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CRS Report for Congress

Global Health: Appropriations to USAID Programs from FY2001 through FY2008

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Summary

Congressional awareness about and support for global health has grown considerably, particularly during the tenure of President George W. Bush. From FY2001 through FY2008, Congress appropriated about $15.2 billion to the U.S. Agency for International Development (USAID) for global health programs. Appropriations supported five key programs: child survival and maternal health (CS/MH), vulnerable children (VC), human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS), other infectious diseases (OID), and family planning and reproductive health (FP/RH). Although a number of U.S. agencies and departments implement global health programs, this report focuses on funding for global health programs conducted by USAID.[1] The role of other U.S. agencies and departments is discussed in the context of intergovernmental partnerships, such as the President's Emergency Plan for AIDS Relief (PEPFAR).

From FY2001 through FY2008, much of the growth in global health spending targeted two diseases: HIV/AIDS and malaria. During this period, Congress supported the President's calls for higher spending on these diseases through three key initiatives: The President's International Mother and Child HIV Prevention Initiative (FY2002-FY2004), PEPFAR (FY2004-FY2008), and the President's Malaria Initiative (FY2006-FY2010). PEPFAR has dominated much of overall U.S. global health appropriations. Hence, this report analyzes funding for USAID's global health before and after PEPFAR authorization. This report will not be updated and does not analyze debates about PEPFAR reauthorization or discuss possible impacts of such reauthorization.

[1] For further discussion of the structure of USAID's global health programs, see CRS Report RL31433, *U.S. Global Health Priorities: USAID's Global Health FY2003 Budget*, by Tiaji Salaam-Blyther.

USAID Global Health Programs: FY2001-FY2003

Overall support for USAID's global health programs grew from $1.5 billion in FY2001 to $1.9 billion in FY2003 (**Table 1**). Support grew in FY2002 and FY2003 only for HIV/AIDS interventions, including U.S. contributions to the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (Global Fund) (**Figure 1**). Support for child survival/maternal health programs fluctuated during this period; appropriations did not reach FY2001 levels for vulnerable children programs.

Increased funding for global HIV/AIDS programs was prompted in part by the International Mother and Child HIV Prevention Initiative.[2] In FY2002, President Bush submitted his first budget request including $500 million for the initiative, which sought to prevent the transmission of HIV from mothers to infants and to improve health care delivery in Africa and the Caribbean. Congress appropriated $100 million to USAID for the initiative in FY2002 supplemental appropriations (P.L. 107-206); $100 million to USAID and $40 million to Centers for Disease Control and Prevention (CDC) for the initiative in FY2003 (P.L. 108-7); and $150 million to CDC the for the initiative in FY2004 (P.L. 108-199). Conferees for the FY2004 measure also expressed an expectation that an additional $150 million would be made available for the initiative from the newly established Global HIV/AIDS Initiative (GHAI). Since FY2004, when the initiative expired, Congress has continued to include funds for programs that prevent the transmission of HIV from mother to child (PMTCT) in the GHAI account (**Figure 1**).

Table 1. USAID Global Health Programs: FY2001-FY2003

(current U.S.$ millions)

Program	FY2001 Enacted	FY2002 Enacted	FY2003 Enacted	% Change: FY2001-FY2003
Child Survival/Maternal Health (CS/MH)	361.1	391.7	389.7	0.079
Vulnerable Children (VC)	36.7	32.3	34.3	-0.065
HIV/AIDS	318	424	523.8	0.647
Other Infectious Diseases (OID)	140.2	182	173.1	0.237
Family Planning/Reproductive Health (FP/RH)	425	425	443.6	0.044
United Nations Children's Fund (UNICEF) Grant	109.8	120	119.2	8.6%
Global Fund	$119.7	$200.0	$250.0	108.9%
Total	**1510.5**	**1775**	**1933.7**	**28.0%**

Source: Compiled by CRS from appropriations legislation and correspondence with USAID's Budget Office.

