

U.S. Centers for Disease Control and Prevention (CDC) Support for the America First Global Health Strategy

Introduction:

CDC is the United States' public health agency with statutory authority under the Public Health Service Act to prevent introduction, transmission, and spread of communicable diseases into the United States. CDC's global presence is an operational platform that delivers measurable, security-relevant outcomes for the United States. This platform can directly support the America First Global Health Strategy (AFGHS) by enabling early detection, rapid response, and cost-effective prevention of threats before they reach U.S. borders.

CDC maintains more than 60 overseas offices and longstanding technical partnerships with Ministries of Health and National Public Health Institutes. CDC's work focuses on identifying and mitigating health threats at their source, reducing the likelihood that outbreaks overseas evolve into crises requiring emergency diplomatic, security, economic, or humanitarian response. Through nearly eight decades of sustained international engagement, CDC has established a global operating platform, host-government partnerships, and compliance frameworks that enable effective implementation in complex diplomatic environments under Chief of Mission authority. CDC's global health operations deliver direct support to US embassies, advance US strategic interests abroad, and strengthen domestic preparedness through integrated surveillance, laboratory systems, and emergency response networks.

This mandate and operational presence positions CDC as a practical and reliable technical advisor and implementing partner for the Department of State in advancing the AFGHS. CDC programs are designed to align with U.S. embassy priorities, support interagency coordination, and deliver measurable outcomes that reinforce U.S. leadership, stability, and influence abroad.

For U.S. embassies seeking implementation mechanisms that emphasize accountability, security, and results, CDC offers a low-risk, cost-effective option that protects U.S. interests while supporting broader diplomatic and strategic objectives. Compared to NGOs and other implementers, CDC provides a more responsive option, connected to expert resources in data, surveillance, laboratory, and fiscal management with overhead rates that are comparable or lower.

CDC's Operational Capabilities Can Be Leveraged to Advance Implementation of the AFGHS:

CDC's global operating platform includes overseas staff that provide continuous on-the ground presence, manage day-to-day implementation, and maintain deep knowledge of country context, risk, and gaps, as well as centralized headquarters staff that provide specialized technical, oversight, and program management support for overseas staff. This centralizes valuable expertise and reduces duplication while ensuring stewardship and compliance with U.S. government requirements. For example, CDC investments in global health security between 2016 and 2023 helped contain 10 Ebola outbreaks before they could spread, saving lives, protecting over \$10 billion in U.S. exports, and delivering a \$4 return to the U.S. economy for every \$1 spent on preparedness.

Transition to country ownership: CDC works with countries to build the skills and systems needed to transition U.S. supported programs to country ownership. For example, CDC has successfully supported the transition of 50% of PEPFAR clinical services to Botswana, Rwanda, and Namibia country leadership and is currently working with Vietnam, Thailand and Cambodia to transition ownership of many activities.

Integrated Surveillance and Laboratory Platforms: CDC works with countries to develop surveillance and laboratory platforms to help countries quickly detect and confirm outbreaks. These platforms integrate epidemiologic surveillance, event-based detection, molecular diagnostics, and laboratory quality

assurance into national and regional networks that produce actionable data for situational awareness, emergency response, and enable rapid mobilization during emerging health threats. CDC's global laboratory and surveillance work is also leveraged to provide early warning intelligence for U.S. Embassies and decision makers, serving U.S. national security and economic interests.

For example, CDC supports nearly 1700 molecular laboratory facilities worldwide and has strengthened more than 50 national disease surveillance systems across 40 countries in the past two years alone. These platforms identify and track high-consequence threats such as Ebola and Marburg before they cross borders. CDC's global surveillance networks track 30 to 40 emerging threats daily, providing real-time surveillance awareness to U.S. Embassies.

Financial Oversight, Compliance, and Accountability: CDC provides financial oversight, compliance monitoring, commodity management, and reporting systems that ensure accountability to U.S. Government requirements. These systems protect taxpayer resources, ensure transparent implementation, and can provide GHSD with confidence that funds are delivering relevant outcomes. CDC currently maintains more than 100 G2G agreements covering over 60% of countries receiving foreign assistance funds for global health from Department of State, including all 16 priority countries.

Workforce and Institutional Platforms: CDC's staff and training platforms develop sustainable national workforces capable of maintaining surveillance, laboratory, and response functions. These platforms reduce country reliance on emergency surge deployments by building durable in-country capacity, thereby lowering long-term reliance on the U.S. while improving outbreak detection and response performance. In multiple outbreaks, including Marburg virus in Equatorial Guinea and Tanzania, CDC-trained country experts were responsible for initial detection.

