

State and Foreign Operations: Report Language

Foreign Assistance Review.—Section 7040 of the act is a new provision limiting the use of funds to implement the recommendations of any foreign assistance review prepared or conducted by the National Security Council, OMB, the Department of State, or USAID, or any combination thereof, until an assessment of such review is conducted by the U.S. Government Accountability Office [GAO] and the findings of such assessment are shared with the appropriate congressional committees. Programmatic, funding, and organizational changes resulting from such review are subject to prior consultation with, and the regular notification procedures of, the Committee.

CONGRESSIONAL BUDGET AND IMPOUNDMENT CONTROL ACT OF 1974 The Committee is mindful of the discretion granted in law to Federal agencies to oversee the use of appropriated funds. However, this discretion must be exercised consistent with all legal requirements and the intent of Congress as expressed in the act, prior acts, this report, statements of managers, prior reports, and the Congressional Budget and Impoundment Control Act of 1974 (Public Law 99–344) [ICA]. The Committee notes that over the past two fiscal years, OMB has considered submission of a special message to Congress rescinding funds that would expire prior to Congress acting on a rescission bill. The Committee notes that GAO’s December 10, 2018 legal opinion (B–330330.1) concludes that the ICA “does not permit the withholding of funds through their expiration” and “a withholding of this nature would be an aversion both to the constitutional process for enacting Federal law and to Congress’s constitutional power of the purse.” For its part, OMB argues that there are no provisions in the ICA that constrain the submission of a special message to Congress. This dispute underscores the urgent need for updating and amending the ICA.

Maintaining Leadership in Global Health and Development: The act provides \$9,111,000,000 for life-saving Global Health Programs. This includes \$6,210,000,000 to continue to combat the spread of HIV/AIDS, \$1,301,500,000 to prevent the spread of infectious diseases and accelerate the capabilities of countries to prevent and respond to contagious disease outbreaks, and \$847,000,000 for maternal and child health, including \$290,000,000 to provide critical vaccines to vulnerable children through the GAVI Alliance. Development programs funded by the act address a wide range of U.S. priorities, including countering terrorism and violent extremism, improving governance, fighting corruption, protecting the environment, reducing poverty, and improving markets in developing countries to create opportunities for U.S. exports and investments. The act includes funding for the new U.S. International Development Finance Corporation [DFC], authorized in the BUILD Act of 2018 (division F of Public Law 115–254), which seeks to facilitate public-private development overseas and provide an alternative to the debt-trap transactions of the PRC globally. Crucial development programs funded by the act also advance women’s economic empowerment and combat trafficking in persons [TIP]. They are time-tested tools that build goodwill for the United States globally and assist the world’s poorest and most vulnerable populations.

Predictability: Finally, the Committee endeavors to provide predictable funding levels to agencies and implementers to better inform planning processes and execution of programs, and recognizes that the abrupt funding cuts and terminations proposed in the budget request would result in significant programmatic and administrative costs and disruptions, many contrary to the national interest.

MATERNAL AND CHILD HEALTH The Committee recommends \$847,000,000 for maternal and child health activities under this heading.

Maternal and Child Survival.—USAID, in coordination with the Office of the U.S. Global Aids Coordinator [OGAC], shall continue to support programs aimed at ending preventable child and maternal deaths, including by implementing the multi-year strategy required under this heading in Senate Report 115–282. The strategy shall also include plans that implement proven clinical care intervention models that leverage the existing framework of the President’s Emergency Plan for AIDS Relief [PEPFAR] with the goal of facilitating an outcomes-based approach modeled on the Saving Mothers, Giving Life public-private partnership initiative. The Committee recognizes that strengthening community and facility-based clinical care is an effective approach in addressing maternal-child health needs, and that additional attention and support is required to reduce maternal and neonatal mortality in sub-Saharan Africa. The USAID Administrator shall update the report required under this heading in Senate Report 115–152, which shall be posted on the USAID website not later than December 31, 2020.

Maternal and Neonatal Tetanus.—The Committee recommends not less than \$2,000,000 for public-private partnerships specifically focused on providing low-cost vaccines for women of childbearing age to prevent tetanus in newborn children.

Neglected Surgical Conditions.—The Committee directs the USAID Administrator to support treatment and training to address such health issues as cleft lip and palate, club foot, cataracts, hernias, fistulas, and untreated traumatic injuries in underserved rural areas in developing countries.

Polio.—The Committee recommends not less than \$61,000,000 under this heading for polio eradication efforts, including not less than \$7,500,000 for programs in Afghanistan and Pakistan.

