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U.S. Global Health Funding: FY2020-FY2023 Appropriations

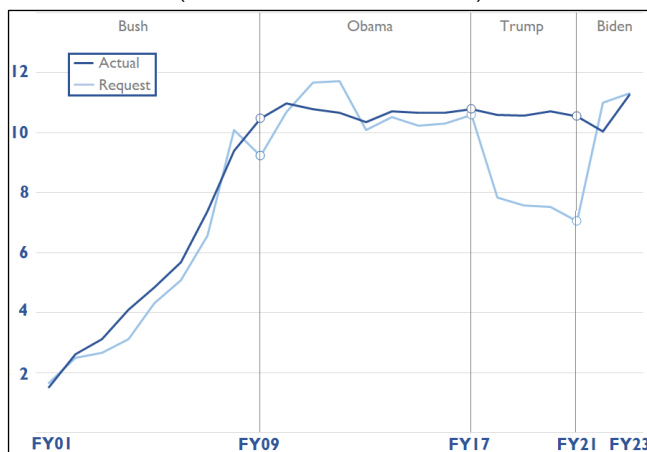
Background

Congress has appropriated significant increases in global health funding in recent decades, particularly to establish and maintain the President’s Emergency Plan for AIDS Relief (PEPFAR) and the President’s Malaria Initiative (PMI) initiated during the Bush Administration (Figure 1). During the Obama Administration, appropriations remained high for those programs and continued to rise for other health programs, though at a slower pace and with some funding dips. Congress mostly maintained global health funding levels during the Trump Administration, despite requests from that Administration for large cuts. The Biden Administration requested almost \$1 billion for global health security (GHS) programs in FY2023 (Figure 2). In December 2022, Congress appropriated \$11.25 billion for FY2023 global health activities, including funding to meet the Administration’s request for GHS.

Successive global infectious disease outbreaks have prompted Congress to provide additional funds through emergency appropriations for outbreak control—including nearly \$3 billion for U.S. Centers for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID) activities to control the 2015-2018 Ebola outbreak and over \$2 billion for international control of the COVID-19 pandemic. This product does not provide information on emergency appropriations.

Figure 1. U.S. Global Health Funding, by Administration: FY2001-FY2023

(constant 2023 U.S. \$ billions)



Sources: Congressional budget justifications and appropriations.

Notes: Excludes emergency appropriations, rescissions, non-GHP USAID accounts, 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). FY2001-FY2019 actual; FY2020-FY2023 enacted.

Global Health Appropriations

Congress provides most U.S. global health funding in two annual appropriations measures: the Department of State, Foreign Operations, and Related Programs (SFOPS), which funds State Department and USAID programs, and Labor, Health and Human Services, Education and Related Agencies (Labor-HHS), which funds CDC global health programs. Congress may make funds available for other global health activities as well, such as international HIV/AIDS research conducted by the National Institutes of Health (NIH), but these amounts are not included in this report as Congress does specify a funding level.

Figure 2. Global Health Funding: FY2020-FY2023

(current U.S. \$ millions)

	FY2020 Enacted	FY2021 Enacted	FY2022 Enacted	FY2023 Request	FY2023 Enacted
Global Health Total	9,663.3	9,787.0	10,422.8	11,323.8	11,253.8
CDC Total	570.8	591.0	592.8	747.8	692.8
HIV/AIDS	128.4	128.0	128.4	128.4	128.9
TB	7.2	9.2	9.2	9.2	11.7
Immunizations	226.0	225.3	226.0	226.0	230.0
Parasitic Diseases/ Malaria	26.0	25.9	26.0	31.0	29.0
Global Public Health Protection (GHS)	183.2	202.6	203.2	353.2	293.2
State Total	5,930.0	5,930.0	5,950.0	6,620.0	6,395.0
HIV/AIDS	4,370.0	4,370.0	4,390.0	4,575.0	4,395.0
Global Fund	1,560.0	1,560.0	1,560.0	2,045.0	2,000.0
USAID Total	3,162.5	3,266.0	3,880.0	3,956.0	4,166.0
HIV/AIDS	330.0	330.0	330.0	330.0	330.0
FP/RH	524.0	524.0	524.0	572.0	524.0
MCH	851.0	855.5	890.0	879.5	910.0
Nutrition	150.0	150.0	155.0	150.0	160.0
VC	25.0	25.0	27.5	25.0	30.0
TB	310.0	319.0	371.1	350.0	394.5
Malaria	770.0	770.0	775.0	780.0	795.0
NTDs	102.5	102.5	107.5	114.5	114.5
Other/Pandemics/GHS	100.0	190.0	700.0	755.0	908.0

Sources: Congressional budget justifications and appropriations.

Note: Excludes emergency appropriations, rescissions, non-GHP USAID accounts, and other funds that may be used to improve health worldwide, such as international HIV/AIDS research conducted by NIH. Global Public Health Protection for CDC and Other/Pandemics for USAID is counted as GHS funding. Enacted FY2022 and FY2023 USAID GHS include \$250 million from GHP-State.

