



# U.S. Global Health Assistance: FY2017-FY2020 Request

## Background

Congress has made global health a priority for several years, including through support for global health programs. From FY2001 through FY2008, appropriations for global health rose from less than \$2 billion to almost \$8 billion. The funding increases largely supported two U.S. programs aimed at fighting HIV/AIDS and malaria worldwide: the President’s Emergency Plan for AIDS Relief (PEPFAR) and the President’s Malaria Initiative, both launched during the George W. Bush Administration. During the Obama Administration, appropriations leveled off and averaged roughly \$9 billion annually.

The FY2020 budget request would reduce overall funding for global health by almost 30% from FY2019-enacted levels and would include roughly \$6.3 billion through State, Foreign Operations (SFOPS) appropriations and some \$0.4 billion through Department of Labor, Health and Human Services (Labor-HHS) and Education appropriations (Table 1).

## Global Health Appropriations

**Foreign Operations.** Through SFOPS appropriations, Congress funds PEPFAR; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and global health activities managed by the U.S. Agency for International Development (USAID). The Administration proposes reduced funding for all global health programs funded through SFOPS appropriations from FY2019-enacted levels, including a 35% reduction for USAID-managed global health programs, a 23% cut for Department of State-managed PEPFAR programs, and a 29% cut for U.S. contributions to the Global Fund.

**Labor-HHS.** The FY2020 budget request includes a 6% reduction for global health programs implemented by the Centers for Disease Control and Prevention. The Labor-HHS budget request does not include a breakout of global health funding for the U.S. Centers for Disease Control and Prevention (CDC). The National Institutes of Health (NIH) has not released budget projections for international HIV/AIDS research since FY2017.

## Global Health Policy Debates

Policy experts and Congress are discussing the significance of three key actions by the Trump Administration: (1) to reinstate and expand the Mexico City Policy, (2) to propose reducing the global health budget from previous fiscal years, and (3) to prioritize PEPFAR engagement in specific countries.

**Protecting Life in Global Health Assistance.** Since the Mexico City Policy was first established under the Reagan Administration, Members on both sides of the issue have introduced legislation to permanently enact or repeal the 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 January 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. In the 115<sup>th</sup> Congress, the House and Senate introduced legislation to permanently repeal the expanded policy. In the 116<sup>th</sup> Congress, S.Res. 20 promotes permanently enacting the policy.

**Table 1. Global Health Appropriations: FY2017 Enacted-FY2020 Request**  
(current U.S. \$ millions)

	FY2017 Enacted	FY2018 Request	FY2018 Enacted	FY2019 Request	FY2019 Enacted	FY2020 Request	FY19E- FY20R
State	4,320	3,850	4,320	3,850	4,370	3,350	-23%
USAID	2,985	1,506	3,020	1,928	3,118	2,035	-35%
Global Fund	1,350	1,125	1,350	925	1,350	958	-29%
<b>SFOPS Total<sup>a</sup></b>	<b>8,655</b>	<b>6,481</b>	<b>8,690</b>	<b>6,703</b>	<b>8,838</b>	<b>6,343</b>	<b>-28%</b>
CDC	426	350	489	409	489	457	-7%
NIH <sup>b</sup>	432	c	c	c	c	c	c
<b>Labor- HHS Total</b>	<b>858</b>	c	c	c	c	c	c
<b>Global Health Total</b>	<b>9,513</b>	c	c	c	c	c	c

**Sources:** Congressional budget justifications and correspondence with USAID and CDC legislative affairs offices.

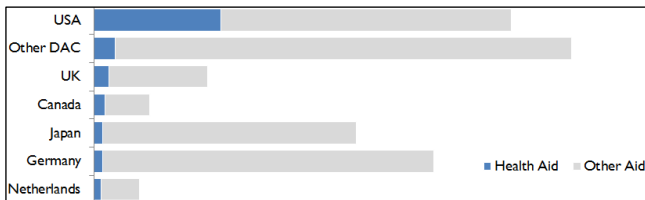
**Abbreviations:** Department of State (State), U.S. Agency for International Development (USAID), Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), State-Foreign Operations (SFOPS) appropriations, Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Labor, Health and Human Services, and Education (Labor-HHS) appropriations.

- a. Includes amounts transferred to USAID for global health activities from unobligated funds provided for the Ebola outbreak.
- b. Funds for NIH international HIV/AIDS research are not typically included in budget requests and are drawn from the overall budget of the Office of AIDS Research. Annual spending amounts are reported in congressional budget justifications.
- c. To maintain consistency across fiscal years, CRS did not aggregate the total because funding levels for NIH international HIV/AIDS research are not yet available.

**U.S. Global Health Budget.** The FY2020 budget request included a proposal to cut global health funding by more than \$2 billion from FY2019-enacted levels. Some global health experts warn that such reductions could imperil advances made in global health. Supporters of reduced funding assert that current funding levels are unsustainable.

