

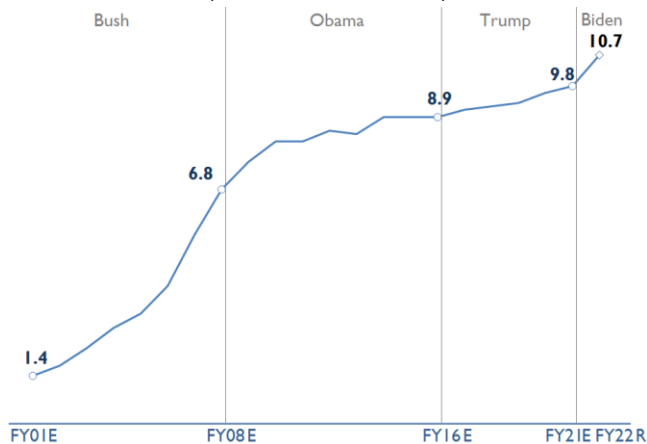
Updated June 10, 2021

U.S. Global Health Funding: FY2017-FY2022 Request

Background

Congress has prioritized global health, increasing related funding, particularly for the creation of the President’s Emergency Plan for AIDS Relief (PEPFAR) and the President’s Malaria Initiative (PMI) during the George W. Bush Administration (**Figure 1**). During the Obama Administration, appropriations continued to rise, though at a slower pace and with some funding dips. Global health appropriations also increased during the Trump Administration, despite requests from that Administration to cut global health spending. Following the emergence of the Coronavirus Disease 2019 (COVID-19) pandemic, appropriations for global health security rose and several bills for bolstering global health security were introduced.

Figure 1. U.S. Global Health Funding, by Administration: FY2001 Enacted-FY2022 Request
(current U.S. \$ billions)



Sources: Appropriations, congressional budget justifications, 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).

Acronyms: Enacted (E) and Request (R.)

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 PEPFAR, the Global Fund, and USAID global health programs. The FY2022 budget request included almost \$1.0 billion for global health security, \$825 million more than FY2021-enacted levels. The funds are for expanding the Global Health Security Agenda (GHS), identifying and addressing zoonotic threats, and bolstering laboratory and surveillance capacity. The request also includes \$300 million for a contribution to the multilateral Access to COVID-19 Tools (ACT) Accelerator for global COVID-19 response, \$250 million to support a new health security financing mechanism, and \$90 million to replenish the Emergency Reserve Fund for rapid response by USAID to infectious disease outbreaks. The budget request also includes increases for maternal and child health (MCH) and family planning and reproductive health (FP/RH) programs.

Labor-HHS Appropriations include funds for CDC global health programs, which remained primarily at FY2021 levels, except for an additional \$100 million for global public health protection and \$5 million for malaria.

Figure 2. Global Health Funding: FY2017 Enacted-FY2022 Request
(current U.S. \$ millions)

	FY17 E	FY18 E	FY19 E	FY20 E	FY21 E	FY22 R
HIV/AIDS	128.2	128.4	128.4	128.4	128.4	128.4
Immunizations	218.6	226.0	226.0	226.0	226.0	226.0
Malaria	24.5	26.0	26.0	26.0	26.0	31.0
Global Public Health Protection	55.1	108.2	108.2	183.2	203.2	303.2
Tuberculosis	0.0	0.0	0.0	7.2	9.2	9.2
CDC Total	426.4	488.6	488.6	570.8	592.8	697.8
	FY17 E	FY18 E	FY19 E	FY20 E	FY21 E	FY22 R
HIV/AIDS	4,320.0	4,320.0	4,370.0	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	1,560.0
State-GHP	5,670.0	5,670.0	5,720.0	5,930.0	5,930.0	5,930.0
HIV/AIDS	330.0	330.0	330.0	330.0	330.0	330.0
Tuberculosis	241.0	261.0	302.0	310.0	319.0	319.0
Malaria	755.0	755.0	755.0	770.0	770.0	770.0
MCH	814.5	829.5	835.0	851.0	855.0	879.5
Nutrition	125.0	125.0	145.0	150.0	150.0	150.0
VC	23.0	23.0	24.0	25.0	25.0	25.0
FP/RH	524.0	524.0	524.0	524.0	524.0	550.0
NTDs	100.0	100.0	102.5	102.5	102.5	102.5
GHS	72.5	72.5	100.0	100.0	190.0	995.0
USAID-GHP	2,985.0	3,020.0	3,117.5	3,162.5	3,265.5	4,121.0
GHP TOTAL	8,655.0	8,690.0	8,837.5	9,092.5	9,195.5	10,051.0
CDC & GHP	9,081.4	9,178.6	9,326.1	9,663.3	9,788.3	10,748.8

Sources: Appropriations, congressional budget justifications, and engagement with CDC and USAID congressional relations personnel

Note: Excludes emergency appropriations and rescissions. FY2022 USAID GHS funding includes \$250 million from GHP-State.

Acronyms: Enacted (E), Request (R), 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 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 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 memorandum also directed the Secretary of State to resume United Nations Population Fund (UNFPA) funding and 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 in the 117th Congress.

U.S. Membership in WHO. On January 20, 2021, President Joe Biden sent a letter to United Nations (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.

A WHO-convened team of experts from China (17 members) and other countries and organizations (17 members) investigated the origin of the COVID-19 pandemic in January 2021 but found no definitive source of the virus. The team ranked the likelihood of four prevailing scenarios, with transmission from an intermediate animal

host being the most likely and introduction to humans through a laboratory incident the least likely. U.S. officials have expressed skepticism about the findings. The Biden Administration is reconsidering previously discounted assertions by the Trump Administration that the pandemic may have originated from a laboratory accident in Wuhan, China. Congressional interest in U.S. membership in WHO remains strong, with some Members in the 117th Congress having introduced legislation making U.S. membership in WHO contingent upon China’s withdrawal from the organization and others praising the Biden Administration’s move to remain in WHO. For more information on this issue, see CRS In Focus IF11822, *Origins of the COVID-19 Pandemic*, coordinated by Tiaji Salaam-Blyther.

Pandemic Preparedness and Response. Global infectious 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 million to 80 million deaths. During the Obama Administration, the United States played a key role in developing and implementing the Global Health Security Agenda (GHS), a multilateral effort to improve global pandemic preparedness and response. The Trump Administration made public statements in support of the GHS but did not make specific funding commitments for sustaining the initiative, and did not maintain the GHS 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 117th Congress, Members introduced a range of bills aimed at improving global pandemic preparedness, including those that called for reestablishing the GHS coordinating mechanism. Others bills would broaden the focus of the efforts to include the integration of environmental preservation and anti-wildlife trafficking efforts into global pandemic preparedness and control.

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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