

116TH CONGRESS
2D SESSION

S. 3829

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

MAY 21, 2020

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

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.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Health Security
5 and Diplomacy Act of 2020”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) APPROPRIATE CONGRESSIONAL COMMIT-
9 TEES.—The term “appropriate congressional com-
10 mittees” means—

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

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

17 (2) GLOBAL HEALTH SECURITY AGENDA.—The
18 term “Global Health Security Agenda” means the
19 multi-sectoral initiative launched in 2014 and re-
20 newed in 2017 that brings together countries, re-
21 gions, international organizations, nongovernmental
22 organizations, and the private sector to elevate glob-
23 al health security as a national-level priority, share
24 best practices, and facilitate national capacity to
25 comply with and adhere to the World Health Orga-

1 nization International Health Regulations, the World
2 Organization for Animal Health international stand-
3 ards and guidelines, United Nations Security Coun-
4 cil Resolution 1540 (2004), the Biological Weapons
5 Convention, and other relevant frameworks that con-
6 tribute to global health security.

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

17 (4) GLOBAL HEALTH SECURITY INDEX.—The
18 term “Global Health Security Index” means the
19 comprehensive assessment and benchmarking of
20 health security and related capabilities across the
21 195 countries that make up the States Parties to
22 the World Health Organization International Health
23 Regulations.

24 (5) KEY STAKEHOLDERS.—The term “key
25 stakeholders” means actors engaged in efforts to ad-

1 vance global health security programs and objectives,
2 including—

3 (A) national and local governments in
4 partner countries;

5 (B) other bilateral donors;

6 (C) international and regional organiza-
7 tions;

8 (D) international, regional, and local finan-
9 cial institutions;

10 (E) international, regional, and local pri-
11 vate voluntary, nongovernmental, faith-based,
12 and civil society organizations;

13 (F) representatives of historically margin-
14 alized groups, including women and youth;

15 (G) the private sector, including medical
16 device, technology, and pharmaceutical compa-
17 nies; and

18 (H) public and private research and aca-
19 demic institutions.

20 (6) ONE HEALTH APPROACH.—The term “One
21 Health approach” means the collaborative, multi-sec-
22 toral, and transdisciplinary approach toward achiev-
23 ing optimal health outcomes in a manner that recog-
24 nizes the interconnection between people, animals,
25 plants, and their shared environment.

1 (7) RELEVANT FEDERAL DEPARTMENTS AND
2 AGENCIES.—The term “relevant Federal depart-
3 ments and agencies” means any Federal department
4 or agency operating under Chief of Mission author-
5 ity and implementing United States foreign assist-
6 ance relevant to the advancement of United States
7 global health security and diplomacy overseas, which
8 may include—

9 (A) the Department of State;

10 (B) the United States Agency for Inter-
11 national Development;

12 (C) the Department of Health and Human
13 Services;

14 (D) the Centers for Disease Control and
15 Prevention;

16 (E) the National Institutes of Health;

17 (F) the Department of the Treasury;

18 (G) the Department of Defense;

19 (H) the Defense Threat Reduction Agency;

20 (I) the Millennium Challenge Corporation;

21 (J) the Development Finance Corporation;

22 (K) the Peace Corps; and

23 (L) any other department or agency that
24 the President determines to be relevant for
25 these purposes.

1 **SEC. 3. PURPOSE.**

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

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

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

25 (3) coordinating with key stakeholders and sup-
26 porting partner country efforts to strengthen and

1 sustain more resilient health systems and supply
2 chains;

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

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

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

18 (7) authorizing the Secretary of State, in co-
19 ordination with the Secretary of the Treasury, to
20 enter into negotiations for the establishment of the
21 Trust Fund for Global Health Security.

1 **TITLE I—UNITED STATES GLOB-**
2 **AL HEALTH SECURITY STRAT-**
3 **EGY AND ASSISTANCE**

4 **SEC. 101. PARTNER COUNTRY DEFINED.**

5 In this title, the term “partner country” means a
6 country in which the relevant Federal departments and
7 agencies are implementing United States foreign assist-
8 ance for global health security under this Act.

