



March 2020

GLOBAL HEALTH ASSISTANCE

Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions

Accessible Version

GAO Highlights

Highlights of [GAO-20-347](#), a report to congressional requesters

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Why GAO Did This Study

The United States is the world's largest donor of global health assistance. Congress provided about \$8.7 billion for the Global Health Programs (GHP) account in fiscal year 2018. In 2017, the President reinstated and expanded a policy, which now requires foreign NGOs to agree that, as a condition of receiving global health assistance, they will not perform or actively promote abortion as a method of family planning or provide financial support during the award term to other foreign NGOs that conduct such activities. The Reagan administration first implemented this policy, known as the Mexico City Policy, in 1984, and subsequent administrations have rescinded and reinstated it. The Mexico City Policy initially applied only to family planning and reproductive health assistance, which received about \$560 million of GHP funds in fiscal year 2018. Upon reinstating the policy, the Trump Administration renamed it PLGHA and applied it to all global health assistance to the extent allowable by law.

GAO was asked to review the implementation of the PLGHA policy. This report identifies (1) global health assistance awards that U.S. agencies determined to be subject to the U.S. government's PLGHA policy requiring foreign NGOs to agree that they would not perform or actively promote abortion as a method of family planning, and (2) planned funding for awards involving NGOs that declined to accept the terms and conditions of this policy. GAO analyzed data provided by U.S. agencies of awards subject to the PLGHA policy and awards in which NGOs declined to accept the terms and conditions of this policy.

What GAO Found

U.S. agencies reported to GAO that from May 2017 through fiscal year 2018, they applied the Protecting Life in Global Health Assistance (PLGHA) policy to over 1,300 global health awards. The policy's restrictions on performing or actively promoting abortion as a method of family planning applied to active awards that received new funding after the policy was implemented, and all funding for new awards made after May 2017. As of September 30, 2018, about \$12 billion in estimated planned award funding was subject to the policy. The U.S. Agency for International Development (USAID), with over \$6 billion, and the Centers for Disease Control and Prevention (CDC), with over \$5 billion, awarded about 96 percent of this amount. Agencies implemented these awards across multiple geographic regions and global health assistance areas. About two-thirds of estimated planned funding subject to the policy supported HIV/AIDS assistance, while the remaining third supported other global health areas, such as maternal and child health, and family planning and reproductive health. Over two-thirds of planned funding subject to the policy was for awards in Africa.

U.S. agencies identified seven prime awards and 47 sub-awards in which non-governmental organizations (NGOs) declined to accept the terms and conditions of the PLGHA policy, and these awards had about \$153 million remaining in estimated planned funding not obligated as of September 30, 2018. The seven prime awards that were declined included six USAID awards and one CDC award and amounted to about \$102 million of the \$153 million in estimated planned funding that was not obligated. Marie Stopes International and the International Planned Parenthood Foundation declined the two largest of these awards, resulting in about \$79 million in planned funding that was not obligated. These two awards included, among other activities, mobile family planning and reproductive health outreach activities to underserved, rural populations in multiple countries. USAID identified all of the 47 sub-awards that were declined, which had a total of about \$51 million in planned funds that was not obligated. Thirty-two of the 47 subawards were intended for Africa.

Prime and Sub-Awards in Which Non-Governmental Organizations Declined PLGHA Conditions, by Global Health Assistance Area (Dollars in thousands)

Global health assistance area	Prime and sub-award total estimated value	Obligated funds(as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/2018)
Multiple	175,371	71,595	103,776
HIV/AIDS	45,861	14,206	31,656
Family Planning & Reproductive Health	30,454	19,498	10,956
Tuberculosis	5,436	2,776	2,659
Nutrition	4,159	\$0	4,159
Maternal & Child Health	300	242	58
Total	261,580	108,317	153,264

Source: GAO analysis of agency reported data | GAO-20-347

Note: Numbers may not add up due to rounding.

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Abbreviations

CDC	Centers for Disease Control and Prevention
DOD	Department of Defense
GHP	Global Health Programs
Global Fund	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HHS	Department of Health and Human Services
IPPF	International Planned Parenthood Federation
MSI	Marie Stopes International
NGO	Non-governmental organization
PLGHA	Protecting Life in Global Health Assistance
State	Department of State
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	U.S. Agency for International Development

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March 18, 2020

Congressional Requesters:

The United States is the world’s largest donor of global health assistance. In fiscal year 2018, Congress appropriated about \$8.7 billion for the Global Health Programs (GHP) account managed by the Department of State (State) and the U.S. Agency for International Development (USAID).¹ In January 2017, the President reinstated and expanded a policy requiring foreign nongovernmental organizations (NGO) to agree that, as a condition of receiving family planning assistance, they would not perform or actively promote abortion as a method of family planning. The Reagan administration implemented the first iteration of this policy, known as the Mexico City Policy, in 1984.² The policy initially applied only to USAID family planning and reproductive health assistance.³ The Trump Administration renamed the policy Protecting Life in Global Health Assistance (PLGHA) and applied it to all global health assistance to the extent allowable by law. Opponents of the policy argue it could limit access to health care, particularly in places that rely on NGOs who cannot disentangle family planning services from other global health assistance, such as HIV/AIDS.⁴ State has emphasized that the policy does not affect the level of funding for global health assistance and U.S. agencies can reprogram funds if declined by NGOs to other organizations who agree that they will not perform or actively promote abortion as a method of family planning.

¹Congress provided these funds through the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2018, to the Global Health Programs (GHP) account. Most funding for global health assistance is provided through the GHP account, although some additional global health assistance is also provided through other accounts, according to State’s fiscal year 2020 Congressional Budget Justification for State, Foreign Operations, and Related Programs.

²Since before the Mexico City Policy and subsequently under periodic appropriations acts, the Helms amendment has forbidden U.S. aid recipients from using U.S. funds to pay for abortion as a method of family planning, among other things. According to CRS, the Helms Amendment did not prevent the recipients from engaging in abortion-related activities using non-U.S. funds if they maintained separate accounts for U.S. funds to demonstrate compliance with U.S. abortion restrictions.

³In 2003, the Bush Administration expanded the application of the policy to voluntary population planning assistance provided by State.

⁴Human immunodeficiency virus and acquired immunodeficiency syndrome.

You asked us to review the implementation of the PLGHA policy. This report identifies (1) global health assistance awards that U.S. agencies determined to be subject to the U.S. government's PLGHA policy requiring foreign NGOs to agree that they would not perform or actively promote abortions as a method of family planning, and (2) planned funding for awards involving NGOs that declined to accept the terms and conditions of this policy.

To identify the global health assistance awards subject to the terms and conditions of the PLGHA policy, we obtained data from State, the Departments of Health and Human Services (HHS) and Defense (DOD), and USAID on all relevant awards active when the policy was implemented in May 2017 and those awarded between May 2017 and September 30, 2018.⁵ HHS provided data for four component agencies: the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration. DOD provided data for two component agencies: the Department of Defense HIV/AIDS Prevention Program and the Department of the Army. We analyzed the data to describe the agencies' reported number and estimated total value of the awards, the amount obligated⁶ and the estimated amount of planned funding for these awards that was not yet obligated as of September 30, 2018, the implementing agency, the type of global health assistance, and the recipient countries.⁷

Funds obligated before the PLGHA policy was first implemented in May 2017 were not subject to the policy's terms and conditions. To estimate the value of planned funds not yet obligated as of September 2018 and therefore subject to the PLGHA policy, we subtracted the obligated amount from the estimated total award value of each award. While this

⁵September 30, 2018, is the last day of fiscal year 2018, the last complete fiscal year for which data were available at the time that we submitted our data request to relevant U.S. agencies. However, the PLGHA terms and conditions continue to apply to awards made after this date.

⁶An "obligation" is a definite commitment that creates a legal liability of the government for the payment of goods and services ordered or received, or a legal duty on the part of the United States that could mature into a legal liability by virtue of actions on the part of the other party beyond the control of the United States.

⁷The estimated total value of an award represents the total amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. The type of global health assistance is defined in Foreign Assistance Standardized Program Structure and Definitions.

calculation provides an estimate of the funds subject to the PLGHA, it is limited by two factors. First, while planned award funding that was not already obligated before May 2017 when PLGHA was first implemented was made subject to the PLGHA policy, agencies did not have obligations data as of May 2017 readily available but were able to readily identify obligations as of September 30, 2018. Therefore, information provided on planned funding that was not yet obligated as of September 30, 2018, may not capture all of the funding made subject to the PLGHA policy because it does not include obligations between May 2017 and September 30, 2018, for NGOs that accepted PLGHA terms and conditions. Second, estimates of total award value can change over time, according to agency officials. For example, awards could have extensions with additional funding not yet reflected in the estimated total award values agencies provided us. In addition, the estimated total award values the agencies provided could be based on a maximum or ceiling for some awards, which may overstate actual amounts.