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

SFOPS Appropriations. For FY2023, the Biden Administration requested nearly \$10.58 billion for global health funding in SFOPS, almost 8% higher than FY2022-enacted levels. The request included almost \$1 billion for GHS, a \$305 million increase from FY2022-enacted levels. The GHS proposal included a \$250 million contribution to the multilateral ACT-Accelerator for COVID-19 control,

\$250 million for a new health security financing mechanism jointly managed by the World Bank and World Health Organization (WHO), and \$90 million to replenish USAID’s Emergency Fund for emergency response to infectious disease outbreaks. The Administration’s SFOPS request for global health also included \$290 million for the last installment of a \$1.6 billion multiyear pledge for the multilateral Gavi, the Vaccine Alliance 2020-2023 budget cycle, and \$2 billion for the first tranche of a \$6 billion pledge for the 2024-2026 Global Fund budget cycle.

For FY2023, Congress appropriated \$15.0 million less than the Administration sought for SFOPS global health programs and \$731 million more than FY2022-enacted levels. FY2023 appropriations matched or exceeded FY2023 appropriations for all global health subsectors, with notable increases for the Global Fund (+28%) and GHS (+30%). In the joint explanatory statement, conferees indicated several areas of congressional oversight interest by directing agencies to report on services provided to HIV-positive women during pregnancy, labor and delivery, as well as the 12 months following delivery, including diagnosis and treatment services; the approximate number of treatments provided for HIV/AIDS, tuberculosis, and malaria, as well as the amounts expended to achieve such outcomes; and information on programs related to maternal and child health, research and development of antibiotics, vulnerable children, and integration of mental health and psychosocial support.

Labor-HHS Appropriations. For FY2023, the Administration requested \$747.8 million for the CDC Global Health account, a \$155.0 million boost from FY2022 levels. The bulk (\$150.0 million) of the increase was proposed for GHS activities aimed at expanding disease detection training and enhancing emergency response in partner countries; providing technical assistance for reducing cholera and other water-borne illnesses, as well as port-of entry surveillance; and accelerating the development of national and regional public health institutes, among other priorities. For FY2023, Congress appropriated \$692.8 million for CDC global health programs, \$55.0 million less than the Administration request but \$100.0 million more than FY2022-enacted levels.

Issues for Congress

PEPFAR Reauthorization. Congress has prioritized fighting HIV/AIDS globally, having apportioned roughly 65% of annual global health funding to bilateral HIV/AIDS programs and the Global Fund. Congress has also enacted legislation to authorize appropriations and set congressional priorities for PEPFAR and related programs, including the “Leadership Act” of 2003 (P.L. 108-25), the “Lantos-Hyde Act” of 2008 (P.L. 110-293), the “Stewardship Act” of 2013 (P.L. 113-56), and the PEPFAR Extension Act of 2018 (P.L. 115-305). The most recent authorizing law, the PEPFAR Extension Act,

- required the Inspectors General of the Department of State, U.S. Agency for Global Media, HHS, and USAID to coordinate oversight activities through 2023;

- required the Global AIDS Coordinator to publish annual reports on spending for HIV/AIDS programs by the Global Fund, the U.S. government, and partner countries through 2024;
- limited U.S. Global Fund contributions to 33% of all contributions and permitted partial withholding of those amounts through 2023;
- required that more than half of global HIV/AIDS appropriations through 2023 be used to treat HIV/AIDS and associated infections, and for nutritional support and medical care for people living with HIV/AIDS; and
- required that at least 10% of funds be used on care and support for orphans and vulnerable children until 2023.

The 118th Congress may consider whether to extend these requirements. For more information on the aforementioned laws, see CRS In Focus IF10797, *PEPFAR Stewardship and Oversight Act: Expiring Authorities*.

The 118th Congress may also deliberate proposals by the Biden Administration to leverage and build upon PEPFAR’s assets to help strengthen country public health systems beyond the HIV/AIDS focus. The Administration maintains it will help countries respond to health security threats. PEPFAR-supported health infrastructure has been used to support responses to a number of pandemics, including COVID-19. Congress may consider whether to authorize such actions on a permanent or temporary basis.

Pandemic Funding and Authorities. In December 2022, the State Department notified Congress of its intent to create a Bureau of Global Health Security and Diplomacy “to strengthen global health security and to address growing national security challenges presented by global health crises.” The U.S. Global AIDS Coordinator would lead the new bureau, which would combine the Office of International Health and Biodefense and the functions of the Coordinator for Global COVID-19 Response and Health Security with the Office of the U.S. Global AIDS Coordinator. At the same time, Section 5562 of the FY2023 National Defense Authorization Act authorized the President to designate a senior official to be the U.S. Coordinator for Global Health Security and the establishment of an Ambassador-At-Large for Global Health Security and Diplomacy at the State Department. The act instructs the USAID Administrator and other senior officials to ensure that ongoing global health programs “contribute to the strengthening of health systems for global health security and pandemic prevention and preparedness.” The act does not expressly authorize the Bureau of Global Health Security and Diplomacy.

Congress may consider the extent to which the new bureau and leadership positions might facilitate or complicate efforts to coordinate U.S. global health security efforts across the U.S. government, and may wish to shape the priorities of the new bureau through legislation or oversight activities.

Tiaji Salaam-Blyther, Specialist in Global Health
Catherine L. Able-Thomas, Acting Research Assistant

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