

April 2016 | Issue Brief

U.S. Funding for International Maternal & Child Health

SUMMARY

The U.S. government has a long history of supporting international maternal and child health (MCH) efforts, including global immunization activities, and is the largest donor government to MCH activities in the world.^{1,2} Between FY10 and FY16, the U.S. Congress provided \$7.5 billion for MCH-specific activities (both bilateral and multilateral funding combined), of which \$2.6 billion (35%) supported global immunization efforts.^{3,4} In FY16, Congress provided \$1.21 billion for MCH and the President's FY17 budget request includes \$1.28 billion, a \$69 million increase. Most funding for MCH is provided bilaterally, though the share given through multilateral channels has increased in recent years. This brief provides an overview of U.S. funding for MCH, including trends in bilateral and multilateral funding and top country recipients of U.S. funding, and places the U.S. within the larger context of overall donor support for the sector.⁵

INTRODUCTION

The U.S. government has provided financial and other support for international MCH efforts, including global immunization activities, since the 1960s and is the largest donor government to MCH activities in the world.^{1,2} The U.S. Agency for International Development (USAID) serves as the lead agency for MCH and focuses its support on 24 priority countries.⁶ USAID works to improve the accessibility and quality of antenatal care, delivery care, and postnatal care; newborn health; immunizations (including polio); child health through the treatment of diarrhea, pneumonia, and malaria; as well as water, sanitation, and hygiene. Other U.S. agencies involved in international MCH efforts include the Centers for Disease Control and Prevention (CDC) (research and technical assistance), the Department of State (diplomatic and humanitarian efforts), the National Institutes of Health (NIH) (research), and the Peace Corps (volunteer activities). Additionally, USAID supports the integration of family planning with maternal care services, although Congress directs funding to and USAID operates these programs separately.⁷

OVERVIEW OF FUNDING TRENDS

U.S. support for international MCH activities is provided through both bilateral programs and contributions to multilateral organizations, including the United Nations Children's Fund (UNICEF) as well as Gavi, the Vaccine Alliance (Gavi).⁸ Most U.S. funding for MCH activities is provided through bilateral efforts (70% in FY16), though an increasing share has been channeled through multilateral efforts in recent years (rising from 22% in FY10 to 30% in FY16). Funding for MCH activities has increased over time, rising from \$936 million in FY10 to \$1.2 billion in FY16, largely due to increased funding for immunizations; between FY10 and FY16 U.S. support for global immunization programs rose from \$266 million to \$513 million.^{3,4} The president's FY17 request includes \$1.28 billion for MCH activities, \$69 million above the FY16 level (see Figure 1). Funding for MCH activities has also increased as a share of the global health budget rising from 9% in FY10 to 12% in FY16 (see Figure 2). Despite accounting for a relatively small share of the budget, funding for MCH activities account for the third largest amount of funding after HIV and the Global Fund.

BILATERAL FUNDING

Bilateral funding for MCH is provided through USAID and CDC's Global Immunization program. Total bilateral funding for MCH increased from \$726 million in FY10 to \$839 million in FY16.^{9,10} The President's FY17 budget request includes \$869 million for bilateral MCH activities, which would represent a \$30 million increase (4%). Most of the bilateral funding is provided through USAID (74%) with the remainder at CDC (26%). While total funding for both agencies increased between FY10 and FY16, USAID's funding fluctuated over the period (see Table 1).

Of USAID's \$632 million in bilateral funding in FY15 (the most recent year for which country level data are available; CDC funding is not available by recipient country), \$477 million (76%) was provided to the 24 MCH priority countries. An additional 12 countries received bilateral funding directly (totaling \$56 million) and others were reached through regional funding provided by the agency. The top recipient of funding in FY15 was Afghanistan (\$67.1 million), followed by Nigeria (\$48.0 million), Ethiopia (\$39.3 million), Democratic Republic of the Congo (\$34.8 million), Bangladesh (\$30.0 million), Jordan (\$24.8

million), Pakistan (\$24.7 million), Indonesia (\$20.0 million), South Sudan (\$18.0 million), and Uganda (\$16.0 million) (see Table 2). These top 10 recipients accounted for 59% of USAID's country and regional specific assistance in FY15.