To identify the awards active in May 2017 involving NGOs that declined to accept the PLGHA terms and conditions following implementation of the PLGHA policy, we requested data from agencies identifying any prime award or sub-award where the NGO declined to accept the terms and conditions, and thus ceased receiving U.S. global health assistance funding under those awards.⁸ With the exception of one CDC award, only USAID identified instances in which NGOs with active prime or sub-awards declined to accept the PLGHA terms and conditions. We analyzed CDC's and USAID's data on declined awards to describe the number and estimated total value of these awards, as well as the amount of funding these agencies reported as obligated as of September 30, 2018, the amount of planned funding that was not yet obligated as of this date, the type of global health assistance, and the recipient countries. Efforts taken by prime awardees to replace declined sub-awards were not part of our review. We also interviewed agency officials and representatives of Marie Stopes International (MSI) and International Planned Parenthood Federation (IPPF), two prime awardees that publicly declined to accept the terms and conditions of the PLGHA policy. These two NGOs declined the largest active USAID awards and their local affiliates were implementers of many of the sub-awards that were also declined.

⁸We refer to cooperative agreements or grants awarded by U.S. agencies to recipient organizations as "prime awards" and awards made by prime awardees to other organizations as "sub-awards."

To obtain information that was as complete and consistent as possible from each relevant agency on all prime awards subject to the PLGHA policy, as well as prime and sub-awards in which NGOs declined to accept the policy's terms and conditions, we created data collection instruments.⁹ We examined the reliability of the data identified by the agencies through our data collection instruments and found them to be sufficiently reliable for the purposes of delineating the agencies, assistance areas, countries, estimated total value of awards, and obligations, as well as for calculating planned funding that was not obligated as of September 30, 2018, to estimate the amount of funding subject to the policy. See appendix I for details on our scope and methodology.

We conducted this performance audit from April 2018 to March 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

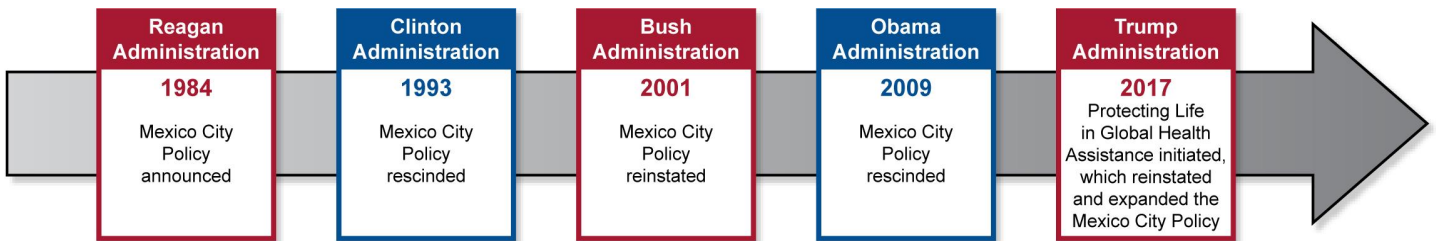
Background

The Mexico City Policy and the PLGHA

The Mexico City Policy, which the U.S. government announced at the United Nations Conference on Population in Mexico City in 1984, required foreign NGOs to agree they would not, as a condition for receiving U.S. assistance for family planning, perform or actively promote abortion as a method of family planning. As shown in figure 1, subsequent administrations have rescinded or reinstated the policy through executive branch action, typically through presidential memoranda.

⁹We created separate data collection instruments for all awards subject to the PLGHA policy, prime awards in which NGOs declined to accept the terms and conditions of the policy, and sub-awards in which NGOs declined.

Figure 1: History of Mexico City Policy, 1984 to present



Source: Congressional Research Service. | GAO-20-347

In a January 2017 Presidential Memorandum, the Trump Administration reinstated and expanded the Mexico City Policy, directing the Secretary of State in coordination with the Secretary of Health and Human Services to implement a plan to extend the requirements of the reinstated policy to all global health assistance furnished by all departments or agencies to the extent allowable by law. Consequently, the policy, later renamed PLGHA, applies to billions of dollars in annual U.S. global health assistance—such as HIV/AIDS, maternal and child health, and malaria—rather than only family planning and reproductive health assistance, which received about \$560 million in GHP account funding in fiscal year 2018.¹⁰

State reported that USAID, State, and DOD began applying the PLGHA policy as of May 15, 2017, and HHS applied the policy as of May 31, 2017. The affected departments and agencies applied the policy to:

(1) All existing grants and cooperative agreements that provide global health assistance that received new funding after May 2017. Agencies established a PLGHA standard provision for inclusion in relevant grants and cooperative agreements for global health assistance requiring foreign NGOs to agree that, during the term of the award, they would not perform or actively promote abortion as a method of family planning in foreign countries, or provide financial support to any foreign NGO that does. Agency officials stated that after the policy was implemented, when additional funds were to be obligated to relevant awards with foreign

¹⁰Congress has imposed other restrictions on foreign assistance related to abortions and family planning activities abroad, which are separate from PLGHA. For example, the “Helms amendment” prohibits the use of U.S. global health funds to pay for the performance of abortions as a method of family planning or to motivate or coerce individuals to practice abortions.

NGOs, these organizations would be required to accept the PLGHA terms and conditions to receive these additional funds, or decline the award.

(2) All new grants and cooperative agreements that provide global health assistance awarded after May 2017, according to a State report.¹¹

The PLGHA terms and conditions apply to foreign NGOs that receive global health assistance prime awards or sub-awards. Prime awardees, including U.S. NGOs, may not provide assistance under the awards to any foreign NGOs that perform or actively promote abortion as a method of family planning, are required to include the PLGHA standard provision in sub-awards to foreign NGOs, and may be held liable for the sub-awardee's failure to comply with the conditions of the policy.

According to UN reporting, the legality of abortion varies among countries receiving U.S. global health assistance. This may result in some countries legally permitting abortion services that are not permitted under the PLGHA policy, according to NGO representatives we met with. The representatives noted that under these circumstances, foreign NGOs would be prohibited under the policy from providing such services, even with non-U.S. funds, as a condition of receiving U.S. global health assistance. Additionally, in March 2019, the Secretary of State clarified that foreign NGOs that accept U.S. global health assistance may not provide financial support, "with any source of funds and for any purpose, to another foreign NGO that performs, or actively promotes, abortion as a method of family planning."

According to agency officials, the PLGHA terms and conditions do not apply under the following circumstances:

- Global health contracts. State reported that the executive branch is taking steps to develop a PLGHA contract clause through a formal rule-making process required to revise the Federal Acquisition Regulation.¹²

¹¹According to State and USAID officials, NGOs that declined to accept the conditions of the PLGHA were permitted to continue to expend any remaining obligated funds.

¹²State officials told us in March 2020 that PLGHA remains applicable only to grants and cooperative agreements and it is not known when PLGHA will apply to contracts. Prior versions of this policy under previous administrations also did not apply to contracts, according to officials.

- Awards funded out of the Food for Peace program.¹³
- Water Supply and Sanitation assistance funded from the Development Assistance account.
- Assistance provided directly by U.S.-based organizations. The PLGHA policy does apply, however, to sub-awards made by U.S.-based organizations to foreign NGOs.
- Assistance provided directly to national governments, such as ministries of health.¹⁴
- Assistance to multilateral organizations. This includes but is not limited to U.S. global health funds provided to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) and the Joint United Nations Program on HIV/AIDS (UNAIDS).¹⁵

In a May 2017 briefing on the PLGHA policy, State noted that humanitarian assistance, including State Department migration and refugee assistance activities, USAID disaster and humanitarian relief activities, and U.S. Department of Defense disaster and humanitarian relief were also all excluded from the policy. State also noted that the Secretary of State, in consultation with the Secretary of HHS, may authorize additional case-by-case exemptions to the policy.

Funding for U.S. Global Health Programs Accounts in Fiscal Year 2018

Congress provided about \$8.7 billion for the Global Health Programs account (GHP) in fiscal year 2018, most of which supported HIV/AIDS assistance managed by State and implemented through transfers of funds to several agencies and contributions to multilateral organizations

¹³The Food for Peace program provides emergency food and development assistance. Emergency and recovery activities comprise more than 80 percent of total spending, and the remainder supports chronically food-insecure communities through development activities. About \$170 million in fiscal year 2018 Food for Peace funding was allocated to global health assistance, primarily for nutrition assistance.

¹⁴This assistance may not support any abortion activities provided by that entity and the assistance must be placed in a separate account to ensure this.

¹⁵The Global Fund is an independent, public-private, multilateral institution that finances HIV/AIDS, tuberculosis, and malaria programs in more than 100 countries. UNAIDS is a partnership of 11 U N agencies that draws on the comparative advantages of each to confront the HIV/AIDS epidemic.

(see table 1).¹⁶ Because of the various exclusions described above, not all global health funds are subject to the PLGHA policy. In particular, State’s fiscal year 2018 contribution of \$1.35 billion to the Global Fund is not subject to the policy because it is a multilateral institution.

