May 4, 2021

The Honorable Christopher Coons  The Honorable Lindsay Graham
Chairman  Ranking Member
Senate Appropriations Subcommittee  Senate Appropriations Subcommittee
for State and Foreign Operations  for State and Foreign Operations
Washington, DC 20510  Washington, DC 20510

Dear Chairman Coons and Ranking Member Graham:

The United States and countries around the world are continuing to fight the devastating health and socio-economic impacts of the COVID-19 pandemic. We greatly appreciate Congress’ recent attention to vital funding for global health security and pandemic preparedness, especially the more than $10 billion in emergency funding for the global COVID-19 response included in the American Rescue Plan Act. Along with the FY2021 appropriated funds, these are critical first steps to reducing the impact of COVID-19 on global health programs and helping countries respond to the pandemic. However, additional funding and U.S. leadership is needed to help stop the spread of the virus, fully mitigate the impacts of the pandemic, and achieve equitable recovery.

One key lesson from COVID-19 is that health system strengthening urgently requires greater US investment. We strongly urge a commitment of no less than $100 million for the United States Agency for International Development (USAID) Office of Health Systems in the FY2022 Budget, as proposed by the Frontline Health Workers Coalition.

Funding for cross-cutting, system strengthening programs would provide central-level support to USAID missions, incentivizing them to align programming toward a common strategic purpose aligned with USAID’s recently released Vision for Health System Strengthening 2030. This USAID Vision includes a shift in focus from inputs to outcomes; an effort to create a whole-of-society approach to health systems, including community-based and private-sector approaches; and a recognition of the links between health systems, resilience, and health security, including key lessons learned from COVID-19.

In addition to this funding, we urge Congress to mandate clear reporting and accountability mechanisms for the use of these funds, including to support frontline health workers and foster equitable remuneration, professional advancement, and leadership opportunities for women.

The world’s experience with COVID-19 has shown the impact of not investing direct, specific resources in strengthening and building resilient health systems in low- and middle-income countries. One result is the slow reversal of long-term US investments in maternal and child health, reproductive health, and infectious diseases as resources must be redirected to address the COVID-19 emergency at hand.

Whether in the US, Africa, Asia, or Latin America, health workers have borne the brunt of COVID-19 because of weak, disjointed health systems. Additional resources are needed to ensure those put on the frontlines of this emergency are supported and protected. According to the World Health Organization, health workers in more than 84 countries have gone on strike in large part due to poor working conditions, including lack of personal protective equipment and inadequate access to water, sanitation, and hygiene. The crisis has also exposed severe inequities among the health workforce, the majority of whom are women, in terms of remuneration and leadership opportunities in the health field.
The US must do more to address such system weaknesses, because strong health systems are the foundational building blocks that underpin all other health investments. They lead to greater resilience and global health security, for instance by ensuring that ministries of health know where employees are located, and what capacities they have, so they can be redeployed in times of emergency.

Funding currently available to the USAID Office of Health Systems for direct awards is only $9 to $10 million annually, which is insufficient to meet current challenges or strategically drive program impact at the country level.

The US now has a critical opportunity to provide an essential complement to its global health security investments by strengthening health systems in partner countries. Making these investments now builds the foundation for health systems to better respond to COVID-19, including the substantial burden on health systems of successful COVID vaccine rollout, and to prepare for the next major infectious disease outbreak.

Congress should not miss this opportunity to rebuild and strengthen health systems while continuing to support and address ongoing investments in global health. This funding would leverage greater investment in health systems from national governments, private sector, multilateral institutions, and philanthropy to strengthen systems in a number of critical areas, including human resources, supply chains, information systems, financial management, and financial protection for patients.

Any funding for health system strengthening should be in addition to current investments, so that it does not come at the expense of existing humanitarian and international development programs.

We look forward to working with you to ensure the FY 22 appropriations bill conveys a strong commitment to stronger health systems, to achieve equity, quality, and effective resource optimization.

Sincerely,

AVAC
CARE
Chemonics International
ChildFund International
Christian Connections for International Health
Community Health Impact Coalition
CORE Group
Elizabeth Glaser Pediatric AIDS Foundation
Family Health and Development Foundation
Friends of the Global Fight
Frontline Health Workers Coalition
Global Communities
Global Health Council
Global Water 2020
Integrate Health
International Medical Corps
International Rescue Committee
IntraHealth International
Last Mile Health

Management Sciences for Health
Muso Health
One Campaign
Pandemic Action Network
Panorama
Partners in Health
PATH
Pathfinder International
PCI, a Global Communities Partner
PSI
RESULTS
ReSurge International
Seed Global Health
Smile Train
1000 Days
Village Reach
What To Expect Project (WTEP)
Women Deliver
Women in Global Health