Vaccines and Immunizations.—The Committee recommends \$290,000,000 for a contribution to the GAVI Alliance. The USAID Administrator shall provide details on the planned uses of funds prior to making such contribution. The Committee recommends continued strong support from the United States for the third GAVI replenishment.

Vulnerable Children.—The Committee recognizes the necessity for continued implementation of a whole-of-government strategy to coordinate assistance to orphans and vulnerable children, as mandated by the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 (Public Law 109–95). The Committee encourages USAID to increase efforts to better track and coordinate outcomes related to child protection and protection of children outside of family care, including: (1) investment in technology that identifies and protects vulnerable children, facilitates case management, and reports outcomes; and (2) programs that prevent unnecessary parent-child separation and increase the percentage of children living within family care instead of institutions. The Committee encourages increased engagement with community and faith-based organizations, and USAID should take into account organizations of all sizes that have demonstrated expertise in family-based care. The Committee recommends support for programs that address autism spectrum disorders, including treatment and the training of healthcare workers to better diagnose such disorders. The Committee recommends not less than \$4,500,000 for assistance for blind children, in addition to funds otherwise available for such purposes, and USAID shall administer such funds in a manner that delivers the maximum amount of funds to beneficiaries.

NUTRITION The Committee recommends \$150,000,000 for nutrition programs under this heading, to be made available through USAID.

Biofortification.—The Committee recognizes the importance of biofortification as part of the global food security strategy and urges continued support for such efforts.

Malnutrition Programs in Laos.—The Committee recommends not less than \$8,500,000, in addition to funds otherwise made available by the act, for maternal and child health and nutrition programs in Laos.

Micronutrients.—The Committee recommends not less than \$33,000,000 for micronutrients, of which not less than \$22,500,000 is to address vitamin A deficiencies. The Committee recommends that nutrition programs, including micronutrients, also be funded by the Department of State and USAID within programs to combat HIV/AIDS. The Committee recommends not less than \$2,500,000 for the USAID/UN Children’s Fund [UNICEF] Iodine Deficiency Disorder program to prevent intellectual disability in children.

Nutrition Programs.—The Committee supports investments in program implementation research, including through cooperation with other donor organizations, public-private partnerships, and multilateral funding mechanisms in order to develop and adopt best practices in nutrition interventions that enhance health outcomes. The Committee supports effective nutrition interventions to reduce stunting and wasting, increase breastfeeding and nutrition supplementation for pregnant women, and treat severe malnutrition.

HIV/AIDS The Committee recommends a total of \$6,210,000,000 for programs and activities to combat HIV/AIDS, of which \$5,880,000,000 is for the Department of State and \$330,000,000 is for USAID.

Global Fund Contribution.—The Committee recommends \$1,560,000,000 for a U.S. contribution to the Global Fund. In advance of the Global Fund Replenishment Conference in 2019, the Committee anticipates that the United States will pledge not less than this amount for each of the three fiscal years pertaining to the Global Fund’s Sixth Replenishment. The Committee does not support the administration’s proposal to amend the longstanding matching rates for U.S. contributions to the Global Fund and expects the United States to continue to match other donor contributions at a rate of \$1 for every \$2 received from other donors.

Global Fund Report.—Not later than 180 days after enactment of the act, the Secretary of State shall submit a report to the appropriate congressional committees on steps taken by the Global Fund to: (1) maintain and implement a policy of transparency, including the authority of the Global Fund Office of Inspector General [OIG] to publish its reports on a public website; (2) provide sufficient resources to maintain an independent OIG that reports directly to the Board of the Global Fund, maintains a mandate to conduct thorough investigations and programmatic audits, free from interference, and compiles regular, publicly published audits and investigations of financial, programmatic, and reporting aspects of the Global Fund, its grantees, recipients, sub-recipients, and Local Fund Agents; and (3) effectively implement and enforce policies and procedures which meet or exceed best practices in the United States for the protection of whistleblowers from retaliation, including protection against retaliation for internal and lawful public disclosure, legal burdens of proof, statutes of limitation for reporting retaliation, access to binding independent adjudicative bodies, including shared cost and selection external arbitration, and results that eliminate the effects of proven retaliation, including provision for the restoration of prior employment.

HIV-Positive Pregnant Women.—The Committee continues to encourage OGAC to prioritize treatment for HIV-positive pregnant women to prevent mother-to-child transmission. Orphans and Vulnerable Children.—The Committee notes that section 403(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673(b)) requires 10 percent of total PEPFAR program funds to be allocated for programs focused on orphans and vulnerable children. The Committee again urges OGAC to seek civil society and government partners to achieve the goal of decreasing the number of children living outside of family care due to HIV/AIDS. The Committee encourages OGAC to increase efforts to align existing programs for orphans and vulnerable children with the goals and objectives of the U.S. Government Action Plan on Children in Adversity.

