



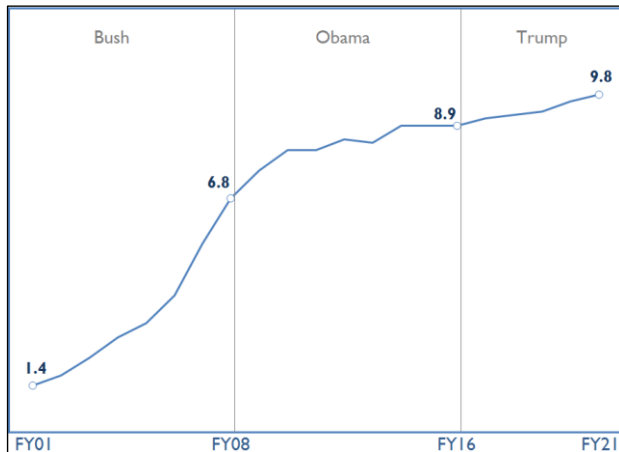
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# U.S. Global Health Assistance: FY2017-FY2021 Funding

## Background

Congress has prioritized global health with foreign aid funding rising over the past 20 years. The steepest increase occurred during the George W. Bush Administration (Figure 1), following the establishment of the President’s Emergency Plan for AIDS Relief (PEPFAR) and the President’s Malaria Initiative. During the Obama Administration, appropriations continued to rise, though at a slower pace and with some funding dips. Global health appropriations resumed a steady increase during the Trump Administration, despite requests from that administration to reduce global health spending. The emergence of the novel SARS-CoV-2, which causes Coronavirus Disease 2019 (COVID-19), likely prompted funding increases for global health security efforts in FY2021. Several bills in the 116<sup>th</sup> Congress were aimed at bolstering global health security. The 117<sup>th</sup> Congress may continue to focus on pandemic control, as the COVID-19 pandemic continues and SARS-CoV-2 variants emerge.

**Figure 1. U.S. Global Health Appropriations, by Administration: FY2001-FY2021**  
(current 2020 U.S. \$ billions)



**Source:** Appropriations legislation and engagement with CDC and USAID congressional relations personnel.

**Notes:** Excludes emergency appropriations, rescissions, and other funds that may be used to improve health worldwide, such as international HIV/AIDS research conducted by the National Institutes of Health (NIH).

## Global Health Appropriations

Most U.S. global health funding is provided to the Department of State to coordinate PEPFAR activities, and to the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Agency for International Development (USAID) for a range of global health activities (Figure 2). Congress also makes funds available for other global health activities, such as the National Institutes of Health (NIH) Office of AIDS Research (OAR), which supports

international HIV/AIDS research. Congress does not earmark funds for these activities, however, and NIH has not reported related grant amounts since FY2017.

**State-Foreign Operations (SFOPS) Appropriations** include funds for the coordination of PEPFAR by the State Department and USAID global health programs. From FY2020 to FY2021, appropriations remained mostly level, except for a near doubling of funds for global public health protection, which includes support for the collection and analysis of data on unknown viruses and pathogens. In FY2021, Congress also increased funding for tuberculosis (TB) and maternal and child health programs.

**Labor-HHS Appropriations** include funds for CDC global health programs, which remained at FY2020 levels in FY2021, except for new funding for TB programs and a near doubling for global health protection. Sufficient resources are also available through the appropriations for international HIV/AIDS research conducted by NIH.

**Figure 2. Global Health Appropriations: FY2017-FY2021**  
(current U.S. \$ millions)

AGENCY/ PROGRAM	FY2017 Enacted	FY2018 Enacted	FY2019 Enacted	FY2020 Enacted	FY2021 Enacted
HIV/AIDS	128.2	128.4	128.4	128.4	128.4
Immunizations	218.6	226.0	226.0	226.0	226.0
Parasitic Diseases/ Malaria	24.5	26.0	26.0	26.0	26.0
Global Public Health Protection	55.1	108.2	108.2	108.2	203.2
Tuberculosis	0.0	0.0	0.0	0.0	9.2
<b>CDC Total</b>	<b>426.4</b>	<b>488.6</b>	<b>488.6</b>	<b>488.6</b>	<b>592.8</b>
AGENCY/ PROGRAM	FY2017 Enacted	FY2018 Enacted	FY2019 Enacted	FY2020 Enacted	FY2021 Enacted
HIV/AIDS	4,320.0	4,320.0	4,370.0	4,370.0	4,370.0
Global Fund	1,350.0	1,350.0	1,350.0	1,560.0	1,560.0
<b>STATE GHCS/ GHP TOTAL</b>	<b>5,670.0</b>	<b>5,670.0</b>	<b>5,720.0</b>	<b>5,930.0</b>	<b>5,930.0</b>
HIV/AIDS	330.0	330.0	330.0	330.0	330.0
TB	241.0	261.0	302.0	310.0	319.0
Malaria	755.0	755.0	755.0	770.0	770.0
MCH	814.5	829.5	835.0	851.0	855.0
Nutrition	125.0	125.0	145.0	150.0	150.0
VC	23.0	23.0	24.0	25.0	25.0
FP/RH	524.0	524.0	524.0	524.0	524.0
NTDs	100.0	100.0	102.5	102.5	102.5
Global Health Security	72.5	72.5	100.0	100.0	190.0
<b>USAID GHCS/ GHP TOTAL</b>	<b>2,985.0</b>	<b>3,020.0</b>	<b>3,117.5</b>	<b>3,162.5</b>	<b>3,265.5</b>
<b>GHP Grand Total</b>	<b>8,655.0</b>	<b>8,690.0</b>	<b>8,837.5</b>	<b>9,092.5</b>	<b>9,195.5</b>

**Sources:** Appropriations legislation and engagement with CDC and USAID congressional relations personnel.

**Note:** Excludes emergency appropriations and rescissions.

**Acronyms:** Maternal and Child Health (MCH), Vulnerable Children (VC), Family Planning and Reproductive Health (FP/RH), and Neglected Tropical Diseases (NTDs).