9 **SEC. 102. GLOBAL HEALTH SECURITY STRATEGY.**

10 (a) GENERAL.—The President shall maintain and ad-
11 vance a comprehensive strategy with a One Health ap-
12 proach toward advancing the global health security and
13 diplomacy objectives of the United States overseas, which
14 shall—

15 (1) seek to strengthen United States diplomatic
16 leadership and improve the effectiveness of United
17 States foreign assistance for global health security to
18 prevent, detect, and respond to infectious disease
19 threats, including through advancement of the Glob-
20 al Health Security Agenda;

21 (2) establish specific and measurable goals,
22 benchmarks, timetables, performance metrics, and
23 monitoring and evaluation plans for United States
24 foreign assistance for global health security that pro-
25 mote learning and reflect international best practices

1 relating to global health security, transparency, and
2 accountability;

3 (3) establish mechanisms to improve coordina-
4 tion and performance by the relevant Federal de-
5 partments and agencies, including by setting out
6 clear roles and responsibilities that reflect the
7 unique capabilities and resources of each such de-
8 partment and agency;

9 (4) establish mechanisms to improve coordina-
10 tion and avoid duplication of effort among the rel-
11 evant Federal departments and agencies, partner
12 countries, donor countries, multilateral organiza-
13 tions, and other key stakeholders;

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

18 (6) reduce long-term reliance upon United
19 States foreign assistance for global health security
20 by promoting partner country ownership, improved
21 domestic resource mobilization, co-financing, and ap-
22 appropriate national budget allocations for global
23 health security and pandemic preparedness and re-
24 sponse;

1 (7) assist partner countries in building the tech-
2 nical capacity of relevant ministries to prepare, exe-
3 cute, monitor, and evaluate effective national action
4 plans for health security, including mechanisms to
5 enhance budget and global health data transparency,
6 as necessary and appropriate;

7 (8) align United States foreign assistance for
8 global health security with partner country national
9 action plans for health security, developed with input
10 from key stakeholders, to the greatest extent prac-
11 ticable and appropriate;

12 (9) create linkages between complementary bi-
13 lateral and multilateral foreign assistance programs
14 that contribute to the development of more resilient
15 health systems and supply chains in partner coun-
16 tries with the capacity, resources, and personnel re-
17 quired to prevent, detect, and respond to infectious
18 disease threats;

19 (10) support innovation and public-private part-
20 nerships to improve pandemic preparedness and re-
21 sponse, including for the development and deploy-
22 ment of effective infectious disease tracking tools,
23 diagnostics, therapeutics, and vaccines;

1 (11) support collaboration with and among rel-
2 evant public and private research entities engaged in
3 global health security; and

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

8 (b) FISCAL YEAR 2021 COMPLIANCE.—The United
9 States Global Health Security Strategy, published on May
10 9, 2019, in compliance with section 7058(c)(3) of the De-
11 partment of State, Foreign Operations, and Related Pro-
12 grams Appropriations Act, 2020 (division K of Public Law
13 115–141), shall be deemed to comply with the requirement
14 under this section for fiscal year 2021.

15 (c) STRATEGY UPDATES.—

16 (1) IN GENERAL.—Concurrent with the submis-
17 sion of the report required by section 634 of the
18 Foreign Assistance Act of 1961 (22 U.S.C. 2394)
19 for fiscal years 2022 through 2025, the President,
20 in consultation with the head of each relevant Fed-
21 eral department and agency, shall submit to the ap-
22 propriate congressional committees updates to the
23 United States Global Health Security Strategy, in-
24 cluding the agency-specific plans required under
25 paragraph (2).

1 (2) AGENCY-SPECIFIC PLANS.—The strategy
2 updates required under this subsection shall include
3 specific implementation plans from each relevant
4 Federal department and agency that describe—

5 (A) the anticipated staffing plans and con-
6 tributions of the department or agency, includ-
7 ing technical, financial, and in-kind contribu-
8 tions, to implement the strategy; and

9 (B) the efforts of the department or agen-
10 cy to ensure that the activities and programs
11 carried out pursuant to the strategy are de-
12 signed to achieve maximum impact and long-
13 term results.

