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July 29, 2020

COVID-19 and Foreign Assistance: Congressional Oversight Framework and Current Activities

In March 2020, Congress enacted two supplemental appropriations measures that included a combined $1.59 billion for foreign assistance programs to "prevent, prepare for, and respond to" Coronavirus Disease 2019 (COVID-19; P.L. 116-123, P.L. 116-136). Congress established mechanisms to oversee the implementation of these funds, but concerns some have raised about oversight have intensified amid media reporting on the implementation of COVID-19 assistance by the State Department (State) and U.S. Agency for International Development (USAID). Some reports suggest that planning and spending practices have left agencies unable to effectively address global COVID-19-related needs. Other stakeholders have expressed frustration with the agencies' public reporting, citing a lack of transparency.

Oversight Framework

The first supplemental measure, P.L. 116-123, directed that funds were to be subject to notification procedures as required by regular appropriations (§401). Section 406 of that act sets additional reporting requirements for the Secretary of State and USAID Administrator (**Table 1**).

Table 1. Reporting Requirements, P.L. 116-123

Requirement	Timeframe
Joint Strategy to "prevent, prepare for, and respond to coronavirus abroad"	Within 15 days of enactment
Plan for spending funds to support the joint strategy	Within 30 days of enactment
Updated spending report detailing changes, including new obligations and expenditures	Every 60 days until Sept. 30, 2020; every 180 days after until all funds are expended

Source: P.L. 116-123, Section 406.
Notes: All reports are to be submitted to the House and Senate Appropriations Committees.

The second supplemental appropriations bill that included foreign assistance funds, P.L. 116-136, directed that funds appropriated in that act be subject to the same reporting requirements outlined in P.L. 116-123 (§21003).

This notification and reporting structure is similar to prior supplemental funding for global health emergencies. For example, supplemental foreign assistance funds to address the West Africa Ebola outbreak in FY2015 and the Zika virus in FY2017 (through P.L. 113-235, Division J, Section 9003, and P.L. 114-223, Division B, Section 203, respectively) included similar requirements for spending plans and updates. Neither the Ebola nor Zika supplemental foreign assistance funding required that the Secretary of State and USAID Administrator submit a strategy for the response before funds could be obligated.

Implementation Overview

On March 24, State issued the Joint Strategy for Supplemental Funding, which organizes response efforts under four pillars:

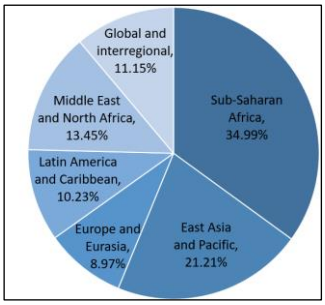
1. Protect American citizens overseas, ensure the continuation of U.S. government operations overseas, and communicate effectively about COVID-19.
2. Strengthen global health institutions to address the spread of COVID-19 and its possible future reemergence.
3. Prevent, prepare for, and respond to COVID-19 in existing and potential new humanitarian settings.
4. Prepare for, mitigate, and address economic, security, stabilization, and governance challenges that may emerge as a result of COVID-19.

Each pillar largely aligns with a funding account included in the supplemental appropriations acts. USAID and State are supporting Pillar One largely through their operational accounts (not presented in this product). Pillar Two aligns largely with Global Health Programs (GHP) account activities; Pillar Three with Migration and Refugee Assistance (MRA) and International Disaster Assistance (IDA) account activities; and Pillar Four with Economic Support Fund (ESF) activities.

Current Activities

Assistance has been committed to over 120 countries, largely in line with broader foreign assistance spending. (Congress did not allocate supplemental funds to specific countries; **Figure 1**.) Sub-Saharan Africa is the largest recipient region. Two nontraditional recipients include $50 million in ESF to Italy and over 200 ventilators to Russia.

Figure 1. Committed COVID-19 Assistance by Region



Source: State Foreign Assistance Bureau.
Notes: East Asia/Pacific includes Afghanistan.

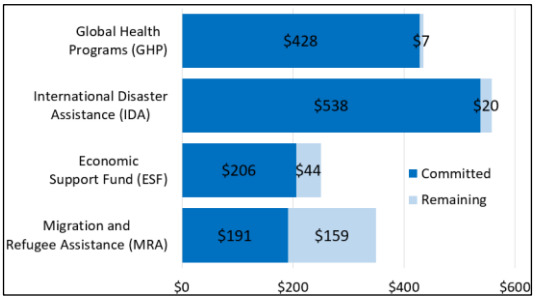
Due to the fast-moving nature of the pandemic, agencies have largely addressed immediate needs through ongoing projects that predate the pandemic. USAID and State provide periodic fact sheets detailing ongoing activities.