MULTILATERAL FUNDING

The U.S. also supports MCH efforts through multilateral contributions to UNICEF as well as to Gavi, the vaccine alliance. U.S. contributions to UNICEF, the lead UN agency supporting child health activities in many low- and middle-income countries, have remained relatively stable over the past decade, increasing slightly from \$125.7 million in FY06 to \$132.5 million in FY16.

Gavi, an independent public-private partnership and multilateral funding mechanism that aims to “save children’s lives and protect people’s health by increasing access to immunization in poor countries”, was created in 1999 and formally launched in 2000.¹¹ The U.S. made its first contribution of \$48 million in FY01 and U.S. contributions have greatly increased in recent years with multi-year funding commitments made by the Obama administration.¹² In FY16 the U.S. provided \$235 million to Gavi and the President’s FY17 request includes \$275 million for Gavi, an increase of \$40 million (17%). The U.S. is the second largest donor government, followed by the U.K., contributing \$1.4 billion since Gavi was established.

IMMUNIZATION FUNDING

U.S. support for global immunization activities is provided through USAID’s MCH program, CDC’s Global Immunization program, and through the U.S. contribution to Gavi. Between FY10 and FY16, total U.S. global immunization funding rose from \$266 million to \$513 million, an increase of \$247 million over the period (see Figure 3 and Table 3).^{3,4} This increase accounted for almost the entire increase (91%) in total MCH funding between FY10 and FY16. The President’s FY17 request includes \$551 million for global immunization activities, an increase of \$38 million (7%) above FY16.

The majority of U.S. funding for global immunization activities is provided through bilateral programs, which increased from \$188 million in FY10 to \$278 million in FY16. However, U.S. multilateral support provided through its contribution to Gavi has increased more rapidly, rising from \$78 million in FY10 to \$235 million in FY16, and has increased as a share of total immunization funding over the period rising. The President’s FY17 budget request includes \$276 million in bilateral funding, a decrease of \$2.4 million (-1%) below FY16, and \$275 million for Gavi, an increase of \$40 million (17%) above FY16.

The majority of U.S. bilateral funding for global immunization activities supports polio vaccination efforts at both USAID and CDC. Total U.S. polio funding increased from \$136 million (\$34 million at USAID and \$102 million at CDC) in FY10 to \$228 million (\$59 million at USAID and \$169 million at CDC) in FY16. The President’s FY17 budget request includes \$226 (\$52 million at USAID and \$174 million at CDC) million for polio activities, a decrease of \$2 million (1%) compared to FY16.

THE UNITED STATES IN CONTEXT: INTERNATIONAL DONOR ASSISTANCE FOR MATERNAL & CHILD HEALTH

The U.S. is the largest donor government to MCH activities in the world. A recent Lancet study analyzed donor assistance for MCH activities from 2003 to 2012 and found that the U.S. was the single largest donor government to international MCH efforts in the world in each year during the period. According to the study, in 2012, the U.S. accounted for 16% of total donor assistance for MCH, followed by GAVI (11%), the Global Fund (10%), EU Institutions (9%), and the Bill & Melinda Gates Foundation (8%).² The Institute for Health Metrics and Evaluation (IHME) also conducted a similar analysis examining development assistance for health. This analysis also found that the U.S. was the largest donor government to MCH activities in each year between 1990 and 2014.¹