Outbreak Detection, Response, and Emergency Operations: When outbreaks emerge, CDC works with countries, enabling rapid case detection, contact tracing, and coordination between country governments and U.S. embassies. This helps countries shorten response timelines, limit international spread, and reduce the likelihood that outbreaks escalate. In 2024, CDC conducted over 250 outbreak investigations worldwide, including Ebola, Marburg, Nipah, Lassa fever, Rift Valley fever, cholera, yellow fever, dengue, cholera and other high-consequence threats.

Partnership with CDC Brings Added Value to the United States

CDC's global work directly strengthens U.S. domestic preparedness by generating early warning intelligence, collecting data used for U.S. interventions and medical countermeasures, and building expertise that is deployed when pathogens reach U.S. borders. CDC staff on the ground are often the first call for Ministry of Health counterparts when emerging outbreaks are identified, enabling earlier containment, limiting international spread, and providing the U.S. with real-time threat intelligence before diseases reach American communities. CDC's global work improves U.S. domestic health preparedness delivering additional value to the United States that no other implementing partner can provide.

Summary

CDC is well-positioned to serve a range of functions required for implementation of the AFGHS, leveraging the agency's technical expertise, overseas operational presence, and established relationships with Ministries of Health and other government counterparts. Working together, Department of State and CDC can reduce the time and resources required to achieve the end states of country MOUs and multi-year strategic plans under the AFGHS.

Service Schedule to Support Implementation of the AFGHS

The U.S. Centers for Disease Control and Prevention (CDC) can assist countries to achieve the end states articulated in the Department of State's Memorandums of Understanding (MOUs) and multi-year strategic plans. CDC has a unique collection of factors which make it an effective and cost-efficient partner for the Department of State.

- **Protects Americans at home:** CDC's statutory mandate is to prevent the introduction and spread of communicable diseases into the United States, making its global health work a direct investment in U.S. health security.
- **Trusted government partner:** As the U.S. government's public health authority, CDC is the peer and trusted counterpart to Ministries of Health and National Public Health Institutes, enabling credible, government-to-government implementation.
- **Unique domestic preparedness value:** CDC's global work strengthens U.S. domestic readiness through early outbreak detection, real-time threat intelligence, and expertise that informs U.S. response and medical countermeasures, values no other implementing partner can provide.
- **Organized for effective delivery:** With expert staff embedded in more than 60 countries and centralized technical and oversight support, CDC delivers fast, accountable implementation with strong stewardship of U.S. resources.

Using this service schedule:

Figure 1 outlines functional areas and annual costs associated with CDC support for AFGHS implementation for Department of State (award management) and for the country (other functional area rows). Functional area service costs vary based on country- and service-specific factors, which may include population size, complexity of systems, existing capacity, scope of work, etc. Level of service is organized in three cost tiers from lowest (Tier I) to highest (Tier III). Costs reflected in Figure 1 include CDC Working Capital Fund costs, but do not include Department of State direct costs such as International Cooperative Administrative Support Services (ICASS) and Capital Security Cost-Share (CSCS). These costs are incorporated utilizing Figure 2. Each country should select the services needed, then consult the relevant section of Figure 2 to determine the additional costs to add for each service to cover the costs of ICASS and CSCS.

CDC is the preferred global health staffing service provider for implementation of the AFGHS. The Department of State and the country will work closely with CDC in selecting the services needed to support AFGHS implementation. CDC will directly advise and assess the tier of service appropriate for the scope and complexity of the work. For every selected service, a comprehensive scope of work will be developed.

Figure 1: CDC Services to State Department for AFGHS Implementation

Management					
Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**
1	Award Management	Daily management and operations oversight for MOU and multi-year strategic plan implementation, including staff supervision, coordination with internal and external partners, monitoring of deliverables, reporting, and site visits. Financial oversight of G2G agreements. Direct public health support and subject-matter guidance to U.S. Embassy leadership. Transition of activities from USG support to country ownership.	\$433,839	\$524,435	\$759,363
2	Government-to-Government agreement management	Improve host country government’s ability to perform financial oversight and management of resources.	\$382,420	\$462,658	\$759,167
Surveillance and Surveys					
Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**
3	Surveillance planning, implementation support, and monitoring, with data review, analysis, visualization, modeling and use	Support for planning of integrated and/or prioritized health surveillance systems, monitoring and strengthening of routine (event, indicator, other) surveillance systems, and in-depth review, analysis, visualization, modeling and use of surveillance data to respond to prioritized health conditions (e.g. HIV and TB) and emergent health threats.	\$667,807	\$1,180,707	\$2,151,266