14 **SEC. 103. GLOBAL HEALTH SECURITY COORDINATION.**

15 (a) ESTABLISHMENT.—There is established within
16 the Department of State a Coordinator of United States
17 Government Activities to Advance Global Health Security
18 and Diplomacy overseas, who shall be appointed by the
19 President, by and with the advice and consent of the Sen-
20 ate.

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

23 (1) operate internationally to carry out the pur-
24 poses of this Act;

1 (2) transfer and allocate United States foreign
2 assistance resources for global health security to the
3 relevant Federal departments and agencies, in co-
4 ordination with the Office of Management and
5 Budget, the United States Agency for International
6 Development, and the Department of State Office of
7 Foreign Assistance Resources; and

8 (3) utilize open and streamlined solicitations to
9 allow for the participation of a wide range of imple-
10 menting partners through the most appropriate pro-
11 curement mechanisms, which may include grants,
12 contracts, cooperative agreements, and other instru-
13 ments as necessary and appropriate.

14 (c) DUTIES.—The Coordinator shall have primary re-
15 sponsibility for the coordination, management, and over-
16 sight of United States diplomatic efforts and foreign as-
17 sistance resources to advance the relevant elements of the
18 United States Global Health Security Strategy under sec-
19 tion 102 and the duties described under subsection (f)(2),
20 including the international programs, projects, and activi-
21 ties of the United States Government relating to the Glob-
22 al Health Security Agenda and the Trust Fund for Global
23 Health Security established under title II, including—

1 (1) ensuring effective program coordination and
2 implementation by the relevant Federal departments
3 and agencies, including by—

4 (A) managing the budget and planning of
5 United States foreign assistance resources au-
6 thorized to be appropriated or otherwise made
7 available to carry out the purposes of chapters
8 1 and 10 of part I and chapter 4 of part II of
9 the Foreign Assistance Act of 1961 (22 U.S.C.
10 2151 et seq.) relating to infectious disease pre-
11 vention, detection, mitigation, and response, in-
12 cluding efforts to enable partner countries to
13 strengthen and sustain resilient health systems
14 and supply chains;

15 (B) formulating, issuing, and updating re-
16 lated program guidance;

17 (C) establishing unified auditing, moni-
18 toring, and evaluation plans;

19 (D) aligning resources and implementation
20 plans under the strategy with the relevant Fed-
21 eral departments and agencies with the greatest
22 expertise, technical capabilities, comparative ad-
23 vantage, and potential for success;

24 (E) working with and leveraging the exper-
25 tise and activities of the Office of the Global

1 AIDS Coordinator, the President’s Malaria Co-
2 ordinator, and similar or successor entities im-
3 plementing United States global health assist-
4 ance overseas; and

5 (F) avoiding duplication of effort and
6 working to resolve policy, program, and funding
7 disputes among the relevant Federal depart-
8 ments and agencies;

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

11 (3) ensuring effective representation of the
12 United States in relevant international forums, in-
13 cluding at the World Health Assembly and meetings
14 of the Global Health Security Agenda, in coordina-
15 tion with the Secretary of the Department of Health
16 and Human Services, as necessary and appropriate;

17 (4) promoting greater donor and partner coun-
18 try investment in building more resilient health sys-
19 tems and supply chains, including through represen-
20 tation and participation in a multilateral trust fund
21 for global health security, consistent with title II;

22 (5) working to enhance coordination with and
23 transparency among partner countries and key
24 stakeholders, including the private sector; and

1 (6) regularly updating the appropriate congress-
2 sional committees.

3 (d) OTHER GLOBAL HEALTH ASSISTANCE.—This
4 section shall not apply to funds authorized to be appro-
5 priated or otherwise made available to carry out the pur-
6 poses of chapters 1 and 10 of part I and chapter 4 of
7 part II of the Foreign Assistance Act of 1961 (22 U.S.C.
8 2151 et seq.) relating to global health that are—

9 (1) apportioned directly to the Department of
10 State to carry out programs authorized pursuant to
11 the United States Leadership Against HIV/AIDS,
12 Tuberculosis, and Malaria Act of 2003 (Public Law
13 108–25); or

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

18 (e) UNITED STATES AGENCY FOR INTERNATIONAL
19 DEVELOPMENT.—The Coordinator should be supported
20 by a deputy, who should be an employee of the United
21 States Agency for International Development serving in
22 a career or noncareer position in the Senior Executive
23 Service or at the level of a Deputy Assistant Administrator
24 or higher, who serves concurrently as the deputy and per-

1 forms the functions ascribed to the agency by section 3(b)
2 of Executive Order 13747 of November 4, 2016.

