, resources, and personnel required to prevent, detect, and respond to infectious disease threats;

(10) support innovation and public-private partnerships to improve pandemic preparedness and response, including for the development and deployment of effective infectious disease tracking tools, diagnostics, therapeutics, and vaccines;
(11) support collaboration with and among relevant public and private research entities engaged in global health security; and

(12) support collaboration between United States universities and public and private institutions in partner countries that promote global health security and innovation.

(b) Fiscal Year 2021 Compliance.—The United States Global Health Security Strategy, published on May 9, 2019, in compliance with section 7058(c)(3) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2020 (division K of Public Law 115–141), shall be deemed to comply with the requirement under this section for fiscal year 2021.

(c) Strategy Updates.—

(1) In General.—Concurrent with the submission of the report required by section 634 of the Foreign Assistance Act of 1961 (22 U.S.C. 2394) for fiscal years 2022 through 2025, the President, in consultation with the head of each relevant Federal department and agency, shall submit to the appropriate congressional committees updates to the United States Global Health Security Strategy, including the agency-specific plans required under paragraph (2).
(2) AGENCY-SPECIFIC PLANS.—The strategy updates required under this subsection shall include specific implementation plans from each relevant Federal department and agency that describe—

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

(B) the efforts of the department or agency to ensure that the activities and programs carried out pursuant to the strategy are designed to achieve maximum impact and long-term results.

SEC. 103. GLOBAL HEALTH SECURITY COORDINATION.

(a) ESTABLISHMENT.—There is established within the Department of State a Coordinator of United States Government Activities to Advance Global Health Security and Diplomacy overseas, who shall be appointed by the President, by and with the advice and consent of the Senate.

(b) AUTHORITIES.—The Coordinator is authorized to—

(1) operate internationally to carry out the purposes of this Act;
(2) transfer and allocate United States foreign assistance resources for global health security to the relevant Federal departments and agencies, in coordination with the Office of Management and Budget, the United States Agency for International Development, and the Department of State Office of Foreign Assistance Resources; and

(3) utilize open and streamlined solicitations to allow for the participation of a wide range of implementing partners through the most appropriate procurement mechanisms, which may include grants, contracts, cooperative agreements, and other instruments as necessary and appropriate.

(e) DUTIES.—The Coordinator shall have primary responsibility for the coordination, management, and oversight of United States diplomatic efforts and foreign assistance resources to advance the relevant elements of the United States Global Health Security Strategy under section 102 and the duties described under subsection (f)(2), including the international programs, projects, and activities of the United States Government relating to the Global Health Security Agenda and the Trust Fund for Global Health Security established under title II, including—
(1) ensuring effective program coordination and implementation by the relevant Federal departments and agencies, including by—

(A) managing the budget and planning of United States foreign assistance resources authorized to be appropriated or otherwise made available to carry out the purposes of chapters 1 and 10 of part I and chapter 4 of part II of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) relating to infectious disease prevention, detection, mitigation, and response, including efforts to enable partner countries to strengthen and sustain resilient health systems and supply chains;

(B) formulating, issuing, and updating related program guidance;

(C) establishing unified auditing, monitoring, and evaluation plans;

(D) aligning resources and implementation plans under the strategy with the relevant Federal departments and agencies with the greatest expertise, technical capabilities, comparative advantage, and potential for success;

(E) working with and leveraging the expertise and activities of the Office of the Global
AIDS Coordinator, the President’s Malaria Coordinator, and similar or successor entities implementing United States global health assistance overseas; and

(F) avoiding duplication of effort and working to resolve policy, program, and funding disputes among the relevant Federal departments and agencies;

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

(3) ensuring effective representation of the United States in relevant international forums, including at the World Health Assembly and meetings of the Global Health Security Agenda, in coordination with the Secretary of the Department of Health and Human Services, as necessary and appropriate;

(4) promoting greater donor and partner country investment in building more resilient health systems and supply chains, including through representation and participation in a multilateral trust fund for global health security, consistent with title II;

(5) working to enhance coordination with and transparency among partner countries and key stakeholders, including the private sector; and
(6) regularly updating the appropriate congressional committees.

(d) OTHER GLOBAL HEALTH ASSISTANCE.—This section shall not apply to funds authorized to be appropriated or otherwise made available to carry out the purposes of chapters 1 and 10 of part I and chapter 4 of part II of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) relating to global health that are—

(1) apportioned directly to the Department of State to carry out programs authorized pursuant to the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108-25); or

(2) apportioned directly to the United States Agency for International Development to carry out programs that are not directly related to new or emerging infectious disease threats.