4	Country surveillance system assessments	Conduct surveillance system assessments described in the AFGHS MOUs or multi-year plans, generating reports based existing and new data and prioritized recommendations and implementation plans to strengthen detection capabilities.	\$110,551	\$210,597	\$537,829
5	Wastewater and environmental surveillance	Improve biosurveillance in water and the environment and link to public health response.	\$159,949	\$313,924	\$788,794
6	Traveler genomic surveillance, Border health, and Points of Entry assessments and training	Improve traveler genomic surveillance through clinic or airport systems and conduct trainings and assessments for border health and points of entry.	\$105,371	\$204,768	\$570,483
7	Integrated country surveillance for emerging and zoonotic infectious diseases (VHF, orthopoxvirus, vector-borne, AMR, food-borne, water-borne, etc.)	Improve multisectoral integrated disease surveillance, planning, and survey development to improve detection of priority emerging and zoonotic infectious diseases.	\$105,372	\$150,190	\$418,898
8	Malaria data quality and malaria vector surveillance	Improve malaria surveillance and data quality, including routine surveillance data, survey development, outbreak detection and response and entomological surveillance of malaria vectors including emerging threats such as <i>An. stephensi</i> . Where appropriate integrate malaria surveillance with surveillance for other emerging and zoonotic infectious diseases.	\$105,372	\$150,190	\$461,326

9	Population health and biomarkers surveys with essential integrated diagnostic networks, specimen transport, and quality testing	Support to plan and implement population (household-based) health and biomarker surveys, with timely, safe, and accurate specimen testing, supported by integrated diagnostic networks and efficient transport systems, and analysis and use of the results to monitor priority health indicators and AFGHS MOU and multi-year plan goals.	\$460,948	\$801,491	\$1,147,659
Public Health Institutional Capacity and Outbreak Response					
Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**
10	Public Health Institute leadership, workforce, and systems	Develop strategies, programs, and policies to improve timely, high-quality disease detection, notification, and response. Includes 7-1-7 and other assessments using a multisectoral approach.	\$287,798	\$425,121	\$835,797
11	Outbreak response	Direct support to Ministries of Health to guide response to outbreaks. This includes outbreak expertise and experience from initial detection of an outbreak to pathogen identification/ confirmation, to implementation of mitigation and control measures, to preparedness measures targeting weaknesses in the overall system, across all response pillars. Includes specialized expertise for other emerging and zoonotic infectious diseases (VHFs, Acute febrile illnesses, orthopoxviruses, vector-borne, AMR, food-borne, and water-borne pathogens).	\$849,164	\$893,982	\$1,150,542

12	Public Health Emergency Management (PHEM) program development	Establish Emergency Operations Centers, conduct hazard identification and risk assessments, develop SOPs, plans, and exercises, support response management structures, and conduct response leadership training.	\$118,293	\$230,612	\$622,171
13	Rapid response teams using a multisectoral approach	Develop and train rapid response teams to improve multisectoral outbreak response to including timeliness of control efforts and to prevent cross border spread of infectious diseases.	\$276,883	\$414,205	\$835,797
Laboratory Systems					
Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**
14	Evaluating new diagnostics and strategic incorporation into efficient, responsive, integrated diagnostic network design and sample referral systems	Support independent performance evaluations and objective, data-informed selection of accurate and reliable diagnostic tests and testing strategies, their incorporation into optimized, efficient, and integrated national multi-disease diagnostic and surveillance networks, and inclusion in national laboratory and policies and strategic plans.	\$538,439	\$1,217,189	\$2,180,713
15	Laboratory quality management systems, accreditation, biosafety, and waste management	Support laboratory quality management systems to achieve and maintain accreditation to international standards, including access to low-cost test quality assurance panels, properly calibrated equipment, administration of national and regional external quality assessment (EQA) programs, and implementation of biosafety/biosecurity measures for laboratory staff safety and mitigation of hazardous laboratory waste.	\$537,789	\$1,223,574	\$2,245,986

