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(Original Signature of Member)

116TH CONGRESS
2D SESSION

H. R.

To facilitate greater effectiveness, coordination, transparency, and accountability of international global health organizations, such as the World Health Organization, in responding to global pandemics and transnational health emergencies.

IN THE HOUSE OF REPRESENTATIVES

Mr. SMITH of New Jersey introduced the following bill; which was referred to the Committee on _____

A BILL

To facilitate greater effectiveness, coordination, transparency, and accountability of international global health organizations, such as the World Health Organization, in responding to global pandemics and transnational health emergencies.

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 COVID-19
5 Truth, Transparency, and Accountability Act”.

1 **SEC. 2. STATEMENT OF POLICY.**

2 It is the policy of the United States to promote effec-
3 tiveness, coordination, transparency, and accountability of
4 international global health organizations, such as the
5 World Health Organization (WHO), so that they will be
6 more effective in catalyzing global and country actions to
7 address health crises, especially with a view toward pre-
8 paring for, and responding to, global pandemics and
9 transnational health emergencies.

10 **SEC. 3. FINDINGS.**

11 Congress finds the following:

12 (1) There is a compelling role for an inter-
13 national organization to help mitigate infectious dis-
14 eases that respect no national borders.

15 (2) The World Health Organization (WHO) has
16 played a critical role in addressing and mitigating
17 infectious diseases, such as coordinating the Small-
18 pox Eradication Program (SEP) from 1966 through
19 1980.

20 (3) The 2017 National Security Strategy states
21 that “Naturally emerging outbreaks of viruses such
22 as Ebola, H1N1, MERS-CoV, the 2003 SARS-CoV-
23 1 outbreak, as well as the deliberate 2001 anthrax
24 attacks in the United States, demonstrated the im-
25 pact of biological threats on national security by tak-
26 ing lives, generating economic losses, and contrib-

1 uting to a loss of confidence in government institu-
2 tions.”.

3 (4) The United States depends on an effective
4 WHO to make good, well-informed public health de-
5 cisions to contain infectious diseases.

6 (5) The SARS-CoV-2 or Coronavirus Disease
7 2019 (commonly known as “COVID-19”) pandemic
8 appears to have originated in late 2019 in Wuhan,
9 China.

10 (6) Chinese officials initially reported to the
11 WHO in January 2020 that there was no evidence
12 that the COVID-19 pandemic was spread by human
13 to human contact.

14 (7) The advent of the COVID-19 pandemic co-
15 incided with the annual celebration of the Chinese
16 New Year, which is the largest annual human mi-
17 gration in the world.

18 (8) The Government of Taiwan, based on its
19 own research, communicated to the WHO in Decem-
20 ber 2019 that COVID-19 pandemic was spread by
21 human to human contact.

22 (9) The WHO disregarded the more accurate
23 information from the Government of Taiwan because
24 of anti-Taiwan animus driven by malign influence of
25 the Government of the People’s Republic of China.

1 (10) The Government of the People’s Republic
2 of China had actively campaigned for Tedros
3 Adhanom Ghebreyesus to be selected as Director-
4 General of the WHO, and exerts influence on him.

5 (11) With the onset of the COVID-19 pan-
6 demic, the Government of the People’s Republic of
7 China provided factually-inaccurate information to
8 the WHO and Director-General Ghebreyesus, result-
9 ing in the spread of disinformation globally about
10 the pandemic.

11 (12) Initial recommendations by the WHO at
12 the onset of the COVID-19 pandemic in late 2019
13 and early 2020 advising countries against carrying
14 out travel restrictions to and from the affected areas
15 resulted in a much wider spread of the disease, and
16 severely limited the ability of the international com-
17 munity to contain the virus.

18 (13) During the onset of the COVID-19 pan-
19 demic, the WHO’s effectiveness was diminished be-
20 cause its leadership appears to have put political
21 considerations over its public health mandate, and
22 the WHO transmitted inaccurate and misleading in-
23 formation regarding the communicability of the
24 novel coronavirus to member states.

1 (14) WHO member states relied on inaccurate
2 and misleading information regarding transmission
3 of COVID-19 supplied by the WHO and used this
4 information to formulate their responses, resulting
5 in a significantly higher number of infected people
6 and loss of life.

7 (15) The United States and other countries
8 have a compelling humanitarian interest in com-
9 prehensively and objectively investigating and report-
10 ing on the WHO's COVID-19 pandemic record, in-
11 cluding any failures. The United States has a broad
12 interest in promoting transparency and account-
13 ability in United Nations agencies and other inter-
14 national organizations, including regional arms of
15 the WHO such as the Pan American Health Organi-
16 zation.

17 (16) The United States needs to investigate the
18 causes of this failure at the WHO, and promote
19 transparency and accountability, in order to improve
20 the capacity of the WHO to address future
21 pandemics.

1 **SEC. 4. REVIEW AND ASSESSMENT OF EFFECTIVENESS OF**
2 **MULTILATERAL RESPONSES TO GLOBAL**
3 **PANDEMICS.**

4 (a) IN GENERAL.—The Secretary of State, in con-
5 sultation with the panel of experts established under sub-
6 section (b), shall—

7 (1) review the effectiveness, coordination, trans-
8 parency, and accountability of the World Health Or-
9 ganization (WHO) in responding to the COVID-19
10 pandemic, including an assessment of information
11 that was conveyed to or withheld from the WHO by
12 the Government of the People’s Republic of China;

13 (2) review the effectiveness, coordination, trans-
14 parency, and accountability of international global
15 health organizations, such as the WHO and its re-
16 gional organizations, in responding to global
17 pandemics and transnational health emergencies
18 generally; and

19 (3) assess whether the WHO’s International
20 Health Regulations (2005) should be updated and
21 whether new international mechanisms or institu-
22 tions are needed to—

23 (A) prevent or mitigate the spread of glob-
24 al pandemics;

1 (B) develop expedited effective testing ca-
2 pacities for global pandemics that are accessible
3 and affordable;

4 (C) develop expedited safe and effective
5 prophylactics and therapeutics that are acces-
6 sible and affordable;

7 (D) coordinate the communication of time-
8 ly and accurate information to WHO member
9 states during global pandemics; and

10 (E) ensure effectiveness, coordination,
11 transparency, and accountability of inter-
12 national global health organizations.