(e) UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.—The Coordinator should be supported by a deputy, who should be an employee of the United States Agency for International Development serving in a career or noncareer position in the Senior Executive Service or at the level of a Deputy Assistant Administrator or higher, who serves concurrently as the deputy and per-
forms the functions ascribed to the agency by section 3(b) of Executive Order 13747 of November 4, 2016.

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

(1) Executive Order 13474 of November 4, 2016, and the United States Global Health Security Strategy, delivered to Congress on May 9, 2019, set out leadership and interagency coordinating roles for the National Security Council relating to global health security and the Global Health Security Agenda;

(2) the Coordinator should perform the functions in Executive Order 13747 ascribed to the Department of State in section 3(b) of such executive order;

(3) the Interagency Review Council described in Executive Order 13747 should perform the functions ascribed to it in section 2 of such executive order; and

(4) the President should consider appointing an individual serving on the National Security Council, at the senior director level or higher and with significant background and expertise in public health, health security, or emergency biological response management, to convene and coordinate—
(A) the interagency process of the Federal departments and agencies implementing the functions described in section 3 of Executive Order 13747; and

(B) the interagency process to ensure continuity of effort across the Federal departments and agencies engaged in domestic and international global health security preparedness and response.

SEC. 104. GLOBAL HEALTH EMERGENCIES.

In responding to an international infectious disease outbreak that is sustained, severe, and is spreading internationally, which may include a declaration under the World Health Organization International Health Regulations of a Public Health Emergency of International Concern overseas—

(1) the Secretary of State, acting through the Coordinator of United States Government Activities to Advance Global Health Security and Diplomacy, as appropriate, shall be represented at all relevant interagency meetings and lead United States diplomatic and coordination efforts with the relevant international organizations and key stakeholders; and
(2) the Administrator of the United States Agency for International Development shall be represented at all relevant interagency meetings and serve as the program lead on international emergency humanitarian response, as well efforts to address second order development impacts of such an emergency within partner countries.

SEC. 105. USAID DISASTER SURGE CAPACITY.

(a) In General.—Funds authorized to be appropriated or otherwise made available to carry out part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), including funds made available for “Assistance for Europe, Eurasia and Central Asia”, may be used, in addition to funds otherwise made available for such purposes, for the cost (including support costs) of individuals detailed to or employed by the United States Agency for International Development whose primary responsibility is to carry out programs in response to global health emergencies and natural or man-made disasters.

(b) Notification.—The Administrator shall notify the appropriate congressional committees not later than 15 days before making funds available under this section.
SEC. 106. AUTHORIZATION FOR UNITED STATES PARTICIPATION IN COALITION FOR EPIDEMIC PREPAREDNESS INNOVATIONS.

(a) IN GENERAL.—The United States is authorized to participate in the Coalition for Epidemic Preparedness (CEPI).

(b) BOARD OF DIRECTORS.—The Administrator of the United States Agency for International Development is authorized to designate an employee of such agency to serve on the Investors Council of CEPI as a representative of the United States.

(c) CONSULTATION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall consult with the appropriate congressional committees on—

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

(2) any planned financial contributions to CEPI; and

(3) how participation in CEPI is expected to support the United States Global Health Security Strategy and any other relevant programs relating to global health security and biodefense.

(d) UNITED STATES CONTRIBUTIONS.—The President is authorized to make available funds authorized to
be appropriated under section 107 for United States contributions to CEPI.

(e) NOTIFICATION.—Not later than 15 days before making a contribution to CEPI, the Secretary of State shall notify the appropriate congressional committees of the amount, purposes, and national interests served by such planned contribution.

SEC. 107. AUTHORIZATIONS OF APPROPRIATIONS.

(a) IN GENERAL.—There is authorized to be appropriated, for fiscal years 2021 through 2025, $3,000,000,000 to advance the Global Health Security Strategy of the United States overseas, including support for—

(1) the Emergency Reserve Fund established pursuant to section 7058(c)(1) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2017 (division J of Public Law 115–31) to address emerging global health threats; and

(2) United States contributions to the Fund established under title II of this Act.

(b) EXCEPTION.—Section 110 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7107) shall not apply to assistance made available pursuant to this section.
(c) APPLICABILITY.—Section 104(f) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(f)) shall apply to assistance made available pursuant to this section.

TITLE II—TRUST FUND FOR GLOBAL HEALTH SECURITY

SEC. 201. DEFINITION.