The United States provides more official development assistance (ODA) for health than any other country in the Development Assistance Committee (DAC)—a group of industrialized countries committed to international development (Figure 1). The United States also apportions more of its foreign aid to improving global health than other major DAC donor country. In 2016, for example, health aid (\$9.1 billion) accounted for 31% of U.S. ODA (\$30.0 billion). The second-largest foreign aid donor, Germany, allocated 3% of its overall ODA (\$24.4 billion) to health aid (\$641 million). The second-largest donor of health aid, the United Kingdom, apportioned 13% of its development assistance (\$8.2 billion) for health aid (\$1.1 billion).

**Figure 1. Global Development and Health Aid: 2016**



**Source:** Created by CRS from the Organization for Economic Cooperation and Development (OECD) website on statistics at <http://stats.oecd.org/>, accessed on July 9, 2018.

**Abbreviations:** United States of America (USA), Development Assistance Committee (DAC), and United Kingdom (UK).

Those funds have contributed to significant improvements in global health. Between 1990 and 2015, for example, the global maternal mortality ratio fell by 44% and preventable child deaths declined by 58% between 1990 and 2017. Expanded access to vaccines has contributed significantly to global declines in child deaths. For instance, since 2017, global vaccine efforts have reduced measles deaths by 80% from 2000 levels, and wild polio virus is circulating in only two countries.

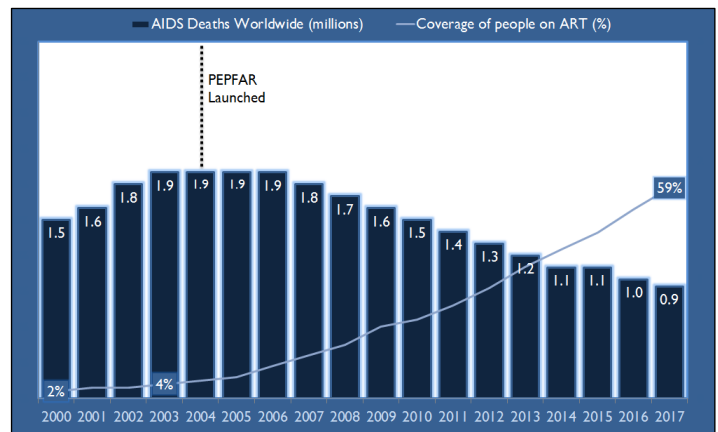
**PEPFAR Engagement.** Annual AIDS death rates have been steadily declining, and the rate at which this has occurred has accelerated since PEPFAR was launched (Figure 2). AIDS deaths declined from a peak of 1.9 million in 2003 to 0.9 million in 2017. Declines in AIDS deaths have been attributed in large part to expanded access to antiretroviral treatment (ART) provided through PEPFAR programs and U.S. contributions to the Global Fund. Before PEPFAR was launched in 2003, roughly 4% of people in low- and middle-income countries were on ART. By 2017, ART coverage had reached an estimated 59% in those areas.

Toward the end of the Obama Administration, the State Department announced PEPFAR 3.0—a plan to “more directly support HIV services and populations where the highest impact gains towards an AIDS-free generation will be felt.” When this strategy was announced, HIV/AIDS advocates bemoaned the shift and questioned whether partner countries and local civil society were sufficiently prepared for the divestment. Supporters argued that HIV spending levels were unsustainable and the funds needed to be spent where impact could be maximized.

The Trump Administration appears to be continuing the 3.0 strategy and has proposed concentrating efforts in 13 countries (Botswana, Cote d'Ivoire, Haiti, Kenya, Lesotho, Malawi, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe). In these countries, the Administration PEPFAR will work with other partners to ensure that 95% of HIV-positive people know their status, 95% of those who know their status are on ART, and that 95% of those on treatment maintain suppressed viral loads for at least three years. These efforts, the Administration maintains, will lead to AIDS epidemic control.

The Trump Administration proposal to maintain treatment levels is a departure from the Bush and Obama Administrations, under which executive and legislative priorities for PEPFAR included steadily increasing the number of people receiving ART through PEPFAR.

**Figure 2. AIDS Deaths and ART Coverage: 2000-2017**



**Source:** Created by CRS from the Joint United Nations Program on AIDS (UNAIDS) database, at <http://aidsinfo.unaids.org>.

**Outlook**

The United States government spends more on global health programs than any other country in the world. Funding and policy decisions that it makes may reverberate across the international community. Some experts are concerned that the progress made in global health to date may be undermined should the United States reduce global health funding or decrease global engagement. Others maintain that U.S. global health programs could be improved by streamlining programs, improving efficiency, and aligning funding with U.S. priorities.

Broader related policy concerns include addressing the health effects of climate change (e.g., drought-related malnutrition and the spread of infectious diseases through national disasters) and bolstering pandemic preparedness worldwide. For more on these and other global health issues, see CRS Report R43115, *U.S. Global Health Appropriations: FY2001-FY2019*.

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