Sustainability and Local Partners.—The Committee supports OGAC's effort to build greater sustainability into its programs by transferring responsibility to national governments and local implementers. Not later than 45 days after enactment of the act, and prior to the approval of any fiscal year 2020 Country Operating Plan, OGAC shall submit to the appropriate congressional committees a plan for the greater use of local partners, to include the following: (1) a description of how OGAC's initiative differs from previous efforts to reallocate foreign assistance to local partners; (2) how implementation of this policy does not compromise efforts to achieve HIV epidemic control; (3) the process used by OGAC to determine an organization's ability to meet the responsibilities of a PEPFAR implementer; (4) procedures to identify, manage, and mitigate any risks identified; and (5) plans to monitor the consistency and quality of service delivery and respond if a gap is identified.

Vaccine.—USAID shall continue to support research and development of a vaccine to combat the AIDS virus at not less than the fiscal year 2019 level.

OTHER GLOBAL HEALTH ISSUES

Global Health and Women's Economic Empowerment Programing Coordination.—The Committee recognizes the importance of evidence-based approaches to ensure the effectiveness and accountability of global health programs, and also supports efforts to promote the empowerment of women, gender equality, and the advancement of the status of women and girls with a specific focus on women's economic empowerment. The Committee urges USAID to extend the reach and impact of women's economic empowerment programs by aligning them with global health programs, including maternal and child health and family planning/reproductive health. Within funds made available under this heading and pursuant to section 7046(a) of the act for women's economic empowerment, the USAID Administrator shall implement a pilot project with a focus on three USAID priority countries, to programmatically align global health programs with women's economic empowerment. Such program should include the gathering of data and metrics to evaluate the impact of the availability of health services to women's economic empowerment, and ensure that the design of women's economic empowerment programs include an examination of access to health programs. The Administrator shall submit to the Committee a plan to carry out the pilot program not later than 120 days after enactment of the act.

Global Health Financing Strategy.—The Committee is aware that adequately financing health needs in developing countries will require increased private sector financing, in addition to sustained philanthropic and public global health assistance. Not later than 90 days after the enactment of the act, the USAID Administrator, after consultation with the World Bank Group President, the World Health Organization Director-General, and relevant representatives from the private and philanthropic sectors,

shall submit a strategy to the appropriate congressional committees to encourage significant increases in private investment capital to address global health challenges in developing countries.

Global Health Security.—The Committee recommends \$100,000,000 for programs to accelerate the capacity of targeted countries to prevent, detect, and respond to infectious disease outbreaks. Not later than 60 days after enactment of the act, the USAID Administrator shall submit a spend plan to the Committee detailing how funds will be allocated, including by country and/or region, as applicable. In addition, USAID shall describe how investments will advance global health security and how progress will be evaluated. USAID is directed to work with CDC to continue a coordinated global health security effort, delineate roles and responsibilities, and measure progress. One year after submission of the spend plan, CDC and USAID shall jointly brief the Committee on the current status of the program.

Healthy Timing and Spacing of Pregnancies.—The Committee recognizes that information and assistance for families interested in healthy timing and spacing of pregnancies can enhance maternal and child health and improve the chances of survival of women and children.

Malaria.—The Committee recommends \$789,000,000 for programs to combat malaria, and continues to encourage USAID to support public-private partnerships; research and development; diagnostic and vector control tools; access and delivery of anti-malarial medicines, including new, effective pediatric formulations and alternative therapies to counter resistance; and to continue efforts to develop new insecticides and a malaria vaccine. The Committee is aware of the urgent need for bed nets treated with new types of insecticides and recommends an additional \$34,000,000 above the fiscal year 2019 level for anti-malaria programs for this purpose.

The Committee notes that reducing the incidence of malaria requires coordinating across sectors, and encourages USAID to explore integrating anti-malaria activities into existing U.S. development programs funded through the Bureau for Humanitarian Assistance. The Committee reaffirms its support for the Coordinator of U.S. Government Activities to Combat Malaria Globally as established in the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110–293), and directs the USAID Administrator to work with the heads of other relevant Federal agencies to ensure that the Coordinator is able to effectively carry out the mandate of the position across such agencies, as authorized. The Committee again encourages USAID to support a pilot trial in Africa for the world’s first malaria vaccine, as well as the development of next-generation vaccines, including those that seek to interrupt malaria transmission.