In this title, the term "partner country" means a developing country with demonstrated need and commitment to transparency, including budget and global health data transparency, in which the Trust Fund for Global Health Security established under section 202 is working to design, implement, and evaluate global health security assistance programs under this Act.

SEC. 202. ESTABLISHMENT OF TRUST FUND FOR GLOBAL HEALTH SECURITY.

(a) NEGOTIATIONS FOR ESTABLISHMENT OF A TRUST FUND FOR GLOBAL HEALTH SECURITY.—The Secretary of State should seek to enter into negotiations with the World Bank or the International Development Association, in coordination with the Secretary of the Treasury, the Administrator of the United States Agency for International Development, and the heads of other relevant Federal departments and agencies, and with the member nations of the World Bank or the International
Development Association and with other interested parties, for the establishment within the World Bank of—

(1) a Trust Fund for Global Health Security (in this subtitle referred to as “the Fund”) in accordance with the provisions of this section; and

(2) an Advisory Board to the Fund in accordance with section 205.

(b) PURPOSE.—The purpose of the Fund should be to advance global health security by catalyzing public and private investments in global health security, infectious disease control, and pandemic preparedness and response in developing countries with demonstrated need, commitment to transparency, including budget and global health data transparency, and evidence-based outcomes.

(c) COMPOSITION.—

(1) IN GENERAL.—The Fund should be governed by a Board of Trustees, to be composed of representatives of World Bank member states that are donors and participants in the Fund. The Board of Trustees should include—

(A) 5 permanent member countries, who qualify based upon meeting an established initial contribution threshold, which should be not less than 10 percent of total contributions, and by meeting minimum standards for upholding
the International Health Regulations, and who should hold veto power over programs and projects;

(B) 5 term members, who are selected by the permanent members on the basis of their commitment to innovation, best practices, and the advancement of global health security objectives in partner countries; and

(C) 9 developing country members, who serve a period term, and who demonstrate a commitment to prioritizing global health security for their citizens and to the purposes and principles of the Fund.

(2) QUALIFICATIONS.—Individuals appointed to the Board shall have demonstrated knowledge and experience in the fields of public health, epidemiology, supply chain management, health delivery systems, and development.

(3) UNITED STATES REPRESENTATION.—

(A) IN GENERAL.—

(i) FOUNDING PERMANENT MEMBER.—The Secretary of State shall seek to establish the United States as a founding permanent member of the Fund.
(ii) **COORDINATOR OF UNITED STATES GOVERNMENT ACTIVITIES TO ADVANCE GLOBAL HEALTH SECURITY.**—The United States shall be represented on the Board of Trustees by the Coordinator of United States Government Activities to Advance Global Health Security and Diplomacy established under section 103.

**(B) EFFECTIVE AND TERMINATION DATES.**—

(i) **EFFECTIVE DATE.**—This paragraph shall take effect upon the date the Secretary of State, in coordination with the Secretary of the Treasury, certifies and transmits to Congress an agreement establishing the Fund.

(ii) **TERMINATION DATE.**—The membership established pursuant to subparagraph (A) shall terminate upon the date of termination of the Fund.

(4) **REMOVAL PROCEDURES.**—The Fund shall establish procedures for the removal of members of the Board who engage in a consistent pattern of human rights abuses, fail to uphold global health
data transparency requirements, or otherwise violate the established standards of the Fund.

SEC. 203. GRANT AUTHORITIES.

(a) PROGRAM OBJECTIVES.—

(1) IN GENERAL.—In carrying out the purpose set forth in section 202(b), the Fund, acting through the Board of Trustees, should provide grants, including challenge grants, technical assistance, concessional lending, catalytic investment funds, and other innovative funding mechanisms, as appropriate, to support measures that enable developing countries, at both national and sub-national levels, and in partnership with civil society and the private sector, to strengthen and sustain resilient health systems and supply chains with the resources, capacity, and personnel required to prevent, detect, mitigate, and respond to infectious disease threats before they become pandemics.