16	Public Health Global Lab Leadership Program (GLLP)	Improve national laboratory leadership and management through the Global Laboratory Leadership Program (GLLP) and complementary leadership development initiatives.	\$183,729	\$321,701	\$704,810
17	Advanced molecular detection biosurveillance testing capabilities	Improve biosurveillance detection capabilities and coordination across surveillance and diagnostic lab networks.	\$289,173	\$553,561	\$1,078,149
18	Laboratory diagnostic training for priority emerging and zoonotic infectious diseases (VHF, orthopoxvirus, vector-borne, AMR, food-borne, water-borne, etc.)	Improve laboratory diagnostic capabilities (including point of care, serology, molecular and sequencing techniques as appropriate) for priority emerging and zoonotic infectious diseases.	\$72,625	\$139,274	\$461,327
19	Enhance malaria laboratory capacity and systems	Improve laboratory capacity for malaria including diagnostic capacity, drug resistance testing and detection, insecticide resistance and malaria treatment resistance	\$101,322	\$150,190	\$461,326
Data Systems					
Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**

20	National HIS and NDR planning, implementation support, monitoring, and use	Support to plan, develop, deploy, test, and monitor integrated and/or prioritized health information systems and national health data repositories, ensuring robust monitoring of prioritized health conditions and programs (including HIV and TB) and exchange of health data with US and global authorities.	\$682,603	\$991,099	\$2,088,377
21	Development, innovation, and interoperability of health information systems for rapid disease detection and response	Improve functioning and interoperability across surveillance, clinical, laboratory, and public health information systems to accelerate signal detection and biothreat surveillance, including use of AI-supported tools.	\$286,110	\$453,286	\$914,920
22	National informatics leadership, governance, and decision-making	Improve HIS leadership, governance, and decision-making through a structured cohort-based program of training and mentorship.	\$119,610	\$211,415	\$543,826
23	Health data quality assessment (DQA) and verification, with management, analysis, visualization, and use of data for program and partner monitoring, evaluation, and accountability	Conduct in-depth assessment of the quality of clinical and community health data to verify program results (including HIV and TB) and inform MOU and multi-year plan progress, including: support to manage, analyze, visualize, report, and use all available health program data and support for the routine monitoring, evaluation, and performance improvement of national health programs and USG-funded partners.	\$521,620	\$967,580	\$2,210,489
24	Advanced data science and analytics	Apply machine learning, predictive modeling, and advanced statistical methods to large, complex datasets to uncover patterns, forecast outcomes, and optimize decision-making processes.	\$128,670	\$236,088	\$573,365

Workforce / Human Resources for Health

Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**
25	Field Epidemiology Training Program (FETP)	Improve capacity of “disease detectives” and future public health leaders to recognize and report potential public health threats, conduct outbreak investigations and contain threats, and provide leadership for public health policy, strategy, and workforce development.	\$253,364	\$386,131	\$741,555
26	Clinical-public health coordination	Improve the ability of clinical facilities and community health workers to recognize priority diseases and unusual health events.	\$209,390	\$346,687	\$691,194

Prevention and Control

Service Number	Functional Area	Description	Tier I*	Tier II**	Tier III**
27	Support for HIV treatment and prevention programs and services	Support to implement and monitor comprehensive HIV prevention and treatment programs and services, including: optimized HIV testing approaches, scale-up of innovative HIV PrEP interventions (e.g. long-acting Lenacapavir), Elimination of Mother to Child Transmission of HIV (EMTCT), high-quality adult and pediatric HIV treatment, treatment of advanced HIV diseases and opportunistic infections (including TB), and overall technical management and oversight of these services.	\$534,366	\$1,235,881	\$3,876,640
28	Polio eradication support	Surveillance strengthening, outbreak response, transition planning for polio.	\$105,371	\$295,364	\$1,183,831

29	Vaccination in public health emergencies	Measles elimination activities, preparedness for vaccination in emergencies, and vaccination responses to outbreaks.	\$105,371	\$295,364	\$1,183,831
30	Malaria prevention and control	Optimize selection and targeting of vector control and chemical content analysis.	\$259,254	\$311,744	\$721,461
31	Malaria elimination activities	Development of plans and execution of activities to eliminate malaria in low transmission areas and prevent re-introduction.	\$105,372	\$150,190	\$461,326
32	Infection Prevention and Control (IPC) assessments and trainings	Conduct IPC assessments and trainings to fill identified gaps.	\$72,625	\$150,190	\$352,171
33	Innovation and evaluation of novel technologies, interventions, program effectiveness and medical countermeasures for emerging and zoonotic infectious diseases	Develop, implement, and evaluate effectiveness of novel technologies, interventions, and medical countermeasures for prevention and control of emerging and zoonotic infectious diseases.	\$214,568	\$259,386	\$517,294
34	Support for National TB control programs	Support National TB Programs in achieving the goals in prevention, detection and treatment of Tuberculosis (including program and partner monitoring and accountability).	\$117,923	\$293,626	\$708,754

* Tier I –level of support needed for a small country, less-complex system, and/or lower level of support needed from CDC.