Neglected Tropical Diseases.—The Committee recommends \$102,500,000 for continued support for USAID’s integrated Neglected Tropical Diseases [NTD] program to eliminate NTDs, including intestinal parasites, schistosomiasis, lymphatic filariasis, onchocerciasis, trachoma, and leprosy. The Committee supports research and development on NTDs, and notes the essential contributions of the private sector in improving diagnostic and therapeutic tools—and product innovation—to treat patients with NTDs.

Research and Development.—The Committee recognizes USAID’s role in health-related research and supports continued investments in new global health technologies across each of USAID’s health-related programs to address longstanding and emerging global health challenges. Not later than 60 days after enactment of the act, the USAID Administrator shall submit the annual report to the appropriate congressional committees on USAID’s health-related research and development strategy, which shall include: (1) specific health product development goals, including timelines for product development; (2)

details about ongoing and planned investments in drugs, vaccines, diagnostics, and devices, including collaboration with other Federal agencies as well as private sector partners; (3) a detailed description of the mechanisms for collaboration and coordination in support of global health product development between Federal agencies; (4) an assessment of any critical gaps in product development for global health; and (5) recommendations for filling such gaps to ensure that U.S. investments in global health research are efficient, coordinated, and effective.

Tuberculosis.—The Committee recommends \$310,000,000 for programs to combat tuberculosis [TB], and directs USAID to prioritize the use of U.S.-based entities for this purpose, consistent with the FAA. The Committee urges USAID to coordinate a comprehensive strategy to achieve TB elimination by simultaneously searching actively for TB disease and infection, treating TB disease and infection (including multi-drug resistant TB), enabling infection control at key congregate settings including hospitals and prisons, and supporting patients so they are able to complete their treatment.

Not later than 180 days after enactment of the act, the USAID Administrator shall submit a report to the Committee for TB-prevalent countries, including, to the maximum extent practicable: (1) the number of individuals screened for TB disease and TB infection outside of health facilities; (2) the number of close contacts who are screened for TB infection; (3) the number of individuals, including close contacts, who are started on treatment for TB infection; and (4) the number of individuals who complete treatment for TB infection.

Water and Sanitation.—The Committee recommends not less than \$450,000,000 for water supply and sanitation projects pursuant to section 136 of the FAA, as amended by the Paul Simon Water for the Poor Act of 2005 (Public Law 109–121) and the Paul Simon Water for the World Act of 2014 (Public Law 113–289). The Committee encourages the USAID Administrator to increase water and sanitation activities in healthcare facilities in order to improve the outcomes of USAID’s global health programs.

Labor, Health and Human Services, and Education: Report Language

“The Committee directs CDC to provide a detailed spend plan to the Committees on Appropriations of the House of Representatives and the Senate no later than 60 days after enactment detailing how fiscal year 2020 funds will be allocated, including how funds will be directed by country and/or region as applicable. In addition, CDC is directed to articulate a multi-year plan for how CDC investments will advance the objectives of global health security moving forward and how progress will be measured. CDC is directed to work with USAID to continue a coordinated global health security effort, delineate roles and responsibilities, and measure progress. One year after submission of a spend plan, CDC, in coordination with USAID, will brief the Committees on Appropriations of the House of Representatives and Senate on the current status of the program.”

“GLOBAL HEALTH SECURITY. The Committee recognizes that maintaining an adequate investment and focus on global health security is critical to the health and security of the United States. Disease knows no boundaries. With the second largest Ebola outbreak currently occurring in the Democratic Republic of the Congo, antibiotic resistance and influenza global threats, and the recent Zika virus, we need to remain focused on combating these diseases where they occur before they reach the United States. Outbreaks of infectious diseases are constant reminders that it is in the interest of the U.S. Government to work with countries around the world to be prepared for disease outbreaks wherever they occur. Infectious diseases not only spread from country-to-country and impact Americans’ health, but also

affect trade and travel. It is clear that our investments to improve global health have a direct impact on the wellbeing of every American. The U.S. Government committed over \$1,000,000,000 over the last 5 years for global health security, which was designed to address global vulnerability to public health threats, strengthen systems, and train a workforce to prevent, detect, and respond to infectious disease outbreaks before they reach the United States. The majority of these funds were provided in the fiscal year 2015 Ebola supplemental and expire at the end of fiscal year 2019. The Committee looks forward to working with the Administration on the next phase of this strategy and includes \$198,000,000, an increase of \$100,000,000 above the fiscal year 2019 level, to ensure our commitment continues. These funds will support public health surveillance, laboratory capacity, workforce development, antimicrobial stewardship, and emergency-management capacity development. In addition, the Committee continues to invest in HHS programs that help America's communities prepare for, respond to, and recover from public health and medical disasters and emergencies."