(2) ACTIVITIES SUPPORTED.—Activities to be supported by the Fund should include efforts to—

(A) enable partner countries with low scores on the Global Health Security Index classification of health systems and on the Global Health Security Agenda Joint External Evaluation to improve such scores and adopt
and uphold commitments under the Global Health Security Agenda, the World Health Organization International Health Regulations, and other related international health agreements;

(B) support global health budget and workforce planning in partner countries, including training in financial management and budget and global health data transparency;

(C) advance research, development, and deployment of effective infectious disease tracking tools, diagnostics, therapeutics, and vaccines, including by establishing and leveraging public-private partnerships and supporting advance purchase agreements, as necessary and appropriate;

(D) improve infection control within healthcare settings;

(E) combat the threat of antimicrobial resistance;

(F) expand lab capacity through the provision of material and technical assistance;

(G) build technical capacity to manage global health supply chains through effective forecasting, procurement, warehousing, and de-
livery from central warehouses to points of serv-

ice;

(H) enable bilateral and regional partner-

ships and cooperation to identify and address

transnational infectious disease threats exacer-
bated by natural and man-made disasters,

human displacement, and zoonotic infection;

(I) establish partnerships to develop med-

ical interventions to detect, treat, and prevent

the spread of neglected tropical diseases;

(J) build the technical capacity of partner

countries to prepare for and respond to second

order development impacts of infectious disease

outbreaks, while accounting for the differenti-
tated needs and vulnerabilities of marginalized

populations;

(K) develop and utilize metrics to monitor

and evaluate program performance and identify

best practices; and

(L) develop and deploy mechanisms to en-
hance the transparency and accountability of

global health security programs and data, in-
cluding through the sharing of trends, risks,

and lessons learned.
(3) IMPLEMENTATION OF PROGRAM OBJECTIVES.—In carrying out the objectives of paragraph (1), the Fund shall work to eliminate duplication and waste by upholding strict transparency and accountability standards and coordinating its programs and activities with key partners working to advance global health security, including, at a minimum—

(A) governments, civil society and nongovernmental organizations, research and academic institutions, and private sector entities in partner countries;

(B) the Global Health Security Agenda;

(C) the Global Fund to Fight AIDS, Tuberculosis, and Malaria;

(D) the Vaccine Alliance, GAVI;

(E) the Coalition for Epidemic Preparedness Innovations (CEPI);

(F) the Global Polio Eradication Initiative;

and

(G) the Coordinator of United States Government Activities to Advance Global Health Security and Diplomacy, established pursuant to section 103.

(b) PRIORITY.—In providing assistance under this section, the Fund should give priority to low and lower-
middle income countries, as classified in the most recent
edition of the World Development Report for Reconstruc-
tion and Development published by the International
Bank for Reconstruction and Development, with low
scores on the Global Health Security Index classification
of health systems and on the Global Health Security Agen-
da Joint External Evaluation, and demonstrated commit-
tment to upholding global health budget and data trans-
parency and accountability standards and investing in
their own health systems.

(c) ELIGIBLE GRANT RECIPIENTS.—Governments
and nongovernmental organizations should be eligible to
receive grants under this section.

SEC. 204. ADMINISTRATION.

(a) APPOINTMENT OF AN ADMINISTRATOR.—The
Board of Trustees, in consultation with the appropriate
officials of the Bank, should appoint an Administrator
who should be responsible for managing the day-to-day op-
erations of the Fund.

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

(c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR
PROGRAMS.—As part of the negotiations described in sec-
tion 202(a), the Secretary of the State, in coordination
with the Secretary of the Treasury, shall, consistent with
subsection (d)—

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

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

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

(1) partner country selection criteria, to include
transparent metrics to measure and assess global
health security strengths and vulnerabilities in developing countries seeking assistance;

(2) minimum standards for ensuring partner
country ownership and commitment to long-term re-
sults, including requirements for domestic budgeting,
resource mobilization, and co-investment;

(3) criteria for the selection of projects to re-
ceive support from the Fund;
(4) standards and criteria regarding qualifications of recipients of such support;

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

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

(e) ADDITIONAL TRANSPARENCY AND ACCOUNTABILITY REQUIREMENTS.—

(1) INSPECTOR GENERAL.—

(A) IN GENERAL.—The Secretary of State shall ensure that the Fund maintains an independent Office of the Inspector General and ensure that the office has the requisite resources and capacity to regularly conduct and publish, on a publicly accessible website, rigorous financial, programmatic, and reporting audits and investigations of the Fund and its grantees.

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

(i) corruption within global health programs contribute directly to the loss of human life and cannot be tolerated; and
(ii) in making financial recoveries relating to a corrupt act or criminal conduct under a grant, as determined by the Inspector General, the responsible grant recipient should be assessed at a recovery rate of 150 percent of such loss.

(2) **Administrative Expenses.**—The Secretary of State shall ensure the Fund establishes, maintains, and makes publicly available a system to track the administrative and management costs of the Fund on a quarterly basis.