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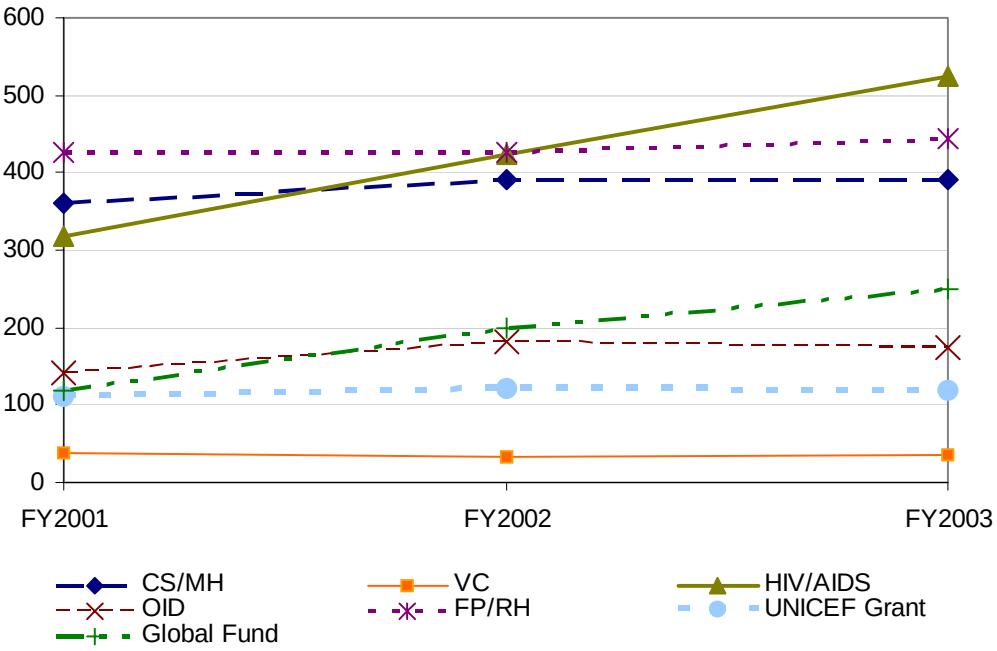
[2] For more on U.S. global HIV/AIDS policies, see CRS Report RL33771, *Trends in U.S. Global AIDS Spending: FY2000-FY2008*, by Tiaji Salaam-Blyther. Also see The White House, "President Bush's International Mother and Child Prevention Initiative," June 19, 2002, at [http://www.whitehouse.gov/news/releases/2002/06/20020619-1.html].

Figure 1. USAID Global Health Programs: FY2001-FY2003 (current U.S. $ millions)



Source: Compiled by CRS from appropriations legislation and correspondence with USAID's Budget Office.

USAID Global Health Programs: FY2004-FY2008

From FY2004 through FY2008, congressional debate increasingly focused on how to support the global fight against HIV/AIDS, tuberculosis (TB), and malaria while maintaining support for other global health programs. While some Members applauded the Administration's focus on HIV/AIDS, particularly through the President's Emergency Plan for AIDS Relief (PEPFAR),[3] they chided the Administration for requesting less for other global health interventions, particularly those related to child survival, maternal health, family planning, and reproductive health.[4] Other Members questioned the ability of recipient countries to absorb burgeoning HIV/AIDS funds because of overtaxed health infrastructures. Congress urged the Administration to better integrate HIV/AIDS and other health programs, particularly those related to TB and nutrition.

Still, appropriations for HIV/AIDS, TB, and malaria programs far outpaced support for USAID's other health programs. From FY2004 through FY2008, Congress provided

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[3] For more information on PEPFAR, see CRS Report RL33771, *Trends in Global AIDS Spending: FY2000-FY2008*, and CRS Report RL34192, *PEPFAR: From Emergency to Sustainability*, by Tiaji Salaam-Blyther.

[4] At a FY2007 House Foreign Operations Appropriations Subcommittee hearing on USAID's FY2007 budget request on April 26, 2006, for example, Representative Nita Lowey questioned the effectiveness of increasing spending on the Millennium Challenge Corporation (MCC) and PEPFAR, while proposing a reduction or no change in spending for other development assistance and non-AIDS programs.

$4.6 billion for USAID's child survival and maternal health, vulnerable children, and family planning and reproductive health initiatives (**Table 2**). During that same time period, Congress appropriated $19.7 billion for global HIV/AIDS, TB, and malaria programs (**Table 3**).