Table 1: GHP Account for Fiscal Year 2018 Allocated by Assistance Area

Dollars in thousands

Assistance Area	FY 2018 GHP allocations ^a	Description
HIV/AIDS	6,000,000	To reduce the transmission and impact of HIV/AIDS through support for prevention, care, and treatment, including support for orphans and other vulnerable children.
Maternal and Child Health	829,500	To accelerate the reduction of maternal, newborn, and child mortality, improve health outcomes during pregnancy and childbirth, and provide newborn care and disease prevention.
Malaria	755,000	To provide bilateral assistance for prevention, control, and elimination of malaria, and strengthening of delivery platforms.
Family Planning and Reproductive Health	556,450	To increase access to voluntary family planning and reproductive health care services and information, such as preventing fistulas and gender-based violence.
Tuberculosis	261,000	To provide bilateral assistance to reach, treat, and prevent tuberculosis, multidrug-resistant tuberculosis, and tuberculosis/HIV.
Nutrition	125,000	For the prevention of all forms of malnutrition, with emphasis on the start of a women’s pregnancy to the child’s second birthday.
Other Public Health Threats	100,000	To address neglected tropical diseases and non-communicable public health threats.
Global Health Security in Development	72,550	To reduce the threat of emerging infectious diseases by supporting preparedness, detection, and response capabilities.
Social Services	23,000	Assistance to special populations that may be vulnerable or at-risk on a temporary or chronic basis whose needs are not addressed under emergency humanitarian assistance or other programs.
GHP Total	8,722,500^b	

Legend: GHP = Global Health Programs Account; PLGHA = Protecting Life in Global Health Assistance; USAID = U.S. Agency for International Development; State = State Department

Source: GAO Analysis of State and USAID data | GAO-20-347.

^aFiscal year 2018 allocations presented in this table are based on State’s fiscal year 2020 Congressional Budget Justification for State, Foreign Operations, and Related Programs, Supplementary Tables, with table descriptions based on State and USAID information.

^bIn fiscal year 2018, \$1.35 billion of State’s GHP funding was provided to the Global Fund to Fight AIDS, Tuberculosis, and Malaria and \$45 million to the Joint United Nations Program on HIV/AIDS.

¹⁶State managed \$5.67 billion of the fiscal year 2018 GHP appropriation—all of which was for HIV/AIDS assistance—and USAID managed \$3.05 billion of the GHP appropriation, of which \$330 million supported HIV/AIDS and the balance supported other global health assistance areas.

Funding for these multilateral organizations is not subject to the PLGHA policy's terms and conditions.

U.S. Agencies Applied the PLGHA Policy to Over 1,300 Awards as of the End of Fiscal Year 2018

USAID and CDC Had the Most Awards and Planned Funds Subject to the PLGHA Policy

USAID and CDC had the most global health assistance awards subject to the PLGHA policy, representing more planned funding than other agencies (see table 2). In total, U.S. agencies reported that they applied the PLGHA policy to 1,309 prime awards active in May 2017 or made through September 2018. There were 761 active awards when agencies implemented the policy in May 2017, and 548 new awards that began after they implemented the policy.¹⁷ Most awards started in fiscal year 2016 or later, although some started earlier. Average award duration varied among agencies. The estimated total value of these 1,309 awards was almost \$29 billion across multiple fiscal years, of which about \$12 billion was planned funding that had not yet been obligated as of September 30, 2018, and is subject to the PLGHA policy upon acceptance of the PLGHA terms and conditions.

USAID awards represented 50 percent of planned funds that were not yet obligated for awards subject to the PLGHA policy, while CDC awards represented 46 percent of such funds. Other HHS component agencies' awards subject to the policy combined represented almost 4 percent of planned funds that were not yet obligated. DOD and State awards represented less than 1 percent of these funds. State's awards were

¹⁷New awards that began after agencies implemented the policy comprised 27 percent of USAID awards subject to the policy, 22 percent of HHS awards, 30 percent of DOD awards, and 79 percent of State awards.

relatively numerous but shorter-term and of smaller dollar value than other agencies' awards.¹⁸

Table 2: Awards Subject to PLGHA by Agency (Awards Active between May 2017 and September 2018)

Dollars in thousands

Agency	Component agency	Number of awards	Median award duration (Years)	Estimated total award value	Estimated planned funding not yet obligated as of 9/30/18
U.S. Agency for International Development	n/a	477	5	16,209,424	6,162,245
Department of Health and Human Services	Centers for Disease Control and Prevention	311	5	10,739,753	5,666,115
	Health Resources and Services Administration	11	5	557,279	397,355
	National Institutes of Health	22	1	108,107	51,294
	Substance Abuse and Mental Health Services	4	5	1,450	0
	Subtotal	348	5	11,406,590	6,114,764
Department of Defense	Department of the Army	2	8	891,263	1,505
	Direct HIV/AIDS Prevention Program	80	3	204,668	43,326
	Subtotal	82	3	1,095,931	44,831
Department of State	n/a	402	1	8,968	386
Total	n/a	1,309	n/a	28,720,914	12,322,226

Legend: PLGHA = Protecting Life in Global Health Assistance; n/a = not applicable

Source: GAO analysis of agency reported data. | GAO-20-347

Notes: Numbers may not add up due to rounding.

Agencies' reporting of total estimated award value represents the amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Agencies also reported what funding had been obligated as of September 30, 2018. The estimated planned funding not yet obligated represents an estimate of the remaining amounts to which the PLGHA policy applies. This amount does not reflect obligations that occurred between May 2017 and September 2018 that would represent additional funding that was subject to the policy, but which the agencies could not readily isolate for each award.

¹⁸According to agency officials, State transfers to other agencies, primarily USAID and CDC, almost all of the State funding subject to the policy, which those other agencies obligate for their own programs. In addition, State directly obligates global health assistance into State-administered awards through the Small Grants program. This program develops small, local partners and funds projects such as educational programs about HIV/AIDS awareness.

The Majority of Estimated Planned Award Funding Subject to PLGHA Supported HIV/AIDS Assistance and Was Directed to Countries in Africa

Agencies reported that, as of September 30, 2018, over \$8 billion of the more than \$12 billion in estimated planned funding (over 66 percent) for awards subject to PLGHA that were active between May 2017 and September 2018 was for HIV/AIDS assistance (see table 3).¹⁹ All DOD and State planned funding, and almost all HHS planned funding, supported HIV/AIDS assistance. USAID reported that its planned funding was distributed across several global health areas including HIV/AIDS, family planning and reproductive health, maternal and child health, and tuberculosis.

Table 3: Estimated Planned Award Funding Subject to PLGHA by Assistance Area and Agency (For Awards Active between May 2017 and September 2018)

Dollars in thousands

Assistance area	USAID	HHS	DOD	State	Estimated planned funding not yet obligated as of 9/30/18
HIV/AIDS	2,545,272	5,594,701	44,831	386	8,185,190
Other Public Health Threats	545,363	491,918	—	—	1,037,281
Family Planning and Reproductive Health	981,042	—	—	—	981,042
Maternal and Child Health	679,957	28,145	—	—	708,102
Tuberculosis	626,947	—	—	—	626,947
Multiple Assistance Areas ^a	485,197	—	—	—	485,197
Malaria	172,434	—	—	—	172,434
Nutrition	83,198	—	—	—	83,198
Global Health Security in Development	42,835	—	—	—	42,835
Total	6,162,245	6,114,764	44,831	386	12,322,226

Legend: PLGHA = Protecting Life in Global Health Assistance; USAID = United States Agency for International Development; HHS = Department of Health and Human Services; DOD = Department of Defense; — = the agency did not identify any awards as associated with that activity.

Source: GAO analysis of agency reported data. | GAO-20-347

¹⁹Agencies reported the assistance area associated with each award. However, according to a USAID official, USAID derived each award's assistance area from the most recent obligation. Some awards may have received multiple types of global health funding as well as funding from other areas of foreign assistance, such as education or democracy assistance.

Note: This table reflects estimated planned funding that was not yet obligated as of September 30, 2018, for awards that were active between May 2017 and September 2018. This value represents the difference between the estimated total award value and the amounts obligated under existing awards as of September 30, 2018. The estimated planned funding represents an estimate of the remaining amounts to which the PLGHA policy applies. This amount does not reflect obligations that occurred between May 2017 and September 2018 that would represent additional funding that was subject to the policy, but which the agencies could not readily isolate for each award.

^aThe “multiple assistance areas” category applies to awards that agencies identified as supporting more than one global health assistance area and, for some awards, may also include other areas of development assistance.

Agencies reported that over \$8 billion of the more than \$12 billion (over 66 percent) of the estimated planned funding for awards subject to PLGHA that were active between May 2017 and September 2018 was for awards in Africa (see table 4). Awards in Asia accounted for the second highest level of planned funding for an individual region at almost \$600 million (5 percent). Global awards implemented in more than one region represented about \$3 billion in planned funding (26 percent).²⁰

Table 4: Estimated Planned Award Funding Subject to PLGHA by Region of Implementation and Agency (For Awards Active between May 2017 and September 2018)

Dollars in thousands

Region	USAID	HHS	DOD	State	Estimated planned funding not yet obligated as of 9/30/18
Africa	3,263,128	4,891,487	41,435	386	8,196,436
Global	2,197,471	1,024,231	—	0 ^a	3,221,703
Asia	509,281	87,169	672	—	597,122
Latin America and the Caribbean	92,928	103,711	2,412	—	199,051
Middle East	81,038	—	—	—	81,038
Europe	18,399	8,167	311	—	26,876
Total	6,162,245	6,114,764	44,831	386	12,322,226

Legend: PLGHA = Protecting Life in Global Health Assistance; USAID = United States Agency for International Development; HHS = Department of Health and Human Services; DOD = Department of Defense; — = the agency did not identify any awards as associated solely with that region.