3 (f) SENSE OF CONGRESS.—It is the sense of Con-
4 gress that—

5 (1) Executive Order 13474 of November 4,
6 2016, and the United States Global Health Security
7 Strategy, delivered to Congress on May 9, 2019, set
8 out leadership and interagency coordinating roles for
9 the National Security Council relating to global
10 health security and the Global Health Security
11 Agenda;

12 (2) the Coordinator should perform the func-
13 tions in Executive Order 13747 ascribed to the De-
14 partment of State in section 3(b) of such executive
15 order;

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

20 (4) the President should consider appointing an
21 individual serving on the National Security Council,
22 at the senior director level or higher and with sig-
23 nificant background and expertise in public health,
24 health security, or emergency biological response
25 management, to convene and coordinate—

1 (A) the interagency process of the Federal
2 departments and agencies implementing the
3 functions described in section 3 of Executive
4 Order 13747; and

5 (B) the interagency process to ensure con-
6 tinuity of effort across the Federal departments
7 and agencies engaged in domestic and inter-
8 national global health security preparedness and
9 response.

10 **SEC. 104. GLOBAL HEALTH EMERGENCIES.**

11 In responding to an international infectious disease
12 outbreak that is sustained, severe, and is spreading inter-
13 nationally, which may include a declaration under the
14 World Health Organization International Health Regula-
15 tions of a Public Health Emergency of International Con-
16 cern overseas—

17 (1) the Secretary of State, acting through the
18 Coordinator of United States Government Activities
19 to Advance Global Health Security and Diplomacy,
20 as appropriate, shall be represented at all relevant
21 interagency meetings and lead United States diplo-
22 matic and coordination efforts with the relevant
23 international organizations and key stakeholders;
24 and

1 (2) the Administrator of the United States
2 Agency for International Development shall be rep-
3 resented at all relevant interagency meetings and
4 serve as the program lead on international emer-
5 gency humanitarian response, as well efforts to ad-
6 dress second order development impacts of such an
7 emergency within partner countries.

8 **SEC. 105. USAID DISASTER SURGE CAPACITY.**

9 (a) IN GENERAL.—Funds authorized to be appro-
10 priated or otherwise made available to carry out part I
11 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151
12 et seq.), including funds made available for “Assistance
13 for Europe, Eurasia and Central Asia”, may be used, in
14 addition to funds otherwise made available for such pro-
15 poses, for the cost (including support costs) of individuals
16 detailed to or employed by the United States Agency for
17 International Development whose primary responsibility is
18 to carry out programs in response to global health emer-
19 gencies and natural or man-made disasters.

20 (b) NOTIFICATION.—The Administrator shall notify
21 the appropriate congressional committees not later than
22 15 days before making funds available under this section.

1 **SEC. 106. AUTHORIZATION FOR UNITED STATES PARTICI-**
2 **PATION IN COALITION FOR EPIDEMIC PRE-**
3 **PAREDNESS INNOVATIONS.**

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

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

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

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

19 (2) any planned financial contributions to
20 CEPI; and

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

25 (d) UNITED STATES CONTRIBUTIONS.—The Presi-
26 dent is authorized to make available funds authorized to

1 be appropriated under section 107 for United States con-
2 tributions to CEPI.

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

8 **SEC. 107. AUTHORIZATIONS OF APPROPRIATIONS.**

9 (a) IN GENERAL.—There is authorized to be appro-
10 priated, for fiscal years 2021 through 2025,
11 \$3,000,000,000 to advance the Global Health Security
12 Strategy of the United States overseas, including support
13 for—

14 (1) the Emergency Reserve Fund established
15 pursuant to section 7058(c)(1) of the Department of
16 State, Foreign Operations, and Related Programs
17 Appropriations Act, 2017 (division J of Public Law
18 115–31) to address emerging global health threats;
19 and

20 (2) United States contributions to the Fund es-
21 tablished under title II of this Act.