Table 1. U.S. Government Funding for MCH Programs, Bilateral & Multilateral, in Millions, FY10-FY17 Request								
	2010	2011	2012	2013	2014	2015	2016	2017 Request
Bilateral	\$725.5	\$752.3	\$797.8	\$773.7	\$844.6	\$840.2	\$839.2	\$868.7
USAID	\$571.9	\$601.5	\$630.0	\$614.2	\$644.2	\$631.6	\$620.2	\$644.7
<i>of which polio</i>	\$34.3	\$32.3	\$39.5	\$43.7	\$59.0	\$59.0	\$59.0	\$51.6
CDC Global Immunization	\$153.7	\$150.9	\$167.7	\$159.5	\$200.4	\$208.6	\$219.0	\$224.0
<i>of which polio</i>	\$101.8	\$101.6	\$115.9	\$110.3	\$150.5	\$158.8	\$169.0	\$174.0
Multilateral	\$210.3	\$222.1	\$261.8	\$263.1	\$307.0	\$332.0	\$367.5	\$407.0
Gavi	\$78.0	\$89.8	\$130.0	\$138.0	\$175.0	\$200.0	\$235.0	\$275.0
UNICEF	\$132.3	\$132.3	\$131.8	\$125.2	\$132.0	\$132.0	\$132.5	\$132.0
Total	\$935.8	\$974.4	\$1,059.5	\$1,036.8	\$1,151.6	\$1,172.2	\$1,206.7	\$1,275.7
<i>of which Immunizations</i>	<i>\$265.9</i>	<i>\$273.0</i>	<i>\$337.2</i>	<i>\$341.2</i>	<i>\$434.4</i>	<i>\$467.6</i>	<i>\$513.0</i>	<i>\$550.6</i>

Notes: Includes MCH funding (base and supplemental) provided through USAID and CDC as well as U.S. contributions to UNICEF and Gavi. Does not include funding provided through Food for Peace (FFP) due to the unique nature of the program. FY10-FY15 are final planned funding levels. FY13 includes the effects of sequestration. FY16 funding totals are preliminary estimates (FY16 funding provided through the ESF and DA accounts is determined at the agency level and is not yet known; for comparison purposes, FY16 funding totals through these accounts are based on prior year levels). FY17 is the President's budget Request.

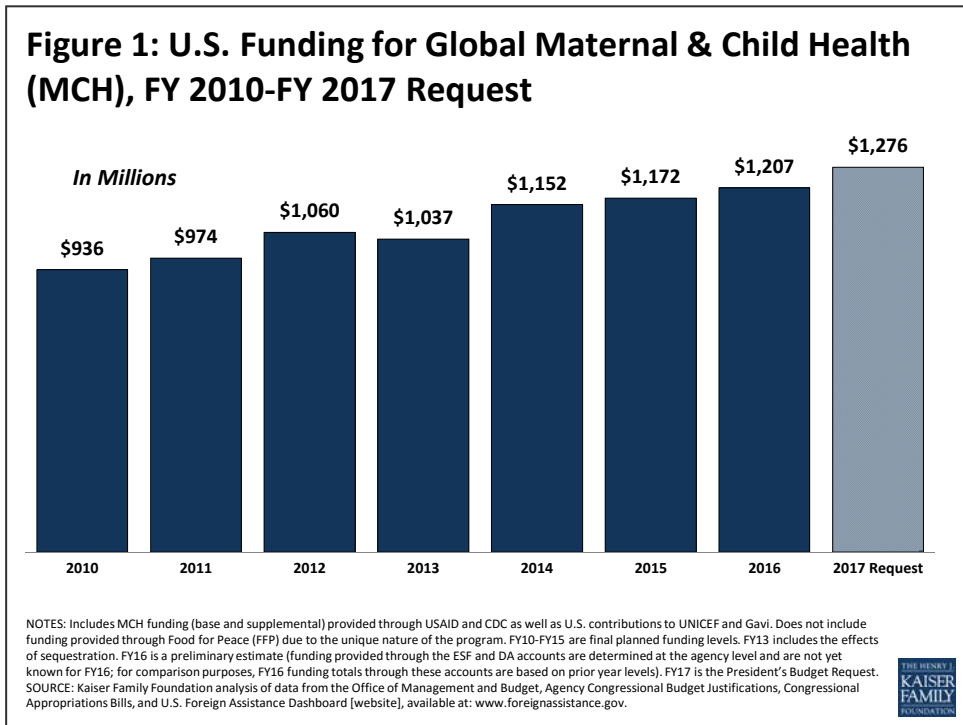
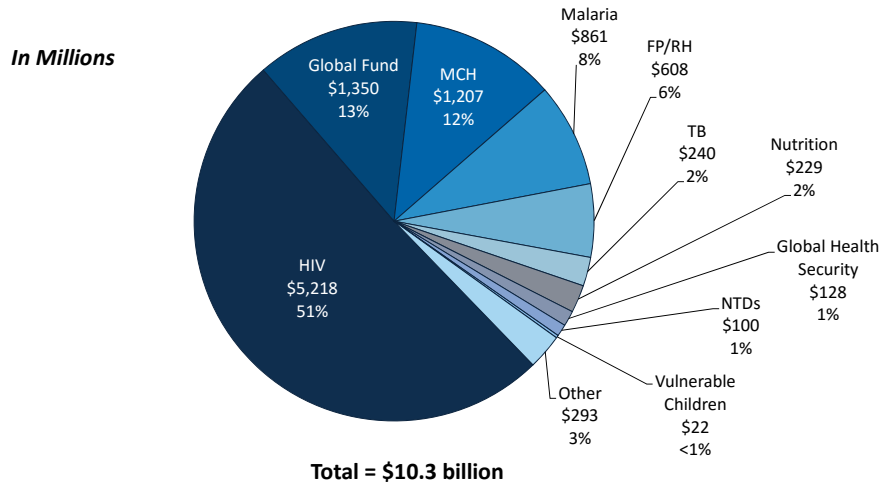