Source: GAO analysis of agency reported data. | GAO-20-347

Note: This table reflects estimated planned funding that was not yet obligated as of September 30, 2018, for awards that were active between May 2017 and September 2018. This value represents the difference between the estimated total award value and the amounts obligated under existing awards as of September 30, 2018. The estimated planned funding represents an estimate of the remaining amounts to which the PLGHA policy applies. This amount does not reflect obligations that occurred

²⁰For example, one global USAID award supported work in more than 18 countries in multiple regions including Asia and Africa. Among other things, it supported technical assistance to improve the regulation of manufacturing of medicines to treat diseases like malaria and HIV/AIDS. This award had an estimated total value of \$110 million across multiple fiscal years.

between May 2017 and September 2018 that would represent additional funding that was subject to the policy, but which the agencies could not readily isolate for each award.

^aState had one award associated with the global region, but all planned funding had been obligated by September 30, 2018.

By global health assistance area and region, HIV/AIDS assistance in Africa accounted for the most planned funding that had not yet been obligated for awards subject to PLGHA: over \$6 billion of about \$12 billion (52 percent) (see table 5). The next largest category was global HIV/AIDS assistance awards, which accounted for over \$1 billion (13 percent).

Table 5: Estimated Planned Award Funding Subject to PLGHA by Assistance Area and Region of Implementation (Active between May 2017 and September 2018)

Dollars in thousands

Global health assistance area	Africa	Global	Asia	Latin America and the Caribbean	Middle East	Europe	Estimated planned funding not yet obligated as of 9/30/18
HIV/AIDS	6,421,215	1,560,814	78,504	124,310	—	311	8,185,190
Other Public Health Threats	391,723	606,761	24,809	5,821	0 ^b	8,167	1,037,281
Family Planning and Reproductive Health	492,287	396,178	76,534	—	16,044	—	981,042
Maternal and Child Health	235,612	284,815	96,924	68,920	21,831	—	708,102
Tuberculosis	238,139	153,866	234,943	—	—	—	626,947
Multiple Assistance Areas ^a	208,509	179,467	35,660	0 ^b	43,163	18,399	485,197
Malaria	143,344	10,196	18,894	—	—	—	172,434
Nutrition	50,096	2,248	30,853	—	—	—	83,198
Global Health Security in Development	15,475	27,360	—	—	—	—	42,835
Total	8,196,436	3,221,703	597,112	199,051	81,038	26,876	12,322,226

Legend: PLGHA = Protecting Life in Global Health Assistance; — = no agency identified any projects as associated solely with that region and assistance area.

Source: GAO analysis of agency reported data. | GAO-20-347

Note: This table reflects estimated planned funding that was not yet obligated as of September 30, 2018, for awards that were active between May 2017 and September 2018. This value represents the difference between the estimated total award value and the amounts obligated under existing awards as of September 30, 2018. The estimated planned funding represents an estimate of the remaining amounts to which the PLGHA policy applies. This amount does not reflect obligations that occurred between May 2017 and September 2018 that would represent additional funding that was subject to the policy, but which the agencies could not readily isolate for each award.

^aThe “multiple” category applies to awards that agencies identified as supporting more than one global health assistance area.

^bThese regions and assistance areas had awards which agencies reported as fully obligated as of September 2018.

The top 10 countries receiving the most estimated planned funding that had not yet been obligated under awards subject to PLGHA accounted for over \$6 billion of more than \$12 billion (54 percent) (see table 6). All 10 countries are in sub-Saharan Africa. Of these countries, South Africa had the most planned funding remaining (over \$2.4 billion) that was subject to the policy. See appendix II for more details on the locations of awards subject to PLGHA.

Table 6: Top 10 Countries Receiving the Most Estimated Planned Award Funding Subject to PLGHA (Active between May 2017 and September 2018)

Dollars in thousands

Country	Number of awards	Estimated total value of awards	Estimated planned funding not yet obligated as of 9/30/2018
South Africa	149	3,419,593	2,446,762
Nigeria	55	1,051,314	722,211
Uganda	53	1,698,100	721,164
Kenya	71	1,827,276	618,640
Ethiopia	74	1,471,168	614,339
Mozambique	72	1,369,398	448,216
Malawi	35	696,638	303,409
Cote d'Ivoire	22	546,244	282,895
Zimbabwe	39	621,347	249,630
Tanzania	66	632,165	244,009
Total	636	13,333,243	6,651,276

Legend: PLGHA = Protecting Life in Global Health Assistance

Source: GAO analysis of agency reported data. | GAO-20-347

Notes: Numbers may not add up due to rounding.

Agencies reported some awards as regional or global in nature, and did not report what countries received funding. As a result, some countries in this table may have received additional global or regional funding that is not included in these totals.

Agencies' reporting of total estimated award value represents the amount of estimated planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Agencies also reported what funding had been obligated as of September 30, 2018. The estimated planned funding not yet obligated represents an estimate of the remaining amounts to which the PLGHA policy applies. This amount does not reflect obligations that occurred between May 2017 and September 2018 that would represent additional funding that was subject to the policy, but which the agencies could not readily isolate for each award.

Agencies Identified 54 Prime and Sub-Awards in which NGOs Declined to Accept PLGHA Conditions

USAID Awarded All but One of the Projects in which NGOs Declined to Accept PLGHA Conditions

USAID identified 53 awards—six prime awards and 47 sub-awards in which NGOs declined to accept PLGHA terms and conditions.²¹ CDC identified one prime award in which an NGO declined to accept the policy's terms and conditions. These prime and sub-awards had about \$153 million in estimated planned funding remaining that was not obligated at the end of fiscal year 2018 (see table 7).²² DOD and State did not identify any declinations.²³ The remaining planned funding that was not obligated as of September 30, 2018, represents an estimate of the amount that had been planned for the awards but which was not obligated under these awards because awardees declined to accept the terms and conditions of the PLGHA policy, according to the agencies.

²¹The 47 sub-awards were not associated with the six prime awards, according to USAID officials. Agencies' efforts to reprogram funds associated with declined awards were not part of our review.

²²USAID officials noted that the estimated total value of sub-awards and planned funding that is not obligated can vary annually due to a variety of factors including prime awardees' annual budgets.

²³According to a February 2018 State report on the initial implementation of the PLGHA, the awardee for one active DOD award had declined to accept the PLGHA terms and conditions; however, DOD later determined that this award had been declined before the award was signed. Consequently, DOD indicated in response to our request for information that it did not have any active awards in which NGOs declined funding when the PLGHA policy was implemented in May 2017.

Table 7: USAID and CDC Prime and Sub-Awards for which Non-Governmental Organizations (NGOs) Declined PLGHA Terms and Conditions, by Global Health Assistance Area

Dollars in thousands

Global health assistance area	Prime and sub-award estimated total value	Obligated funds (as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/2018)	Number of prime or sub-awards
Multiple Assistance Areas	175,371	71,595	103,776	12
HIV/AIDS	45,861	14,206	31,656	22
Family Planning and Reproductive Health	30,454	19,498	10,956	13
Tuberculosis	5,436	2,776	2,659	5
Nutrition	4,159	\$0	4,159	1
Maternal and Child Health	300	242	58	1
Total	261,580	108,317	153,264	54

Legend: USAID = U.S. Agency for International Development; CDC = Centers for Disease Control and Prevention; PLGHA = Protecting Life in Global Health Assistance.

Source: GAO analysis of USAID and CDC data | GAO-20-347

Notes: For awards involving multiple global health assistance areas, such as HIV/AIDS and family planning and reproductive health, USAID did not identify the share of funds for each specific area.

Agencies' reporting of total estimated award value represents the amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Funds not already obligated for ongoing awards before May 2017 were subject to the PLGHA policy. Agencies were able to readily identify obligated funds as of September 30, 2018, in response to our request for information about affected awards. The remaining planned funding that was not obligated represents an estimate of the amount that had been planned for the award but which was not obligated under these awards because awardees declined to accept the terms and conditions of the PLGHA policy.

USAID Identified Six Prime Awards in Which NGOs Declined to Accept PLGHA Terms and Conditions

USAID identified six prime awards in which NGOs declined to accept PLGHA terms and conditions resulting in an estimated \$94 million in planned funding that was not obligated as of September 30, 2018. These six prime awards, presented in table 8, supported different global health assistance areas. Three of the awards were global in scope, two provided assistance to India, and one provided assistance to Zimbabwe.

The two largest of the six prime awards declined were global awards to Marie Stopes International (MSI) and International Planned Parenthood Federation (IPPF), both of which publicly stated that they could not meet the conditions of PLGHA because abortion services or referrals are part

of reproductive health care services they provide and a right to which their patients are entitled.²⁴ Together, these two awards had about \$79 million remaining in planned funding that was not obligated as of September 30, 2018.²⁵

The primary objective of these two awards was to increase access to and use of family planning products and services, although the award to MSI also supported maternal and child health and HIV/AIDS and the IPPF award supported HIV/AIDS in addition to family planning and reproductive health, according to information provided by USAID. According to MSI and IPPF representatives, these two awards both included, among other activities, mobile family planning and reproductive health outreach activities that reached underserved rural populations in multiple countries. While MSI and IPPF were able to obtain some funding from other donors when the USAID awards were suspended, the additional funds fell far short of the funds provided by USAID, according to the organizations' representatives, resulting in reductions in family planning services they provided to recipient countries.