22 (b) EXCEPTION.—Section 110 of the Trafficking Vic-
23 tims Protection Act of 2000 (22 U.S.C. 7107) shall not
24 apply to assistance made available pursuant to this sec-
25 tion.

1 (c) APPLICABILITY.—Section 104(f) of the Foreign
2 Assistance Act of 1961 (22 U.S.C. 2151b(f)) shall apply
3 to assistance made available pursuant to this section.

4 **TITLE II—TRUST FUND FOR**
5 **GLOBAL HEALTH SECURITY**

6 **SEC. 201. DEFINITION.**

7 In this title, the term “partner country” means a de-
8 veloping country with demonstrated need and commitment
9 to transparency, including budget and global health data
10 transparency, in which the Trust Fund for Global Health
11 Security established under section 202 is working to de-
12 sign, implement, and evaluate global health security assist-
13 ance programs under this Act.

14 **SEC. 202. ESTABLISHMENT OF TRUST FUND FOR GLOBAL**
15 **HEALTH SECURITY.**

16 (a) NEGOTIATIONS FOR ESTABLISHMENT OF A
17 TRUST FUND FOR GLOBAL HEALTH SECURITY.—The
18 Secretary of State should seek to enter into negotiations
19 with the World Bank or the International Development
20 Association, in coordination with the Secretary of the
21 Treasury, the Administrator of the United States Agency
22 for International Development, and the heads of other rel-
23 evant Federal departments and agencies, and with the
24 member nations of the World Bank or the International

1 Development Association and with other interested par-
2 ties, for the establishment within the World Bank of—

3 (1) a Trust Fund for Global Health Security
4 (in this subtitle referred to as “the Fund”) in ac-
5 cordance with the provisions of this section; and

6 (2) an Advisory Board to the Fund in accord-
7 ance with section 205.

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

15 (c) COMPOSITION.—

16 (1) IN GENERAL.—The Fund should be gov-
17 erned by a Board of Trustees, to be composed of
18 representatives of World Bank member states that
19 are donors and participants in the Fund. The Board
20 of Trustees should include—

21 (A) 5 permanent member countries, who
22 qualify based upon meeting an established ini-
23 tial contribution threshold, which should be not
24 less than 10 percent of total contributions, and
25 by meeting minimum standards for upholding

1 the International Health Regulations, and who
2 should hold veto power over programs and
3 projects;

4 (B) 5 term members, who are selected by
5 the permanent members on the basis of their
6 commitment to innovation, best practices, and
7 the advancement of global health security objec-
8 tives in partner countries; and

9 (C) 9 developing country members, who
10 serve a period term, and who demonstrate a
11 commitment to prioritizing global health secu-
12 rity for their citizens and to the purposes and
13 principles of the Fund.

14 (2) QUALIFICATIONS.—Individuals appointed to
15 the Board shall have demonstrated knowledge and
16 experience in the fields of public health, epidemi-
17 ology, supply chain management, health delivery sys-
18 tems, and development.

19 (3) UNITED STATES REPRESENTATION.—

20 (A) IN GENERAL.—

21 (i) FOUNDING PERMANENT MEM-
22 BER.—The Secretary of State shall seek to
23 establish the United States as a founding
24 permanent member of the Fund.

1 (ii) COORDINATOR OF UNITED STATES
2 GOVERNMENT ACTIVITIES TO ADVANCE
3 GLOBAL HEALTH SECURITY.—The United
4 States shall be represented on the Board
5 of Trustees by the Coordinator of United
6 States Government Activities to Advance
7 Global Health Security and Diplomacy es-
8 tablished under section 103.

9 (B) EFFECTIVE AND TERMINATION
10 DATES.—

11 (i) EFFECTIVE DATE.—This para-
12 graph shall take effect upon the date the
13 Secretary of State, in coordination with the
14 Secretary of the Treasury, certifies and
15 transmits to Congress an agreement estab-
16 lishing the Fund.

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

21 (4) REMOVAL PROCEDURES.—The Fund shall
22 establish procedures for the removal of members of
23 the Board who engage in a consistent pattern of
24 human rights abuses, fail to uphold global health

1 data transparency requirements, or otherwise violate
2 the established standards of the Fund.