Table 2. USAID Global Health Programs: FY2004-FY2008

(current U.S.$ millions)

Program	FY2004	FY2005	FY2006	FY2007	FY2008	% Change: FY2004-FY2008
CS/MH	442.9	451.7	447.8	427.9	521.9	17.8%
VC	36.0	35.3	29.7	19.6	20.5	-44.3%
HIV/AIDS	555.5	384.7	373.8	345.9	371.1	-33.2%
OID	200.5	215.8	445.1	586.4	707.9	253.1%
TB	[85.1]	[92.0]	[91.5]	[94.9]	[162.2]	[90.6%]
Malaria	[79.9]	[90.8]	[102.0]	[94.9]	[349.6]	[337.5%]
H5N1 (Avian Flu)	n/a	[16.3]	[161.5]	[248.0]	[115.0]	[605.5%][a]
Other	[35.5]	[16.7]	[90.1]	[161.5]	[81.1]	[128.5%]
FP/RH	429.5	437.0	435.0	435.6	457.2	6.5%
Global Fund (GF)	397.6	248.0	247.5	247.5	0.0[b]	[c]
Total with GF	2,062.0	1,772.5	1,978.9	2,062.9	2,078.6	0.8%
Total without GF	1,664.4	1,524.5	1,731.4	1,815.4	2,078.6	24.9%[d]

Source: Compiled by CRS from appropriations legislation and correspondence with USAID's Budget Office.

Notes: Contributions to UNICEF are not included in this table because Congress has appropriated those funds to GHAI since FY2004.

Abbreviations: CS/MH — Child Survival/Maternal Health; VC — Vulnerable Children; OID — Other Infectious Diseases; FP/RH — Family Planning/Reproductive Health.

a. Because Congress began funding global avian flu interventions in FY2005, this percentage reflects changes in appropriations from FY2005 through FY2008.

b. In FY2008, Congress provided the full U.S. contribution to the Global Fund from Foreign Operations Appropriations to GHAI.

c. CRS did not calculate changes in appropriations to the Global Fund, because the Global Fund is not a bilateral program that the United States controls or through which the United States provides direct assistance.

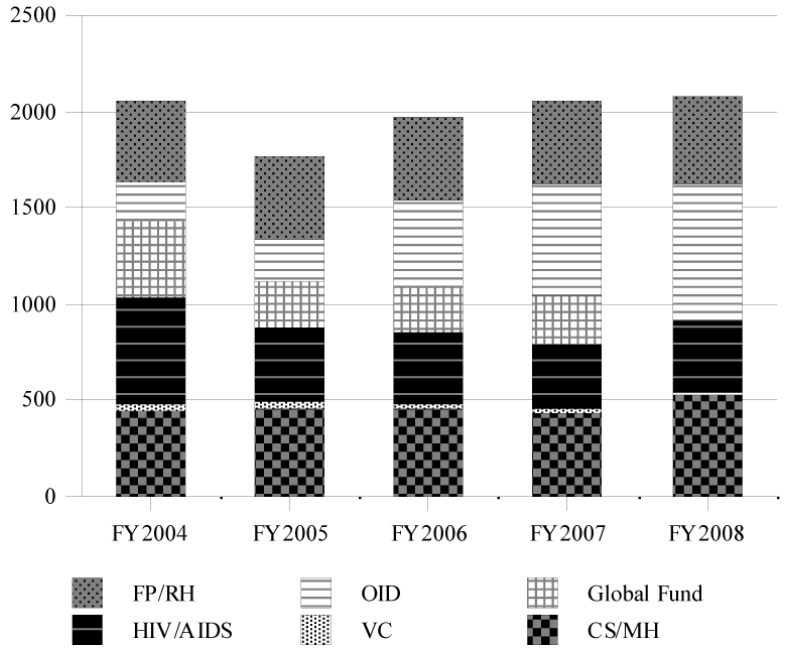
d. The final row reflects appropriations to USAID's global health programs without considering U.S. contributions to the Global Fund.

Changes in USAID Global Health Appropriations Since PEPFAR Authorization

While most health experts applaud increases in U.S. support for global HIV/AIDS interventions, many are concerned that other low-cost life-saving interventions are overlooked and underfunded, particularly those related to child survival and maternal health. Critics of how U.S. global health funds are apportioned point out that child and maternal mortality rates remain dangerously high in sub-Saharan Africa and that the continent is the only region in the world where those rates continue to rise. In addition to these concerns, some global health analysts point out that despite significant foreign investments in HIV/AIDS, many developing countries are ill-equipped to treat the majority of patients suffering from non-infectious diseases and address basic health care.

Global health advocates urge Congress to provide more for health system strengthening, which would enable governments to address any disease that might afflict its population. Supporters of this idea assert that much of USAID's activities that are not related to PEPFAR operate in an integrative fashion and simultaneously address a wide range of health challenges. Throughout the first term of PEPFAR (FY2004-FY2008), aggregated appropriations to USAID's global health programs changed little (**Figure 2**). If FY2008 appropriations are excluded, support from FY2004-FY2007 to three of USAID's five global health initiatives fell (CS/MH, VC, and HIV/AIDS) and average funding increased only to FP/RH (by 1.4%) and OID (by 192.5%) — which was driven largely by increases for malaria and avian influenza programs.