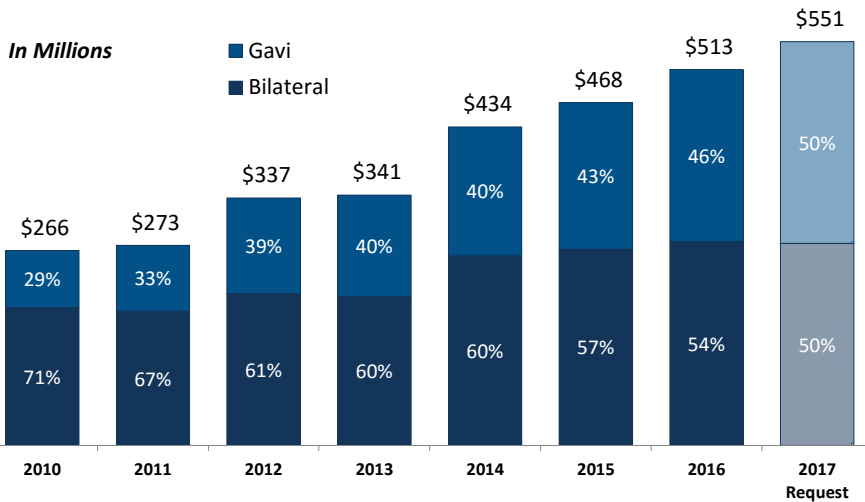
Figure 2: U.S. Global Health Funding, By Sector, FY 2016



NOTES: Represents total known global health funding provided through the State Department, USAID, CDC, NIH, and DoD. MCH includes funding through USAID and CDC as well as contributions to UNICEF and Gavi. FY16 funding totals are preliminary estimates (FY16 funding provided through the ESF and DA accounts is determined at the agency level and is not yet known; for comparison purposes, FY16 funding totals through these accounts are based on prior year levels). FY17 is the President's budget request.
 SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.



**Figure 3: U.S. Funding for Global Immunization, FY 2010-
FY 2017 Request**



NOTES: Includes immunization funding provided through USAID and CDC. USAID estimates that, in addition to funding for polio and Gavi, approximately \$20 million in bilateral MCH funding is provided for immunization activities annually. However, since these activities are funded at the country level within the larger MCH portfolio, specific per year funding totals are not available. Additionally, U.S. funding for UNICEF that may, in turn, be used to support immunization efforts, is not included. FY10-FY15 are final planned funding levels. FY16 includes the effects of sequestration. FY16 is a preliminary estimate. FY17 is the President's Budget Request.
 SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.