13 (b) PANEL OF EXPERTS ON GLOBAL PANDEMICS.—

14 (1) IN GENERAL.—The Secretary of State, in
15 consultation with the Secretary of Health and
16 Human Services and the Administrator of the
17 United States Agency for International Develop-
18 ment, shall establish a panel of experts on global
19 pandemics (in this Act referred to as the “panel of
20 experts”) to assist in carrying out the review and as-
21 sessment required by subsection (a) and to develop
22 the recommendations required by paragraph (3).

23 (2) MEMBERSHIP.—The membership of the
24 panel of experts shall consist of the following:

1 (A) At least 2 representatives of non-
2 governmental organizations with expertise in,
3 and dedication to providing, international med-
4 ical care, to be appointed by the Secretary of
5 State.

6 (B) At least 2 representatives from aca-
7 demia or civil society with expertise in United
8 Nations reform, to be appointed by the Sec-
9 retary of State.

10 (C) The Director of the Centers for Dis-
11 ease Control and Prevention.

12 (D) The Director of the National Insti-
13 tutes of Health.

14 (E) The Assistant Secretary of State for
15 International Organization Affairs.

16 (F) The U.S. Special Representative for
17 Global Health Diplomacy.

18 (G) The Assistant Administrator for the
19 United States Agency for International Devel-
20 opment's Bureau for Global Health.

21 (H) Four individuals with expertise in in-
22 fectious disease pandemics, the WHO, and the
23 WHO's International Health Regulations, of
24 which—

1 (i) one individual shall be appointed
2 by the Speaker of the House of Represent-
3 atives;

4 (ii) one individual shall be appointed
5 by the majority leader of the Senate;

6 (iii) one individual shall be appointed
7 by the minority leader of the House of
8 Representatives; and

9 (iv) one individual shall be appointed
10 by the minority leader of the Senate.

11 (3) RECOMMENDATIONS.—The panel of experts
12 shall, on an annual basis, develop recommendations
13 to address—

14 (A) the effect of WHO member states fail-
15 ing to share timely information or suppressing
16 information concerning emerging global
17 pandemics or transnational health emergencies,
18 including, in the initial set of recommendations,
19 such effect with respect to the COVID-19 pan-
20 demic;

21 (B) the extent of influence of some states
22 on the selection of WHO leadership;

23 (C) reforms with respect to the WHO and
24 the WHO's International Health Regulations

1 regarding preparedness for global pandemics;
2 and

3 (D) decisions to mitigate abuse by some
4 WHO member states of the WHO and other
5 international organizations for political ends.

6 (c) REPORT.—

7 (1) IN GENERAL.—Not later than 180 days
8 after the date on which the panel of experts is estab-
9 lished under subsection (b), and annually thereafter,
10 the panel of experts shall submit to the Secretary of
11 State a report on—

12 (A) the recommendations required by sub-
13 section (b)(3); and

14 (B) proposals for administrative and legis-
15 lative actions that the panel determines to be
16 appropriate to carry out the recommendations.

17 (2) REFERENCE.—The report required by para-
18 graph (1) may be referred to as the “Global Pan-
19 demic Report”.

20 (d) AUTHORIZATION OF APPROPRIATIONS.—Of the
21 amounts authorized to be appropriated for “Global Health
22 Programs” for each of the 5 fiscal years beginning after
23 the date of the enactment of this Act, there are authorized
24 to be appropriated for each such fiscal year \$750,000 to
25 carry out this section.

1 **SEC. 5. REPORT.**

2 Not later than 30 days after the date on which the
3 report required by section 4(c) is submitted to the Sec-
4 retary of State, and annually thereafter, the Secretary
5 shall submit to Congress a report on—

6 (1) the review and assessment required by sec-
7 tion 4(a); and

8 (2) the report required by section 4(c).

9 **SEC. 6. PRESIDENTIAL DETERMINATION ON FUNDING.**

10 The President shall include in the materials sub-
11 mitted in support of the budget of the President (sub-
12 mitted to Congress pursuant to section 1105 of title 31,
13 United States Code) for each of the 5 fiscal years begin-
14 ning after the date of the enactment of this Act—

15 (1) a determination of whether—

16 (A) institutional reforms instituted at the
17 World Health Organization (WHO) are suffi-
18 cient to ensure accountability and to identify
19 and address global pandemics; and

20 (B) there are sufficient international proto-
21 cols in place to ensure transparency and the
22 independence of the WHO in detecting and re-
23 sponding to such pandemics;

24 (2) a recommendation of whether any United
25 States contributions to the WHO or other United
26 Nations funds, programs, or other entities with a

1 primary focus on international health should be
2 withheld as a result of any lack of implementation
3 of such reforms; and

4 (3) a recommendation of whether, if such re-
5 forms are not implemented, withheld funds should
6 be made available to the United States Agency for
7 International Development or international organiza-
8 tions such as the Global Fund to Fight AIDS, Tu-
9 berculosis and Malaria and GAVI, the Vaccine Alli-
10 ance.

11 **SEC. 7. RULE OF CONSTRUCTION.**

12 Nothing in this Act may be construed to increase au-
13 thorizations of appropriations for the Department of State
14 or the Department of Health and Human Services.