3 **SEC. 203. GRANT AUTHORITIES.**

4 (a) PROGRAM OBJECTIVES.—

5 (1) IN GENERAL.—In carrying out the purpose
6 set forth in section 202(b), the Fund, acting through
7 the Board of Trustees, should provide grants, in-
8 cluding challenge grants, technical assistance,
9 concessional lending, catalytic investment funds, and
10 other innovative funding mechanisms, as appro-
11 priate, to support measures that enable developing
12 countries, at both national and sub-national levels,
13 and in partnership with civil society and the private
14 sector, to strengthen and sustain resilient health sys-
15 tems and supply chains with the resources, capacity,
16 and personnel required to prevent, detect, mitigate,
17 and respond to infectious disease threats before they
18 become pandemics.

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

21 (A) enable partner countries with low
22 scores on the Global Health Security Index
23 classification of health systems and on the
24 Global Health Security Agenda Joint External
25 Evaluation to improve such scores and adopt

1 and uphold commitments under the Global
2 Health Security Agenda, the World Health Or-
3 ganization International Health Regulations,
4 and other related international health agree-
5 ments;

6 (B) support global health budget and
7 workforce planning in partner countries, includ-
8 ing training in financial management and budg-
9 et and global health data transparency;

10 (C) advance research, development, and
11 deployment of effective infectious disease track-
12 ing tools, diagnostics, therapeutics, and vac-
13 cines, including by establishing and leveraging
14 public-private partnerships and supporting ad-
15 vance purchase agreements, as necessary and
16 appropriate;

17 (D) improve infection control within
18 healthcare settings;

19 (E) combat the threat of antimicrobial re-
20 sistance;

21 (F) expand lab capacity through the provi-
22 sion of material and technical assistance;

23 (G) build technical capacity to manage
24 global health supply chains through effective
25 forecasting, procurement, warehousing, and de-

1 livery from central warehouses to points of serv-
2 ice;

3 (H) enable bilateral and regional partner-
4 ships and cooperation to identify and address
5 transnational infectious disease threats exacer-
6 bated by natural and man-made disasters,
7 human displacement, and zoonotic infection;

8 (I) establish partnerships to develop med-
9 ical interventions to detect, treat, and prevent
10 the spread of neglected tropical diseases;

11 (J) build the technical capacity of partner
12 countries to prepare for and respond to second
13 order development impacts of infectious disease
14 outbreaks, while accounting for the differen-
15 tiated needs and vulnerabilities of marginalized
16 populations;

17 (K) develop and utilize metrics to monitor
18 and evaluate program performance and identify
19 best practices; and

20 (L) develop and deploy mechanisms to en-
21 hance the transparency and accountability of
22 global health security programs and data, in-
23 cluding through the sharing of trends, risks,
24 and lessons learned.

1 (3) IMPLEMENTATION OF PROGRAM OBJEC-
2 TIVES.—In carrying out the objectives of paragraph
3 (1), the Fund shall work to eliminate duplication
4 and waste by upholding strict transparency and ac-
5 countability standards and coordinating its programs
6 and activities with key partners working to advance
7 global health security, including, at a minimum—

8 (A) governments, civil society and non-
9 governmental organizations, research and aca-
10 demic institutions, and private sector entities in
11 partner countries;

12 (B) the Global Health Security Agenda;

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

15 (D) the Vaccine Alliance, GAVI;

16 (E) the Coalition for Epidemic Prepared-
17 ness Innovations (CEPI);

18 (F) the Global Polio Eradication Initiative;

19 and

20 (G) the Coordinator of United States Gov-
21 ernment Activities to Advance Global Health
22 Security and Diplomacy, established pursuant
23 to section 103.

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

1 middle income countries, as classified in the most recent
2 edition of the World Development Report for Reconstruc-
3 tion and Development published by the International
4 Bank for Reconstruction and Development, with low
5 scores on the Global Health Security Index classification
6 of health systems and on the Global Health Security Agen-
7 da Joint External Evaluation, and demonstrated commit-
8 ment to upholding global health budget and data trans-
9 parency and accountability standards and investing in
10 their own health systems.