(3) **Grant Tracking Systems.**—The Secretary of State shall ensure that the Fund establishes, maintains, and makes publicly available a system to track the amount of funds disbursed to each grant recipient and sub-recipient during a grant’s fiscal cycle.

(4) **Exemption from Duties and Taxes.**—The Secretary should ensure that the Fund adopts rules that condition grants upon agreement by the relevant national authorities in a partner country to exempt from duties and taxes all products financed by such grants, including procurements by any principal or sub-recipient for the purpose of carrying out such grants.
1 SEC. 205. ADVISORY BOARD.

2 (a) In General.—There should be an Advisory
3 Board to the Fund.

4 (b) Appointments.—The members of the Advisory
5 Board should be composed of—

6 (1) individuals with experience and leadership
7 in the fields of development, global health, epidemi-
8 ology, medicine, biomedical research, and social
9 sciences; and

10 (2) representatives of relevant United Nations
11 agencies and nongovernmental organizations with
12 on-the-ground experience in implementing global
13 health programs in low and lower-middle income
14 countries.

15 (c) Responsibilities.—The Advisory Board should
16 provide advice and guidance to the Board of Trustees on
17 the development and implementation of programs and
18 projects to be assisted by the Fund and on leveraging do-
19 nations to the Fund.

20 (d) Prohibition on Payment of Compensation.—

21 (1) In General.—Except for travel expenses
22 (including per diem in lieu of subsistence), no mem-
23 ber of the Advisory Board should receive compensa-
24 tion for services performed as a member of the
25 Board.
(2) UNITED STATES REPRESENTATIVE.—Notwithstanding any other provision of law (including an international agreement), a representative of the United States on the Advisory Board may not accept compensation for services performed as a member of the Board, except that such representative may accept travel expenses, including per diem in lieu of subsistence, while away from the representative’s home or regular place of business in the performance of services for the Board.

SEC. 206. REPORTS TO CONGRESS.

(a) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the Fund, the Secretary of State, in coordination with the Secretary of the Treasury, shall submit to the appropriate congressional committees a report on the Fund.

(2) REPORT ELEMENTS.—The report shall include a description of—

(A) the goals of the Fund;

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

(C) private and governmental contributions to the Fund; and
(D) the criteria utilized to determine the programs and activities that should be assisted by the Fund.

(b) GAO REPORT ON TRUST FUND EFFECTIVENESS.—Not later than 2 years after the date that the Fund is formally established, the Comptroller General of the United States shall submit to the appropriate congressional committees a report evaluating the effectiveness of the Fund, including—

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

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

SEC. 207. UNITED STATES CONTRIBUTIONS.

(a) IN GENERAL.—Subject to submission of the certification under section 202(e)(3)(B)(i), the President is authorized to make available funds authorized to be appropriated pursuant to section 107 for United States contributions to the Fund.

(b) NOTIFICATION.—The Secretary of State shall notify the appropriate congressional committees not later than 15 days in advance of making a contribution to the Fund, including—

(1) the amount of the proposed contribution;
(2) the total of funds contributed by other donors; and

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

(e) LIMITATION.—At no point during fiscal years 2021 through 2025 shall a United States contribution cause the cumulative total of United States contributions to exceed 33 percent of the total contributions to the Fund from all sources.

(d) WITHholdings.—

(1) Support for Acts of International Terrorism.—If at any time the Secretary of State determines that the Fund has provided assistance to a country, the government of which the Secretary of State has determined, for purposes of section 620A of the Foreign Assistance Act of 1961 (22 U.S.C. 2371) has repeatedly provided support for acts of international terrorism, the United States shall withhold from its contribution for the next fiscal year an amount equal to the amount expended by the Fund to the government of such country.

(2) Excessive Salaries.—If at any time during any of the fiscal years 2021 through 2025, the Secretary of State determines that the salary of any individual employed by the Fund exceeds the salary
of the Vice President of the United States for that fiscal year, then the United States should withhold from its contribution for the next fiscal year an amount equal to the aggregate amount by which the salary of each such individual exceeds the salary of the Vice President of the United States.

(3) ACCOUNTABILITY CERTIFICATION REQUIREMENT.—The Secretary of State shall withhold not less than 20 percent of planned United States contributions to the Fund until the Secretary certifies to the appropriate congressional committees that the Fund has established procedures to provide access by the Office of Inspector General of the Department of State, as cognizant Inspector General, the Inspector General of the Department of Health and Human Services, and the Inspector General of the United States Agency for International Development, to the Fund's financial data and other information relevant to United States contributions (as determined by the Inspector General, in consultation with the Secretary of State).