## Key Global Health Policy Issues

The Biden Administration has already executed major executive actions on global health policy, including

- revoking the Mexico City Policy;
- halting U.S. withdrawal from WHO;
- establishing within the Office of the President a COVID-19 Response Coordinator;
- establishing a National Security Council (NSC) Directorate on Global Health Security and Biodefense; and
- directing the Assistant to the President for National Security Affairs (APNSA) to complete a review of and recommend actions to the President on emerging domestic and global biological risks and national biopreparedness policies.

**Mexico City Policy.** In 1984, the Reagan Administration established the Mexico City Policy, which restricts U.S. assistance to foreign NGOs engaged in voluntary abortion activities, even if such activities are conducted with non-U.S. funds. Whereas the policy applied only to family planning and reproductive health programs under the George W. Bush Administration, the Trump Administration reinstated the policy in 2017, following its reversal during the Obama Administration, and applied it to all global health programs under a new policy called Protecting Life in Global Health Assistance (PLGHA). On January 28, 2021, the Biden Administration issued a memorandum revoking PLGHA. The memo also directed the Secretary of State to resume funding to the United Nations Population Fund (UNFPA) and to withdraw co-sponsorship and signature from the Geneva Consensus Declaration (which was signed by the Trump Administration in October 2020 and declared that there is no international right to abortion). The Mexico City Policy remains a contentious issue, with Members having introduced legislation to permanently enact or repeal the policy.

**U.S. Membership in WHO.** On January 20, 2021, President Joe Biden sent a letter to United Nation (U.N.) Secretary-General António Guterres indicating that the United States would remain a member of WHO. The letter retracted a July 6, 2020, decision by the Trump Administration to withdraw the United States from WHO, effective July 6, 2021. The withdrawal determination followed assertions by the Trump Administration that WHO failed “to independently investigate” reports conflicting with the Chinese government’s accounts of the pandemic and repeated “grossly inaccurate” or “misleading” claims made by Chinese authorities about COVID-19. On January 21, 2021, U.S. officials announced a resumption of regular engagement with WHO and an end to the drawdown of U.S. staff seconded to WHO. The White House also issued a directive that, among other things, directed the APNSA to make recommendations for reforming and strengthening WHO. The unprecedented

attempt to withdraw the United States from WHO raised questions about congressional authority to inform the withdrawal process. Some Members in the 116<sup>th</sup> Congress introduced legislation in support of or opposition to the withdrawal decision.

**Pandemic Preparedness and Response.** Global disease outbreaks are occurring at greater frequency and are expanding in their scale and impact. The cost of epidemics and pandemics is also rising. The Global Preparedness Monitoring Board estimated that a pandemic akin to the scale and virulence of the 1918 influenza pandemic could cost the global economy \$3 trillion in Gross Domestic Product (GDP) and cause 50-80 million deaths. During the Obama Administration, the United States played a leading role in the development and implementation of the Global Health Security Agenda (GHSA), a multilateral effort to improve global pandemic preparedness and response. The Obama Administration hosted a summit on the GHSA; committed to spend more than \$1 billion in 30 countries on related efforts in FY2015-FY2019; issued an executive order that outlined the role each agency and department would play in implementing GHSA; and directed the NSC to coordinate related work. The Trump Administration made public statements in support of the GHSA but did not make specific commitments toward sustaining support for the initiative, and did not maintain the GHSA coordinating mechanism. In January 2021, the Biden Administration reestablished the coordinating mechanism and created a new senior-level position to coordinate domestic and international COVID-19 activities.

In the 116<sup>th</sup> Congress, Members introduced a range of bills aimed at improving global pandemic preparedness, including those that called for reestablishing the GHSA coordinating mechanism. Others broadened the focus of the efforts to include the integration of environmental preservation and anti-wildlife trafficking efforts into global pandemic preparedness and control. Given the near doubling of funding for pandemic preparedness and global health security efforts through both CDC and USAID, these issues may remain of interest to the 117<sup>th</sup> Congress.

## Outlook

Global health has remained a strong congressional priority, with funding increases continuing across administrations. The bulk of related funding is aimed at controlling the spread of infectious disease, especially HIV/AIDS, TB, and malaria. Growing concerns about pandemic threats may be contributing to recent increases in appropriations for related programs. Emergency appropriations for U.S. international efforts to control global disease outbreaks, particularly Ebola and COVID-19, have outweighed regular appropriations for pandemic preparedness. Given ongoing challenges with controlling the COVID-19 pandemic, Congress may consider calls for bolstering capacity to avert or control disease outbreaks. Many global health experts assert that investments in health systems, in addition to infectious disease response, could help prepare the world for the next infectious disease threat.

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