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

14 **SEC. 204. ADMINISTRATION.**

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

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

24 (c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR
25 PROGRAMS.—As part of the negotiations described in sec-

1 tion 202(a), the Secretary of the State, in coordination
2 with the Secretary of the Treasury, shall, consistent with
3 subsection (d)—

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

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

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

16 (1) partner country selection criteria, to include
17 transparent metrics to measure and assess global
18 health security strengths and vulnerabilities in devel-
19 oping countries seeking assistance;

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

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

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

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

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

9 (e) ADDITIONAL TRANSPARENCY AND ACCOUNT-
10 ABILITY REQUIREMENTS.—

11 (1) INSPECTOR GENERAL.—

12 (A) IN GENERAL.—The Secretary of State
13 shall ensure that the Fund maintains an inde-
14 pendent Office of the Inspector General and en-
15 sure that the office has the requisite resources
16 and capacity to regularly conduct and publish,
17 on a publicly accessible website, rigorous finan-
18 cial, programmatic, and reporting audits and
19 investigations of the Fund and its grantees.

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

22 (i) corruption within global health
23 programs contribute directly to the loss of
24 human life and cannot be tolerated; and

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

7 (2) ADMINISTRATIVE EXPENSES.—The Sec-
8 retary of State shall ensure the Fund establishes,
9 maintains, and makes publicly available a system to
10 track the administrative and management costs of
11 the Fund on a quarterly basis.

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

18 (4) EXEMPTION FROM DUTIES AND TAXES.—
19 The Secretary should ensure that the Fund adopts
20 rules that condition grants upon agreement by the
21 relevant national authorities in a partner country to
22 exempt from duties and taxes all products financed
23 by such grants, including procurements by any prin-
24 cipal or sub-recipient for the purpose of carrying out
25 such grants.

1 **SEC. 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 COMPENSA-
21 TION.—

22 (1) IN GENERAL.—Except for travel expenses
23 (including per diem in lieu of subsistence), no mem-
24 ber of the Advisory Board should receive compensa-
25 tion for services performed as a member of the
26 Board.

1 (2) UNITED STATES REPRESENTATIVE.—Not-
2 withstanding any other provision of law (including
3 an international agreement), a representative of the
4 United States on the Advisory Board may not accept
5 compensation for services performed as a member of
6 the Board, except that such representative may ac-
7 cept travel expenses, including per diem in lieu of
8 subsistence, while away from the representative’s
9 home or regular place of business in the perform-
10 ance of services for the Board.

11 **SEC. 206. REPORTS TO CONGRESS.**

12 (a) ANNUAL REPORT.—

13 (1) IN GENERAL.—Not later than 1 year after
14 the date of the enactment of this Act, and annually
15 thereafter for the duration of the Fund, the Sec-
16 retary of State, in coordination with the Secretary of
17 the Treasury, shall submit to the appropriate con-
18 gressional committees a report on the Fund.

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

21 (A) the goals of the Fund;

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

24 (C) private and governmental contributions
25 to the Fund; and

1 (D) the criteria utilized to determine the
2 programs and activities that should be assisted
3 by the Fund.

4 (b) GAO REPORT ON TRUST FUND EFFECTIVE-
5 NESS.—Not later than 2 years after the date that the
6 Fund is formally established, the Comptroller General of
7 the United States shall submit to the appropriate congres-
8 sional committees a report evaluating the effectiveness of
9 the Fund, including—

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

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

14 **SEC. 207. UNITED STATES CONTRIBUTIONS.**

15 (a) IN GENERAL.—Subject to submission of the cer-
16 tification under section 202(c)(3)(B)(i), the President is
17 authorized to make available funds authorized to be appro-
18 priated pursuant to section 107 for United States con-
19 tributions to the Fund.

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

24 (1) the amount of the proposed contribution;

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

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

5 (c) LIMITATION.—At no point during fiscal years
6 2021 through 2025 shall a United States contribution
7 cause the cumulative total of United States contributions
8 to exceed 33 percent of the total contributions to the Fund
9 from all sources.

10 (d) WITHHOLDINGS.—

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

22 (2) EXCESSIVE SALARIES.—If at any time dur-
23 ing any of the fiscal years 2021 through 2025, the
24 Secretary of State determines that the salary of any
25 individual employed by the Fund exceeds the salary

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

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

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