Table 2. U.S. Government Funding for MCH Programs, by Country & Region, in Millions, FY10-FY15						
	2010	2011	2012	2013	2014	2015
Country Total	\$2,481.4	\$2,542.8	\$2,549.7	\$2,544.4	\$2,553.7	\$2,547.8
Afghanistan*	\$82.1	\$109.6	\$89.8	\$101.1	\$78.8	\$67.1
Albania	\$1.2	\$1.3	\$0.0	\$0.0	\$0.0	\$0.0
Angola	\$1.3	\$1.3	\$1.4	\$1.3	\$1.0	\$1.0
Armenia	\$1.9	\$2.0	\$2.0	\$0.2	\$0.0	\$0.0
Azerbaijan	\$1.3	\$1.6	\$0.0	\$0.0	\$0.0	\$0.0
Bangladesh*	\$13.5	\$21.0	\$27.0	\$28.5	\$30.0	\$30.0
Belarus	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Benin	\$3.7	\$4.9	\$4.9	\$3.8	\$3.6	\$3.6
Bolivia	\$5.6	\$6.0	\$6.0	\$0.0	\$0.0	\$0.0
Burma	\$0.0	\$0.0	\$2.0	\$2.9	\$7.0	\$5.0
Burundi	\$1.8	\$2.1	\$2.1	\$2.0	\$2.0	\$2.0
Cambodia	\$7.8	\$9.0	\$9.0	\$8.0	\$6.0	\$6.0
Democratic Republic of Congo*	\$13.0	\$15.5	\$20.2	\$32.4	\$34.8	\$34.8
Djibouti	\$0.1	\$0.2	\$0.0	\$0.0	\$0.0	\$0.0
Dominican Republic	\$1.9	\$2.0	\$2.0	\$1.0	\$0.0	\$0.0
Ecuador	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Egypt	\$2.0	\$3.0	\$0.0	\$0.0	\$5.9	\$0.0
El Salvador	\$1.9	\$2.0	\$0.0	\$0.0	\$0.0	\$0.0
Ethiopia*	\$16.4	\$21.0	\$27.3	\$37.1	\$39.3	\$39.3
Georgia	\$3.9	\$3.5	\$3.3	\$0.8	\$0.0	\$0.0
Ghana*	\$4.3	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0
Guatemala	\$3.5	\$6.0	\$6.0	\$5.7	\$4.0	\$3.0
Guinea	\$2.3	\$2.5	\$2.5	\$2.5	\$2.4	\$2.4
Haiti*	\$35.4	\$14.0	\$14.0	\$14.0	\$14.0	\$14.0
Honduras	\$2.7	\$2.5	\$2.5	\$2.2	\$0.0	\$0.0
India*	\$17.9	\$20.0	\$22.0	\$19.0	\$18.5	\$14.0
Indonesia*	\$14.6	\$15.5	\$20.0	\$20.0	\$20.0	\$20.0
Iraq	\$0.0	\$17.8	\$2.3	\$0.0	\$0.0	\$0.0
Jamaica	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Jordan	\$21.5	\$10.0	\$10.0	\$10.0	\$13.0	\$24.8
Kazakhstan	\$0.2	\$0.4	\$0.0	\$0.0	\$0.0	\$0.0
Kenya*	\$5.5	\$8.0	\$10.4	\$11.4	\$13.0	\$13.7
Kosovo	\$0.6	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Kyrgyz Republic	\$1.0	\$0.6	\$1.0	\$0.0	\$0.0	\$0.0
Liberia*	\$6.4	\$8.0	\$8.0	\$11.0	\$11.0	\$11.0
Madagascar*	\$8.5	\$8.6	\$8.6	\$8.6	\$9.0	\$9.0
Malawi*	\$5.6	\$9.0	\$11.7	\$11.7	\$14.5	\$14.5
Mali*	\$7.7	\$10.5	\$13.7	\$13.7	\$13.7	\$13.7
Mozambique*	\$8.1	\$12.0	\$12.0	\$12.1	\$15.4	\$15.4
Nepal*	\$5.8	\$10.5	\$15.5	\$15.5	\$15.5	\$15.5
Nicaragua	\$2.6	\$2.2	\$2.9	\$0.0	\$0.0	\$0.0
Niger	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Nigeria*	\$16.3	\$23.0	\$29.9	\$45.7	\$48.0	\$48.0