U.S. domestic supply constraints for personal protective equipment (PPE) items have led State and USAID to restrict PPE procurement and distribution abroad. Much of the funding has therefore been used to supply ventilators for requesting countries, support broader health systems strengthening, and mitigate disruptions due to the pandemic through economic relief and distance learning assistance.

As of July 2, 2020, 14.4% of the supplemental aid funds remained uncommitted, with the largest amount remaining in the MRA account. Some suggest that the funds remain uncommitted as a result of a lack of clarity surrounding the purchase and distribution of PPE, while others cite broader bureaucratic processes as the primary obstacles. As of this writing, disbursements have not been reported; it is unclear if spending has accelerated or commitments announced have not yet been disbursed. **Figure 2** presents total funding appropriated, committed, and remaining.

Figure 2. FY2020 Emergency/Supplemental Foreign Aid for COVID-19 Response, by Account

(in millions of U.S. dollars)



Sources: P.L. 116-123; P.L. 116-136; State.gov fact sheet, July 2, 2020.

Notes: Omits supplemental Department of Health and Human Services funding and operations funding to foreign affairs agencies, as those funds are not subject to the reporting addressed here. GHP funding includes $227 million transferred to USAID's Emergency Response Fund (ERF) and committed.

Issues for Congress

Spending Status. While State fact sheets suggest that most supplemental assistance has been committed, they contain inconsistencies. Country-level commitments do not align with total commitments. Some commitments are described as "previously announced," suggesting funds may be older. Media reports in early June suggested that a small fraction of humanitarian assistance (IDA and MRA) had been released at the time. Members may consult congressional notifications about ESF and GHP, but State and USAID report IDA and MRA funds after they are committed. Congress may inquire if funding will be sufficient over the last quarter of FY2020 and if committed funds have been disbursed in full, particularly as Members consider further appropriations to combat COVID-19 abroad. USAID forecasts awarding roughly half of committed GHP supplemental funds in August under a one-year, $100-$300 million project to bolster local health platforms for both COVID-19 and general primary care, suggesting most GHP funds may be disbursed in the next year.

Reallocations. Congress may exercise oversight with regard to the allocation of funds. Reported assistance allocations align in large part with spring 2020 pandemic hotspots rather than more recent developments. Italy, which now generally appears to have the pandemic under control, has received commitments of $50 million in assistance. By comparison, Brazil and India, which have the second- and third-most confirmed cases worldwide, are expected to receive $9.7 million and $5.9 million, respectively. Some projects are to be awarded in the coming months. Because Congress is informed of IDA and MRA funding only after commitment, Members may seek to voice allocation preferences prior to a notification.

Procurement Practices. While much assistance reporting includes a dollar value, some have questioned exactly what that assistance has purchased. State does not list a value for ventilators donated to Russia, for instance, and media reports have noted inconsistencies in the unit price of ventilators elsewhere. A focus on ventilators due to PPE procurement restrictions may have contributed to slower spending for humanitarian assistance: contracting-to-delivery time for ventilators is typically three months. Furthermore, considering the developing nature of the pandemic, it is unclear whether agencies have contemplated temporary lending of such equipment rather than permanent donations. Congress may inquire as to accounting practices for such equipment and whether procurement planning has received adequate scrutiny.

Impact on Ongoing Programs. While the Administration has committed much of the supplemental funding to pandemic hotspots, missions' regular spending plans make little mention of the pandemic. This approach preserves existing, long-validated aid priorities, but it could lead to missed opportunities if existing programs do not adapt to the local conditions of the pandemic. Sub-Saharan Africa, for instance, has a comparatively young population, whereas aging populations in Eastern Europe may be more vulnerable to the disease. Congress may consider whether agencies are revising programs strategies with these considerations in mind, whether congressional action is needed to protect or adjust prepandemic priorities, and investigate whether efficiencies are being achieved by using existing programs for pandemic response efforts.

For more information on COVID-19 foreign assistance, see CRS In Focus IF11496, *COVID-19 and Foreign Assistance: Issues for Congress*. For additional information on broader COVID-19 issues, see CRS In Focus IF11421, *COVID-19: Global Implications and Responses*, and CRS Report R46319, *Novel Coronavirus 2019 (COVID-19): Q&A on Global Implications and Responses*.

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