Table 8: U.S. Agency for International Development Prime Awards for which Non-Governmental Organizations (NGOs) Declined PLGHA Conditions

Dollars in thousands

NGO	Country	Estimated total award amount	Obligated funds(as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/18)	Global health assistance area	Description
Marie Stopes International	Global	74,000	49,263	24,737	Multiple assistance areas	Primary objective was to increase access to and use of family planning products. Also included funds in support of maternal and child health, and HIV/AIDS assistance.
International Planned Parenthood Federation	Global	71,753	17,083	54,670	Multiple assistance areas	Primary objective was to increase access to and use of family planning products. Also included funds in support of HIV/AIDS assistance.

²⁴MSI and IPPF are both headquartered in the United Kingdom.

²⁵In addition, MSI and IPPF affiliates were recipients of 26 sub-awards that they declined as a result of the terms of the PLGHA policy.

Letter

NGO	Country	Estimated total award amount	Obligated funds(as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/18)	Global health assistance area	Description
Southern Africa HIV and AIDS Information Dissemination Service	Zimbabwe	15,000	3,002	11,998	HIV/AIDS	Objective was to the reduction of HIV infections among adolescent girls and young women aged 15 to 24.
Not Available	India	3,248	1,882	1,366	Multiple assistance areas	Objective was to provide integrated innovation activities for maternal child health and family planning.
Not Available	India	2,500	2,000	500	Tuberculosis	Objective was to develop innovative tuberculosis solutions.
Not Available	Global	500	100	400	Multiple assistance areas	Objective was to provide integrated global health innovations and disseminate promising practices.
Total		167,002	73,330	93,671		

Legend: PLGHA = Protecting Life in Global Health Assistance

Source: GAO Analysis of U.S. Agency for International Development data. | GAO-20-347

Notes: Numbers do not add up due to rounding. According to USAID officials, USAID has not commented publicly on the names of organizations that declined to accept the terms and conditions of the Mexico City Policy in previous years and the Protecting Life in Global Health Assistance (PLGHA) policy currently, with the exception of those organizations that publicly declined. For the four awards involving multiple global health assistance areas, such as HIV/AIDS and family planning and reproductive health, USAID did not identify the share of funds for each specific area.

USAID’s reporting of total estimated award value represents the amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Funds not already obligated for ongoing awards before May 2017 were subject to the PLGHA policy. USAID was able to readily identify obligated funds as of September 30, 2018, in response to our request for information about affected awards. The remaining planned funding that was not obligated represents an estimate of the amount that had been planned for the award but which was not obligated under these awards because awardees declined to accept the terms and conditions of the PLGHA policy.

CDC Identified One Prime Award for Which the NGO Declined to Accept PLGHA Conditions

CDC identified one prime award in which an NGO declined to accept the PLGHA terms and conditions. According to CDC, this award had about \$8.4 million remaining of a 5-year, \$10.5 million award ceiling for delivery of HIV services in sexual and reproductive health clinics and in confidential clinics for commercial sex workers in Ethiopia.

USAID Identified 47 Sub-Awards in Which NGOs Declined to Accept PLGHA Conditions

USAID identified 47 global health sub-awards in which foreign NGOs declined to accept the PLGHA policy's terms and conditions and thus ceased receiving U.S. funding under those awards following implementation of the PLGHA policy (see table 9).²⁶ The planned funding that was not obligated for these sub-awards amounted to about \$51 million, as of September 30, 2018.²⁷ As shown in table 9, sub-awards with NGOs that declined to accept the PLGHA terms and conditions involved multiple global health assistance areas. Family planning and reproductive health represented the largest share of planned sub-award value involving declinations, followed by awards supporting multiple global health areas and HIV/AIDS. Sub-awards involving declinations also addressed maternal and child health, tuberculosis, and nutrition assistance.

²⁶Sub-awards subject to the PLGHA policy are made by prime awardees to foreign NGOs. According to USAID officials, the date on which a given sub-award became subject to the policy varied. The PLGHA standard provision requires that, prior to entering into an agreement to furnish global health assistance to a foreign NGO sub-awardee, a recipient of U.S. global health assistance must ensure that the agreement includes the standard provision. These agreements may be a new sub-award or an amendment of an existing sub-award to add new U.S. government global health assistance funding. If a foreign NGO chooses not to accept the terms and conditions of the PLGHA policy, no additional U.S. government global health assistance will be provided to the foreign NGO. Efforts taken by prime awardees to reprogram declined sub-awards were not part of our review.

²⁷According to USAID officials, for sub-awards in which NGOs declined the PLGHA terms and conditions, prime awardees had the option of awarding funds associated with that sub-award to other qualified NGOs, if available, that accepted the terms and conditions of the PLGHA policy. Prime awardees could also award available project funding to government agencies or implement assistance directly, according to USAID officials.

Table 9: U.S. Agency for International Development (USAID) Sub-Awards for which Non-Governmental Organizations Declined PLGHA Conditions, by Global Health Assistance Area

Dollars in thousands

Global health assistance area	Estimated total sub-award value	Obligated funds (as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/2018)	Number of awards
Family Planning and Reproductive Health	30,454	19,498	10,956	13
Multiple Assistance Areas	25,869	3,266	22,602	8
HIV/AIDS	20,361	9,134	11,227	20
Nutrition	4,159	0	4,159	1
Tuberculosis	2,936	776	2,159	4
Maternal and Child Health	300	242	58	1
Total	84,079	32,917	51,162	47

Legend: PLGHA = Protecting Life in Global Health Assistance

Source: GAO Analysis of U.S. Agency for International Development data. | GAO-20-347

Notes: Numbers may not add up due to rounding. For sub-awards involving multiple global health assistance areas, such as HIV/AIDS and family planning and reproductive health, USAID did not identify the share of funds for each specific area.

USAID’s reporting of total estimated award value represents the amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Funds not already obligated for ongoing awards before May 2017 were subject to the PLGHA policy. USAID was able to readily identify obligated funds as of September 30, 2018, in response to our request for information about affected awards. The remaining planned funding that was not obligated represents an estimate of the amount that had been planned for the award but which was not obligated under these awards because awardees declined to accept the terms and conditions of the PLGHA policy.

According to data provided by USAID, sub-awards in which NGOs declined the PLGHA terms and conditions occurred in multiple regions, but primarily in countries in Africa. USAID identified 32 sub-awards implemented in African countries involving NGOs that declined the PLGHA terms and conditions following implementation of the policy. The estimated total value of these sub-awards was about \$56 million, of which more than half (about \$32 million) remained as planned funding that was not obligated as of September 30, 2018 (see table 10).

Table 10: U.S. Agency for International Development (USAID) Sub-Awards for which Non-Governmental Organizations Declined PLGHA Conditions, by Region

Dollars in thousands

Region	Estimated total sub-award value	Obligated funds (as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/2018)	Number of awards
Africa	55,742	24,240	31,502	32
Asia	13,834	3,708	10,127	8
Middle East	9,588	615	8,972	1
Latin America and Caribbean	3,105	2,954	150	3
Global	1,810	1,399	411	3
Total	84,079	32,917	51,162	47

Legend: PLGHA = Protecting Life in Global Health Assistance

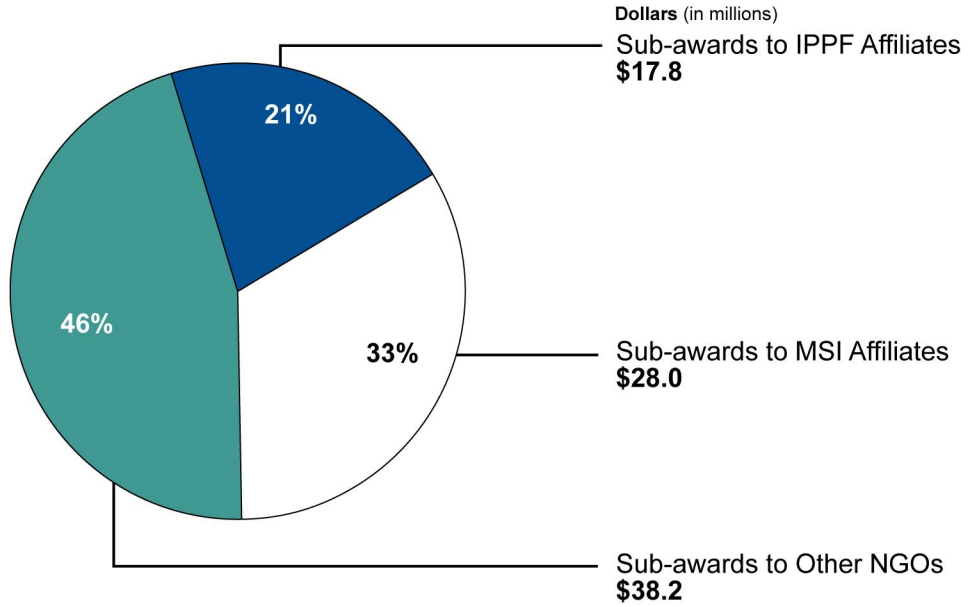
Source: GAO analysis of USAID data | GAO-20-347.