** Tier II – level of support needed for a medium-sized country, more complex system, and/or greater level of support needed from CDC.

*** Tier III – level of support needed for a large-sized country, very complex system, and/or greatest level of support needed from CDC.

Figure 2: Per Service Fees to Incorporate ICASS and CSCS Costs

This figure is used to incorporate the Department of State direct fees into the costs within Figure 1 above. To calculate costs including ICASS and CSCS for each service, determine the total number of services selected from Figure 1. Then find the row associated with the specific country. Finally select the column corresponding to the number of services selected from Figure 1. Add the cost noted in that column to **each service** selected from Figure 1.

In the limited number of countries where CDC does not have an overseas office, fees in addition to those outlined in Figure 1 would be determined on a case by case basis.

Country	More than 12 services selected	Eight to 12 services selected	Seven or fewer services selected
Angola	\$47,313	\$82,797	\$177,422
Argentina	\$8,187	\$14,327	\$30,701
Bangladesh	\$16,209	\$28,366	\$60,784
Barbados	\$1,118	\$1,957	\$4,193
Barbados/Barbuda/Antigua	\$2,071	\$3,625	\$7,767
Belize	\$192	\$336	\$720
Benin	\$834	\$1,459	\$3,126
Botswana	\$45,816	\$80,178	\$171,811
Brazil	\$19,654	\$34,394	\$73,701
Burkina Faso	\$33,183	\$58,071	\$124,437
Cambodia	\$17,364	\$30,387	\$65,116
Cameroon	\$103,909	\$181,840	\$389,658
Congo (DRC)	\$82,413	\$144,222	\$309,048
Cote D'Ivoire	\$152,451	\$266,789	\$571,690
Dominican Republic	\$24,289	\$42,506	\$91,085
Ecuador	\$4,108	\$7,189	\$15,405
El Salvador	\$1,875	\$3,282	\$7,032

Eswatini	\$6,075	\$10,631	\$22,780
Ethiopia	\$114,181	\$199,818	\$428,180
Georgia	\$31,916	\$55,854	\$119,687
Ghana	\$30,363	\$53,136	\$113,863
Guatemala	\$33,390	\$58,433	\$125,213
Guinea	\$14,893	\$26,063	\$55,849
Haiti	\$102,027	\$178,548	\$382,602
Honduras	\$1,531	\$2,679	\$5,740
India	\$74,671	\$130,674	\$280,016
Indonesia	\$17,141	\$29,997	\$64,278
Jamaica	\$28,516	\$49,903	\$106,936
Kazakhstan	\$42,918	\$75,107	\$160,943
Kenya	\$212,895	\$372,567	\$798,357
Kyrgyzstan	\$11,770	\$20,597	\$44,136
Laos	\$6,177	\$10,809	\$23,163
Lesotho	\$30,292	\$53,010	\$113,594
Liberia	\$52,883	\$92,545	\$198,310
Malawi	\$92,005	\$161,008	\$345,018
Mozambique	\$221,205	\$387,109	\$829,520
Myanmar (Burma)	\$9,537	\$16,691	\$35,766
Namibia	\$88,130	\$154,227	\$330,487
Nigeria	\$196,434	\$343,759	\$736,627
Pakistan	\$24,779	\$43,363	\$92,921
Panama	\$7,182	\$12,569	\$26,933
Peru	\$1,461	\$2,557	\$5,478
Philippines	\$15,209	\$26,617	\$57,036
Rwanda	\$68,343	\$119,600	\$256,286
South Sudan	\$39,086	\$68,401	\$146,573
Senegal	\$30,925	\$54,118	\$115,967
Sierra Leone	\$46,141	\$80,747	\$173,028
South Africa	\$212,622	\$372,088	\$797,332
Tajikistan	\$9,040	\$15,820	\$33,900

Tanzania	\$70,864	\$124,012	\$265,739
Thailand	\$42,013	\$73,522	\$157,547
Trinidad and Tobago	\$2,581	\$4,517	\$9,679
Uganda	\$182,265	\$318,964	\$683,495
Ukraine	\$29,381	\$51,417	\$110,179
Uzbekistan	\$13,920	\$24,360	\$52,200
Vietnam	\$134,291	\$235,009	\$503,591
Zambia	\$117,711	\$205,994	\$441,415
Zimbabwe	\$129,291	\$226,260	\$484,843