Table 2 Continued. U.S. Government Funding for MCH Programs, by Country & Region, in Millions, FY10-FY15						
	2010	2011	2012	2013	2014	2015
Pakistan*	\$71.1	\$46.2	\$43.0	\$12.8	\$16.5	\$24.7
Paraguay	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Peru	\$3.4	\$3.4	\$4.0	\$0.0	\$0.0	\$0.0
Philippines	\$3.0	\$3.0	\$3.0	\$2.5	\$2.5	\$2.0
Romania	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Russia	\$0.9	\$0.3	\$0.0	\$0.0	\$0.0	\$0.0
Rwanda*	\$5.5	\$9.0	\$9.0	\$9.0	\$10.0	\$10.0
Senegal*	\$4.6	\$6.5	\$8.5	\$8.5	\$10.5	\$8.5
Sierra Leone	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Somalia	\$1.4	\$1.5	\$1.6	\$0.0	\$0.0	\$0.0
South Africa	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
South Sudan*	\$14.3	\$19.0	\$24.7	\$20.1	\$18.0	\$18.0
Tajikistan	\$2.2	\$2.0	\$2.0	\$2.0	\$2.0	\$2.0
Tanzania*	\$5.2	\$9.0	\$11.7	\$12.6	\$13.1	\$13.1
Timor-Leste	\$0.9	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0
Turkmenistan	\$0.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Uganda*	\$5.4	\$8.5	\$11.1	\$12.4	\$16.0	\$16.0
Ukraine	\$0.0	\$0.6	\$0.0	\$0.0	\$0.0	\$0.0
Uzbekistan	\$0.3	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
West Bank and Gaza	\$9.0	\$9.4	\$1.8	\$0.0	\$0.0	\$0.0
Yemen*	\$4.5	\$5.5	\$5.5	\$5.5	\$5.5	\$5.5
Zambia*	\$6.8	\$9.5	\$10.3	\$11.8	\$13.3	\$13.3
Zimbabwe	\$2.8	\$3.0	\$3.0	\$3.0	\$3.0	\$3.0
Regional Total	\$14.1	\$17.2	\$17.6	\$18.3	\$17.4	\$15.6
Africa Regional Office	\$8.5	\$9.9	\$9.4	\$8.8	\$8.6	\$8.0
Asia Middle East Regional Office	\$1.8	\$2.5	\$2.6	\$2.4	\$0.0	\$0.0
Asia Regional	\$0.0	\$0.0	\$0.0	\$0.0	\$2.3	\$2.3
East Africa Regional Office	\$0.9	\$1.0	\$1.1	\$1.1	\$0.9	\$1.0
Europe and Eurasia Regional	\$0.0	\$0.2	\$0.0	\$0.0	\$0.3	\$0.0
Europe Regional Office	\$0.0	\$0.1	\$0.2	\$0.0	\$0.0	\$0.0
Latin America and Caribbean Regional Office	\$2.1	\$2.6	\$3.3	\$3.4	\$3.0	\$1.8
Sahel Regional Program	\$0.0	\$0.0	\$0.0	\$1.5	\$1.6	\$1.6
West Africa Regional Office	\$0.7	\$0.8	\$1.0	\$1.0	\$0.8	\$1.0
Total	\$2,495.5	\$2,560.0	\$2,567.3	\$2,562.7	\$2,571.1	\$2,563.4

Notes: Includes country-specific and regional MCH funding (base and supplemental) provided through USAID. Does not include funding provided through Food for Peace (FFP) due to the unique nature of the program. FY10-FY15 are final funding levels. FY13 includes the effects of sequestration. Funding for South Sudan includes funding provided to Sudan prior to 2011 as this funding was concentrated in the southern portion of the country.