Note: Numbers may not add up due to rounding. USAID's reporting of total estimated award value represents the amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Funding not already obligated for ongoing awards before May 2017 were subject to the PLGHA policy. USAID was able to readily identify obligated funds as of September 30, 2018, in response to our request for information about affected awards. The remaining planned funding that was not obligated represents an estimate of the amount that had been planned for the award but which was not obligated under these awards because awardees declined to accept the terms and conditions of the PLGHA policy.

Of the 47 sub-awards for which the PLGHA terms and conditions were declined, 26 were declined by affiliates of either IPPF or MSI.²⁸ The estimated total award value of these 26 sub-awards amounted to over half of the value of the 47 sub-awards (see figure 2).

²⁸These sub-awards are not part of the prime awards declined by IPPF and MSI.

Figure 2: U.S. Agency for International Development Sub-awards for which PLGHA Conditions Were Declined by IPPF or MSI Affiliates as Share of Estimated Total Value of All Sub-Awards with Declinations



Legend: IPPF = International Planned Parenthood International, MSI = Marie Stopes International, NGOs = Non-governmental organizations.

Source: GAO analysis of United States Agency for International Development (USAID) data. | GAO-20-347

Data Table for Figure 2: U.S. Agency for International Development Sub-awards for which PLGHA Conditions Were Declined by IPPF or MSI Affiliates as Share of Estimated Total Value of All Sub-Awards with Declinations

	Amount
Sub-awards to IPPF Affiliates	\$17,837,449
Sub-awards to MSI Affiliates	\$28,028,011
Sub-awards to other NGOs	\$38,213,138

Note: USAID did not provide the identities of all other NGOs that were not affiliates of IPPF or MSI.

Four countries had the largest estimated amount of sub-award funds declined by NGOs, with at least \$8 million in planned funding that was not obligated as of September 30, 2018 (see table 11). For example, two declined sub-awards implemented in Senegal had a combined \$9.7 million in planned funding that was not obligated as of September 30, 2018. These two sub-awards were implemented by an MSI affiliate that, among other services, used the USAID funds to operate mobile family planning clinics for beneficiaries in rural, underserved areas. According to MSI representatives, these sub-awards did not involve abortion services,

which MSI indicated are illegal in Senegal. However, the NGO declined the sub-award because of its affiliation with MSI, according to the representatives.

Bangladesh had the most sub-awards in which NGOs declined the PLGHA terms and conditions with five. Total planned funding that was not obligated for these five sub-awards amounted to about \$9 million as of September 30, 2018. These awards supported multiple areas of global health assistance including family planning and reproductive health, tuberculosis, nutrition, and maternal and child health.

Table 11: U.S. Agency for International Development (USAID) Sub-Awards for Which Non-Governmental Organizations Declined PLGHA Conditions, by Country

Dollars in thousands

Location	Estimated total sub-award value	Obligated funds (as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/2018)	Number of sub-awards
Senegal	22,805	13,131	9,674	2
Bangladesh	10,917	1,921	8,996	5
Jordan	9,588	615	8,972	1
Kenya	8,698	677	8,021	4
Eswatini	4,125	1,018	3,107	2
Mozambique	3,552	1,306	2,247	4
Mali	3,500	3,500	\$0	1
Namibia	2,761	325	2,436	2
Zambia	2,500	1,500	1,000	1
Central America Regional	2,455	2,453	1	1
Sub-Saharan Africa Regional	2,197	0	2,197	1
Global	1,810	1,399	411	3
Cambodia	1,650	1,424	226	1
Tanzania	1,446	215	1,231	1
Malawi	1,114	1,114	\$0	1
India	1,068	363	705	1
Uganda	1,006	393	613	2
Botswana	904	468	436	2
Burundi	417	327	90	1
Barbados	375	375	0	1
Trinidad and Tobago	275	126	149	1
Democratic Republic of Congo	200	200	0	1

Location	Estimated total sub-award value	Obligated funds (as of 9/30/2018)	Estimated planned funding not obligated (as of 9/30/2018)	Number of sub-awards
South Africa	200	20	180	1
Sri Lanka	200	0	200	1
Liberia	100	0	100	1
Ghana	82	45	37	2
Mauritania	48	0	48	1
Burkina Faso	44	0	44	1
Togo	43	0	43	1
Total	84,079	32,917	51,162	47

Legend: PLGHA = Protecting Life in Global Health Assistance

Source: GAO analysis of USAID data | GAO-20-347.

Notes: Numbers may not add up due to rounding.

USAID reported the estimated total value of awards, generally across multiple fiscal years, which includes funding that the agency had obligated prior to implementing the PLGHA policy in May 2017. Funds not already obligated for ongoing awards before May 2017 were subject to the PLGHA policy. USAID was able to readily identify obligated funds as of September 30, 2018, in response to our request for information about affected awards. The remaining planned funding that was not obligated represents an estimate of the amount that had been planned for the award but which was not obligated under these awards because awardees declined to accept the terms and conditions of the PLGHA policy.

Agency Comments

We provided a draft of this report to DOD, HHS, State, and USAID, and for review and comment. In their written comments, reproduced in appendix III, USAID stated that it found our estimates of the number and value of awards subject to PLGHA and those in which NGOs declined to accept PLGHA the terms and conditions to be reasonable given the data available. USAID also elaborated on limitations with available data, which we believe are consistent with the data limitations we describe in this report. DOD, HHS, and State did not provide written comments. In addition, HHS, State, and USAID provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees and the Secretaries of Defense, Health and Human Services, and State, and the Administrator of the U.S. Agency for International Development. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-3149 or gootnickd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



David Gootnick
Director, International Affairs and Trade

List of Requesters

The Honorable Jeanne Shaheen
Ranking Member
Subcommittee on Europe
and Regional Security Cooperation
Committee on Foreign Relations
United States Senate

The Honorable Eliot L. Engel
Chairman
Committee of Foreign Affairs
House of Representatives

The Honorable Richard Blumenthal
United States Senate

The Honorable Susan M. Collins
United States Senate

The Honorable Lisa Murkowski
United States Senate

The Honorable Patty Murray
United States Senate

The Honorable Ami Bera, M.D.
House of Representatives

The Honorable Diana DeGette
House of Representatives

The Honorable Barbara Lee
House of Representatives

The Honorable Nita M. Lowey
House of Representatives

The Honorable Jackie Speier
House of Representatives

Appendix I: Objectives, Scope, and Methodology

Our objectives were to identify (1) global health assistance awards that U.S. agencies determined to be subject to the terms and conditions of the U.S. government's Protecting Life in Global Health Assistance (PLGHA) policy requiring foreign non-governmental organizations (NGOs) to agree that they would not perform or actively promote abortions as a method of family planning, and (2) planned funding for awards involving NGOs that declined to accept the terms and conditions of this policy.

To identify the global health assistance awards subject to the terms and conditions of the PLGHA policy, we obtained data from the Departments of State (State), Health and Human Services (HHS), and Defense (DOD), and the U.S. Agency for International Development (USAID) on all relevant awards active when the policy was first implemented in May 2017 or awarded through September 30, 2018.¹ We identified the relevant agencies based on a February 2018 State report on the initial implementation of PLGHA and discussions with each agency to identify affected component agencies. Component agencies within HHS that identified awards subject to the PLGHA included the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, the Health Resources and Services Administration, and Substance Abuse and Mental Health Services. Within DOD, the Department of the Army and the DOD HIV/AIDS Prevention Program² identified awards subject to the policy.

To obtain information that was as complete and consistent as possible from each relevant agency on all awards subject to the PLGHA terms and conditions, we created a data collection instrument. This instrument asked the agencies to identify all awards that were subject to the PLGHA,

¹September 30, 2018, is the last day of fiscal year 2018, the last complete fiscal year for which data were available at the time that we submitted our data request to relevant U.S. agencies.

²The DOD HIV/AIDS Prevention Program is responsible for assisting foreign military partners with the development and implementation of culturally focused, military-specific HIV/AIDS prevention, care, and treatment programs in more than 55 countries around the globe.

that were either active in May 2017 when the PLGHA policy was first implemented or that were new awards through the end of fiscal year 2018 (September 30, 2018). We analyzed the responses to our data collection instrument to describe the number and estimated total value of the awards, the amount obligated as of September 30, 2018 and the estimated amount of planned funding that was not yet obligated for these awards, the implementing agency, the type of global health assistance, and the recipient countries.³

Agencies defined estimated total award value as either award ceilings or total award amounts for the life of the award including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. We asked the agencies to categorize the type of global health assistance based on the Foreign Assistance Standardized Program Structure and Definitions, which State updated in 2016. During the development of this data collection instrument, we discussed drafts with each of the agencies and made modifications as appropriate. We provided definitions for each data element requested that allowed for variations in the ways these agencies collect and record data on awards.