Figure 2. USAID Global Health Programs: FY2004-FY2008 (current U.S. $ millions)



Source: Compiled by CRS from appropriations language and correspondence with USAID's Budget Office.

Table 3. U.S. Spending on Global HIV/AIDS, TB, and Malaria: FY2004-FY2008

(current U.S.$ millions)

PROGRAM	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 CR	FY2008 Estimate	FY2004-FY2008 TOTAL
1. USAID HIV/AIDS (excluding Global Fund)	555.5	384.7	373.8	345.9	371.1	2,031.0
2. USAID Tuberculosis	85.1	92.0	91.5	94.9	162.2	525.7
3. USAID Malaria[a]	79.9	90.8	102.0	248.0	349.6	870.3
4. USAID Global Fund Contribution	397.6	248.0	247.5	247.5	0.0	1,140.6
5. FY2004 Global Fund Carryover[b]	(87.8)	87.8	n/a	n/a	n/a	0.0
6. State Department Global HIV/AIDS Initiative (GHAI)	488.1	1,373.5	1,777.0	2,869.0	4,116.4	10,624.0
7. GHAI Global Fund Contribution	0.0	0.0	198.0	377.5	545.5	1,121.0
8. Foreign Military Financing[c]	1.5	1.9	1.9	1.6	—	6.9
9. Subtotal, Foreign Operations Appropriations	**1,519.9**	**2,278.7**	**2,791.7**	**4,184.4**	**5,544.8**	**16,319.5**
10. CDC HIV/AIDS[d]	291.6	123.8	122.6	121.0	118.7	777.7
11. CDC Tuberculosis	2.0	2.0	2.0	2.0	2.0	10.0
12. CDC Malaria	9.0	9.0	9.0	8.9	8.7	44.6
13. CDC International Research	9.0	14.0	0.0	0.0	0.0	23.0
14. National Institutes of Health (NIH) AIDS Research[e]	317.2	370.0	373.0	372.0	363.6	1,795.8
15. NIH Global Fund contribution	149.1	99.2	99.0	99.0	294.8	741.1
16. Department of Labor (DOL) HIV/AIDS	9.9	1.9	0.0	0.0	0.0	11.8
17. Subtotal, Labor/HHS Appropriations	**787.8**	**619.9**	**605.6**	**602.9**	**787.8**	**3,404.0**
18. Department of Defense (DoD) HIV/AIDS	4.3	7.5	5.2	0.0	8.0	25.0
19. Total HIV/AIDS and Global Fund	**2,136.0**	**2712.3**	**3,198.0**	**4,433.5**	**5,818.1**	**18,297.9**
20. GRAND TOTAL	**2,312.0**	**2,906.1**	**3,402.5**	**4,787.3**	**6,340.6**	**19,748.5**

Sources: Prepared by CRS from appropriations bill figures and interviews with officials from CDC, NIH, and the Office of the Global AIDS Coordinator (OGAC).

Notes: Agencies and departments might obligate more funds to global HIV/AIDS, TB, and malaria efforts than were appropriated. The figures for FY2008 are at appropriated levels and include rescissions. Division G, Section 528 of the FY2008 Consolidated Appropriations Act, rescinds 1.75% of all FY2008 Labor/HHS appropriations and Division J, Section 699P of that Act rescinds 0.81% of all FY2008 State/Foreign Operations appropriations.

a. The Administration asserts operations for PMI began in FY2006; Congress did not appropriate funds to the initiative, however, until FY2007 when Congress provided $250.9 million for global malaria programs, including $149.0 million to expand PMI.

b. In FY2004, $87.8 million of U.S. contributions to the Global Fund was withheld per legislative provisions that prohibit U.S. contributions to the Fund to exceed 33% of all contributions. The FY2005 Consolidated Appropriations Act released these funds to the Global Fund, subject to the 33% proviso.

c. Appropriations for Foreign Military Financing are used to purchase equipment for DOD HIV/AIDS programs.

d. Lower spending levels after FY2004 reflect the shift of funds initially reserved for the International Mother and Child HIV Prevention Initiative to GHAI. When the initiative expired in FY2004, these changes were made permanent and were applied to subsequent fiscal years.

e. Although appropriations bills do not specify funding for NIH's international HIV research initiatives, sufficient funds are provided to the Office of AIDS Research (OAR) to undertake such efforts. Data was reported to CRS by OAR.