*Represents a USAID priority country.

Table 3. U.S. Government Funding for Immunization Programs, Bilateral & Multilateral, in Millions, FY10-FY17 Request

	2010	2011	2012	2013	2014	2015	2016	2017 Request
USAID	\$112.3	\$122.1	\$169.5	\$181.7	\$234.0	\$259.0	\$294.0	\$326.6
of which polio	\$34.3	\$32.3	\$39.5	\$43.7	\$59.0	\$59.0	\$59.0	\$51.6
of which Gavi	\$78.0	\$89.8	\$130.0	\$138.0	\$175.0	\$200.0	\$235.0	\$275.0
CDC Global Immunization	\$153.7	\$150.9	\$167.7	\$159.5	\$200.4	\$208.6	\$219.0	\$224.0
of which polio	\$101.8	\$101.6	\$115.9	\$110.3	\$150.5	\$158.8	\$169.0	\$174.0
Total	\$265.9	\$273.0	\$337.2	\$341.2	\$434.4	\$467.6	\$513.0	\$550.6

Notes: FY10-FY15 are final funding levels. FY13 includes the effects of sequestration. FY16 is a preliminary estimate. FY17 is the President's budget Request. USAID estimates that, in addition to funding for polio and Gavi, approximately \$20 million in bilateral MCH funding is provided for immunization activities annually. However, since these activities are funded at the country level as components of integrated health systems strengthening or health service delivery activities within the larger MCH portfolio, specific per year funding totals are not available. Additionally, U.S. funding for UNICEF that may, in turn, be used to support immunization efforts, is not included. As such, the immunization funding totals presented in this analysis should be considered a conservative estimate.

ENDNOTES

¹ IHME. *Financing Global Health 2014: Shifts in Funding as the MDG Era Closes*; 2015.

² Arregoces, L. et al., *Countdown to 2015: changes in official development assistance to reproductive, maternal, newborn, and child health, and assessment of progress between 2003 and 2012*, *The Lancet Global Health*, Volume 3, Issue 7, 410 – 421.

³ U.S. immunization totals include funding provided through the CDC's Global Immunization program, USAID funding for polio, and the U.S. contribution to Gavi. U.S. funding for UNICEF that may, in turn, be used to support immunization efforts, is not included. As such, the immunization funding totals presented in this analysis should be considered a conservative estimate.

⁴ USAID estimates that, in addition to funding for polio and Gavi, approximately \$20 million in bilateral MCH funding is provided for immunization activities annually. However, since these activities are funded at the country level as components of integrated health systems strengthening or health service delivery activities within the larger MCH portfolio, specific per year funding totals are not available.

⁵ With the exception of FY16 and FY17, all funding totals in this analysis represent the final funding level for that fiscal year. This includes both base and supplemental appropriations for bilateral MCH activities as well as U.S. contributions for UNICEF and Gavi. FY16 represents the enacted level and FY17 represents the President's budget request.

⁶ USAID. *Maternal and Child Health*; March 2016.

⁷ USAID. *Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action*; June 2014.

⁸ Prior to FY10, funding for MCH programs included support for nutrition activities. For comparison purposes, MCH funding prior to FY10 is not included.

⁹ Includes both base and supplemental funding. In recent years, bilateral funding for MCH activities is provided through the Global Health Programs (GHP) and Economic Support Fund (ESF) accounts at USAID, and historically, funding has also been provided through the Assistance for Europe, Eurasia and Central Asia (AEECA) and Development Assistance (DA) accounts at USAID. Does not include funding provided through Food for Peace (FFP) due to the unique nature of the program, in FY15 the U.S. provided \$3 million for MCH activities through FFP.

¹⁰ FY16 is based on funding provided in the "Consolidated Appropriations Act, 2016" (P.L. 114-113) and is a preliminary estimate.

¹¹ Gavi, Gavi's mission, available at: <http://www.gavi.org/about/mission/>.

¹² KFF. *The U.S. & Gavi, the Vaccine Alliance*; March 2015.