To estimate the value of planned funds not yet obligated and therefore subject to the PLGHA policy, we subtracted the obligated amount from the estimated total award value of each award. While this calculation provides an estimate of the funds subject to the PLGHA, it is limited by two factors. First, while planned award funding that was not already obligated before May 2017 when PLGHA was first implemented was made subject to the PLGHA policy, agencies did not have obligations data as of May 2017 readily available but were able to readily identify obligations as of September 30, 2018. Therefore, information provided on planned funding that was not yet obligated as of September 30, 2018, may not capture all of the funding made subject to the PLGHA policy because it does not include obligations between May 2017 and September 30, 2018, for NGOs that accepted PLGHA terms and conditions. Second, estimates of total award value can change over time, according to agency officials. For example, awards could have extensions with additional funding not yet reflected in the estimated total award

³An “obligation” is a definite commitment that creates a legal liability of the government for the payment of goods and services ordered or received, or a legal duty on the part of the United States that could mature into a legal liability by virtue of actions on the part of the other party beyond the control of the United States.

values agencies provided us. In addition, the estimated total award values the agencies provided could be based on a maximum or ceiling for some awards, which may overstate actual amounts.

To identify the prime and sub-awards active in May 2017 that involved NGOs that declined the PLGHA terms and conditions, we developed additional data collection instruments—one for prime awards between agencies and NGOs and one for sub-awards between prime awardees and NGOs—to request information on these awards from the relevant agencies. We followed the same process described above to develop these two additional instruments to identify estimated total value of the awards, obligated amounts as of September 30, 2018, the implementing agency, the type of global health assistance, and the recipient countries.

USAID identified 53 declined prime or sub-awards and CDC identified one. For these agencies, identifying these awards involved contacting staff based in overseas posts. The other agencies reported to us that they had no awards in which NGOs declined the PLGHA terms and conditions. A USAID official also noted that the sub-award amounts they provided to us could vary from year to year, which would affect the amounts of remaining planned funding that was not obligated as of September 30, 2018. Nevertheless, we relied on these amounts to estimate the amount of planned funding that was not obligated under these awards as of the end of fiscal year 2018 because the NGOs declined to accept the PLGHA terms and conditions. Efforts taken by prime awardees to replace declined sub-awards were not part of our review.

In addition to meeting and corresponding with USAID and CDC officials to discuss awards involving declinations, we interviewed representatives of Marie Stopes International (MSI) and International Planned Parenthood Federation (IPPF)—two prime awardees that publicly declined to accept the terms and conditions of the PLGHA policy. These two NGOs declined the two largest of the six prime awards declined and their local affiliates were implementers of many of the sub-awards that were declined. We discussed with MSI and IPPF the characteristics of these two awards and the accuracy of USAID’s data provided to us on them.

We examined the reliability of the data on awards identified by the agencies through testing for logical assumptions such as whether award start dates preceded their end dates, and whether an award’s estimated total value met or exceeded the total amount of funding that had been obligated to it. In addition, we met with agency officials to discuss and correct any discrepancies in the award data they provided. However, we

did not independently verify the awards identified or the funds associated with each award. Overall, we found the data on awards subject to the PLGHA policy and in which NGOs declined the terms and conditions of the policy to be sufficiently reliable for the purposes of delineating the agencies, assistance areas, countries, estimated total value of awards, and obligations. As noted earlier, we also calculated the amounts of planned funding that were not obligated as of September 30, 2018, to estimate the amount of funding subject to the policy.

We conducted this performance audit from April 2018 to March 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Awards Subject to the Protecting Life in Global Health Assistance (PLGHA) Policy by Location

Global health awards that agencies identified as subject to the PLGHA terms and conditions amounted to almost \$29 billion in estimated total award value. This amount includes funding that agencies had obligated before implementing the PLGHA policy in May 2017 as well as funding across multiple fiscal years and for potential award extensions.¹ Agencies reported that about \$12 billion in funding was not yet obligated as of September 30, 2018. Award funding included assistance to specific countries, as well as awards that were regional or global in scope (see table 12).

Table 12: Awards Subject to the Protecting Life in Global Health Assistance (PLGHA) Policy by Location (Active between May 2017 and September 2018)

Dollars in thousands

Location	Number of awards	Estimated total award value	Estimated planned funding not yet obligated as of 9/30/18
Multiple Regions	169	8,338,904	3,221,703
South Africa	149	3,419,593	2,446,762
Nigeria	55	1,051,314	722,211
Uganda	53	1,698,100	721,164
Kenya	71	1,827,276	618,640
Ethiopia	74	1,471,168	614,339
Mozambique	72	1,369,398	448,216
Malawi	35	696,638	303,409
Cote d'Ivoire	22	546,244	282,895
Zimbabwe	39	621,347	249,630

¹Median award duration varied by agency: 5 years for U.S. Agency for International Development and Department of Health and Human Services awards, 3 years for Department of Defense awards, and 1 year for Department of State awards. Most awards started in FY 2016 or later.

**Appendix II: Awards Subject to the Protecting
Life in Global Health Assistance (PLGHA)
Policy by Location**

Location	Number of awards	Estimated total award value	Estimated planned funding not yet obligated as of 9/30/18
Tanzania	66	632,165	244,009
Bangladesh	11	367,243	239,885
Zambia	61	575,084	236,773
Botswana	35	261,737	181,259
Namibia	15	328,515	173,224
Regional (Africa)	32	1,281,614	151,162
Haiti	13	241,515	127,046
Madagascar	6	172,751	125,374
Senegal	8	196,372	113,061
Democratic Republic of the Congo	13	445,261	105,961
Lesotho	19	268,958	90,676
Philippines	6	99,777	83,529
Eswatini	18	184,810	73,395
Rwanda	21	262,895	72,185
Cambodia	9	93,684	57,186
Nepal	9	178,535	55,024
Cameroon	10	145,219	46,633
Jordan	5	140,834	44,705
India	32	179,088	43,604
Dominican Republic	10	82,260	41,533
Burma	3	61,431	39,129
Guinea	3	64,881	32,436
Regional (Latin America and the Caribbean)	31	133,498	30,329
Angola	5	75,470	30,024
South Sudan	8	143,407	28,826
Regional (Asia)	12	60,919	26,556
Vietnam	9	81,385	25,865
West Bank and Gaza	3	117,750	21,545
Ghana	11	81,210	21,185
Moldova	1	20,500	18,399
Mali	11	141,531	18,384
Benin	2	20,903	16,713
Egypt	2	20,189	14,789
Papua New Guinea	1	13,200	12,101
Ukraine	4	12,664	8,167

**Appendix II: Awards Subject to the Protecting
Life in Global Health Assistance (PLGHA)
Policy by Location**

Location	Number of awards	Estimated total award value	Estimated planned funding not yet obligated as of 9/30/18
Liberia	5	49,107	14,499
Tajikistan	2	23,159	6,822
Burundi	5	13,023	4,025
Timor-Leste	3	11,393	2,471
Laos	1	8,800	1,703
Indonesia	2	11,139	1,555
Afghanistan	6	224,170	1,339
Sierra Leone	3	13,477	7,213
Togo	2	1,821	735
Burkina Faso	3	16,725	600
Guinea-Bissau	1	740	556
Estonia	1	726	311
Kazakhstan	1	375	210
Somalia	1	846	169
Peru	1	680	144
Sri Lanka	1	715	143
Niger	3	2,214	92
Kyrgyz Republic	1	14,230	0
Nicaragua	2	37,218	0
Lebanon	3	30,278	0
Yemen	2	5,350	0
Regional (Middle East)	2	3,275	0
Israel	4	3,200	0
Republic of the Congo	1	3,000	0
Pakistan	2	2,647	0
Georgia	1	1,500	0
Chad	1	1,347	0
Colombia	1	895	0
Guatemala	1	500	0
Gambia	1	478	0
Armenia	1	400	0
Thailand	1	250	0
Total	1,309	28,710,914	12,322,226

Source: GAO analysis of agency reported data. | GAO-20-347

Notes: Numbers may not add up due to rounding.

Agencies reported some awards as regional or global in nature, and did not report which specific countries received funding. As a result, regional and global funding is distinct from country-level funding. Countries may have received regional funding that is not reflected in their individual totals.

**Appendix II: Awards Subject to the Protecting
Life in Global Health Assistance (PLGHA)
Policy by Location**

Agencies' reporting of total estimated award value represents the amount of planned funding over the life of an award, including both funding that recipient organizations may have obligated prior to the PLGHA policy as well as funding that organizations have not yet received but may receive in future years. Agencies also reported what funding had been obligated as of September 30, 2018. The estimated planned funding not yet obligated represents an estimate of the remaining amounts to which the PLGHA policy applies. This amount does not reflect obligations that occurred between May 2017 and September 2018 that would represent additional funding that was subject to the policy, but which the agencies could not readily identify.

Appendix III: Comments from the U.S. Agency for International Development



David Gootnick
Director, International Affairs and Trade Team
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20226

Re: *Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions* (GAO-20-347)

Dear Mr. Gootnick:

I am pleased to provide the formal response of the U.S. Agency for International Development (USAID) to the draft report produced by the U.S. Government Accountability Office (GAO) titled, *Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions* (GAO-20-347).

The Protecting Life in Global Health Assistance (PLGHA) Policy is designed to ensure that U.S. taxpayer funds do not support foreign organizations that perform or actively promote abortion as a method of family planning. USAID remains committed to helping women and children thrive, particularly in countries where the need is greatest.

I am transmitting this letter and the enclosed comments from USAID for inclusion in the GAO's final report. Thank you for the opportunity to respond to the draft report, and for the courtesies extended by your staff while conducting this engagement. We appreciate the opportunity to participate in the review.

Sincerely,

A handwritten signature in blue ink that reads "Frederick N. Nutt".

Frederick Nutt
Assistant Administrator
Bureau for Management

**COMMENTS BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT ON
THE DRAFT REPORT PRODUCED BY THE U.S. GOVERNMENT
ACCOUNTABILITY OFFICE (GAO) TITLED, *GLOBAL HEALTH ASSISTANCE:
AWARDEES' DECLINATIONS OF U.S. PLANNED FUNDING DUE TO
ABORTION-RELATED RESTRICTIONS* (GAO-20-347)**

The U.S. Agency for International Development (USAID) would like to thank the U.S. Government Accountability Office (GAO) for the opportunity to respond to this draft report. We appreciate the extensive work of the GAO's engagement team.

The Protecting Life in Global Health Assistance (PLGHA) Policy is designed to ensure that U.S. taxpayer funds do not support foreign organizations that perform or actively promote abortion as a method of family planning. USAID remains committed to helping women and children thrive, particularly in countries where the need is greatest. The PLGHA policy does not change our funding levels by one dollar.

The vast majority of foreign non-governmental organizations (NGO) that have received global health assistance from USAID have accepted the terms of the PLGHA Policy in their awards and sub-awards. When an NGO has declined to agree to the Policy, USAID has worked to shift to other partners the activities the organization would have undertaken with our funding, while minimizing any disruption.

USAID commends the GAO for its effort to estimate the amount of funding subject to the PLGHA Policy, and we believe the estimate in draft report GAO-10-347 is reasonable, given the data available. We want to highlight several factors that affect the reliability of this estimate, however, some of which could make the GAO's figure greater or less than the actual amount of funding subject to the Policy:

- The data the GAO presents as "estimated total award value" include all funds obligated into global health awards subject to the PLGHA Policy by September 30, 2018, over the life of the awards to that date. USAID's agreements typically last five years, but the implementation of the Policy began in May 2017. USAID implements the PLGHA Policy by including its terms in new prime awards, as well as by amending existing prime awards when they receive newly obligated funding. Therefore, the date a partner agreed to the PLGHA Policy depended on when it received newly obligated funding between May 2017 and September 30, 2018. Because of the availability of data and the volume of awards affected, USAID could not readily isolate, for each award, the obligation and expenditure data needed to determine the exact amount of funding the report describes as "newly subject to the [P]olicy." As a result, the GAO's estimate could include some funds not subject to the Policy because a partner received and expended the funds prior to accepting the terms of the PLGHA Policy in its award.
- At the same time, the total amount of funding obligated into an award provides a useful data point to understand the global health funding subject to the PLGHA Policy. When a foreign NGO accepts the policy in an existing award, the foreign NGO agrees that it will

**Appendix III: Comments from the U.S. Agency
for International Development**

not conduct the prohibited activities with any source of funds—this includes any USAID global health assistance obligated into the award prior to the implementation of the PLGHA Policy but not yet expended by the partner. As a result, while the “estimated total award value” figure includes funds never subject to the Policy because a partner already spent them before May 2017, it does properly include funds obligated, but not yet expended, on the date a partner accepted the terms of the PLGHA Policy in its award. A figure that captured only funds obligated between the date a partner agreed to the Policy and September 30, 2018, would miss some funds also subject to the policy, *i.e.*, amounts previously obligated, but not yet expended. Consequently, any obligated funds in an active award a partner had not yet expended—not only funds obligated between May 2017 and September 30, 2018—would be subject to the PLGHA Policy.

- However, this is distinct from cases in which a foreign NGO declined to accept the PLGHA Policy. In that case, the Policy would not have affected previously obligated funds, as partners spent them down while USAID worked to reprogram future funding to other organizations.
- The data also include “estimated planned funding not yet obligated” for awards, *i.e.*, funding a partner might receive in the future. USAID’s work takes place in environments that are often unstable and in transition. Even in more stable contexts, circumstances evolve and can affect our programming in unpredictable ways. The performance of partners, changes in USAID’s priorities, and the availability of funding from Congress also affect funding levels. As a result, a partner can receive more or less funding than originally planned. For USAID’s prime awards, a partner might never reach the “ceiling” of an award’s “Total Estimated Cost” (for a contract) or “Total Estimated Amount” (for a grant or cooperative agreement), or could receive an extension to increase the ceiling of the award and receive more funding than originally anticipated. This variability is even greater for sub-awards, since prime partners redistribute funding and activities among sub-awardees under agreements for a number of reasons. As a result, the GAO’s data reflect a significant amount of estimated funding that is not guaranteed, aggregated in tables that include data from both prime and sub-awards together.
- USAID derived the data for sub-awards differently than those for prime awards because of the nature of our agreements with partners. USAID only has a direct legal relationship with prime recipients of global health assistance, and, as a result, the Agency has limited information about sub-awards. The data on sub-awards reflect information collected from prime partners, and do not reflect data from USAID’s own financial-management systems. Prime implementing partners reported to USAID the total planned budget they had developed for individual sub-awards, which, as noted above, can change over time.

In addition to these management comments, USAID has also submitted technical corrections to the GAO separately.

Text of Appendix III: Comments from the U.S. Agency for International Development

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David Gootnick

Director, International Affairs and Trade Team

U.S. Government Accountability Office

441 G Street, N.W. Washington, D.C. 20226

Re: Global Health Assistance: Awardees' Declinations of US. Planned Funding Due
to

Abortion-Related Restrictions (GAO- 20-347)

Dear Mr. Gootnick:

I am pleased to provide the formal response of the U.S. Agency for International
Development (USAID) to the draft report produced by the U.S. Government
Accountability Office (GAO) titled, Global Health Assistance: Awardees' Declinations
of US. Planned Funding Due to Abortion-Related Restrictions (GAO-20-347).

The Protecting Life in Global Health Assistance (PLGHA) Policy is designed to
ensure that U.S. taxpayer funds do not support foreign organizations that perform or
actively promote abortion as a method of family planning. USAID remains committed
to helping women and children thrive, particularly in countries where the need is
greatest.

I am transmitting this letter and the enclosed comments from USAID for inclusion in
the GAO's final report. Thank you for the opportunity to respond to the draft report,
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Sincerely,

Frederick Nutt

Assistant Administrator Bureau for Management

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COMMENTS BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT ON THE DRAFT REPORT PRODUCED BY THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE (GAO) TITLED, GLOBAL HEALTH ASSISTANCE: AWARDEES' DECLINATIONS OF U.S. PLANNED FUNDING DUE TO ABORTION, RELATED RESTRICTIONS (GAO-20-347)

The U.S. Agency for International Development (USAID) would like to thank the U.S. Government Accountability Office (GAO) for the opportunity to respond to this draft report. We appreciate the extensive work of the GAO's engagement team.

The Protecting Life in Global Health Assistance (PLGHA) Policy is designed to ensure that U.S. taxpayer funds do not support foreign organizations that perform or actively promote abortion as a method of family planning. US AID remains committed to helping women and children thrive, particularly in countries where the need is greatest. The PLGHA policy does not change our funding levels by one dollar:

The vast majority of foreign non-governmental organizations (NGO) that have received global health assistance from USAID have accepted the terms of the PLGHA Policy in their awards and sub-awards. When an NGO has declined to agree to the Policy, USAID has worked to shift to other partners the activities the organization would have undertaken with our funding; while minimizing any disruption,

US AID commends the GAO for its effort to estimate the amount of funding subject to the PLGHA Policy; and we believe the estimate in draft report GAO-20-347 is reasonable, given the data available. We want to highlight several factors that affect the reliability of this estimate, however, some of which could make the GAO's figure greater or less than the actual amount of funding subject to the Policy:

- The data the GAO presents as "estimated total award value" include 11 funds obligated into global health awards subject to the PLGHA Policy by September 30, 2018, over the life of the awards to that date. USAID's agreements typically last five years; budget implementation of the Policy began in May 2017. USAID implements the PLGHA Policy by including its terms in new prime awards, as well as by amending existing prime awards when they receive newly obligated funding. Therefore, the data partner agreed to the PLGHA Policy depended on when it received newly obligated funding between May 2017 and September 30, 2018. Because of the availability of data and the volume of awards affected, USAID could not readily isolate, for each award, the obligation and expenditure data needed to determine the exact amount of funding the report describes as "newly subject to the Policy." As a result, the GAO's estimate could include

some funds not subject to the Policy because a partner received and expended the funds prior to accepting the terms of the PLGHA Policy in its award.

- At the same time, the total amount of funding obligated into an award is a useful data point to understand the global health funding subject to the PLGHA Policy. When a foreign NGO accepts the policy in an existing award, the foreign NGO agrees that it will

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In addition to these management comments; USAID has also submitted technical corrections to the GAO separately.

Appendix IV: GAO Contacts and Staff Acknowledgments

GAO Contact

David Gootnick (202) 512-3149 or gootnickd@gao.gov

Staff Acknowledgements

In addition to the individual named above, Leslie Holen (Assistant Director), Howard Cott, Martin de Alteriis, Kelsey Griffiths, Christopher Keblitis, Andrew Kurtzman, Michael McAtee, Aldo Salerno, Fatima Sharif, and Alexander Welsh made significant contributions to this report.

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