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U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2007

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Summary

On January 28, 2003, during his State of the Union Address, President George Bush proposed that the United States spend $15 billion over five years to combat HIV/AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR). The President proposed that most of the spending on PEPFAR programs be concentrated in 15 countries in Africa, Asia, Latin America, and the Caribbean. Of the $15 billion, the Plan anticipated spending $10 billion on HIV/AIDS, tuberculosis (TB), and malaria programs in the 15 Focus Countries, $4 billion on international HIV/AIDS research and bilateral HIV/AIDS, TB, and malaria programs in more than 100 non-Focus Countries, and $1 billion on contributions to the Global Fund to Fight AIDS, TB, and Malaria (Global Fund). Between FY2004 and FY2008, PEPFAR aims to have supported care for 10 million people affected by HIV/AIDS, including children orphaned by AIDS; prevented 7 million new HIV infections; and supported efforts to provide anti-retroviral medication (ARV) to 2 million HIV-infected people.

PEPFAR programs are largely funded through two appropriations: Foreign Operations and Labor, Health and Human Services (HHS), and Education. Between FY2004 and FY2006 Congress provided more than $8.6 billion to fighting the global spread of HIV/AIDS, TB, and malaria, of which nearly 40% was provided in FY2006 appropriations. That fiscal year, Congress appropriated $545 million for U.S. contributions to the Global Fund; the largest U.S. contribution to date.

The President's FY2007 budget request included about $4.3 billion for global HIV/AIDS, TB, and malaria efforts. The administration proposed that the bulk of the funds, $3.66 billion, be provided through Foreign Operations appropriations. If Congress fully funds the President's request, the United States will have spent almost $13 billion on fighting the three diseases between FY2004 and FY2007. The House Foreign Operations Appropriations bill (H.R. 5522) proposed spending about $3.62 billion on the three diseases, some $40 million less than the administration requested in FY2007. The House's decision to provide less than requested for the three diseases is a departure from previous funding cycles, since appropriators have previously exceeded the President's request for HIV/AIDS, TB, and malaria programs in each fiscal year since the inception of PEPFAR. The Senate Foreign Operations subcommittee's spending proposal exceeded the administration's; reporting out about $3.75 billion on global HIV/AIDS, TB, and malaria interventions.

The FY2007 Department of Defense (DoD) appropriations did not specify support for DoD's bilateral HIV/AIDS efforts. Congress did not enact the other outstanding appropriations measures that would have provided funds for global HIV/AIDS, TB, and malaria activities in FY2007. Instead, it enacted P.L. 109-289 (Division B), which provides funding at the lessor of FY2006 enacted, FY2007 House-passed, or FY2007 Senate-passed levels until February 15, 2007. This report will review U.S. spending on the three diseases between FY2004 and FY2007, and will be updated to include further congressional actions in FY2007.

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Introduction

It is estimated that HIV/AIDS, TB, and malaria together kill more than 6 million people each year.[1] According to the Joint United Nations Program on HIV/AIDS (UNAIDS), at the end of 2005, an estimated 38.6 million people were living with HIV/AIDS, of whom 4.1 million were newly infected, and 2.8 million died in the course of that year.[2] More than two million of those living with HIV/AIDS at the end of 2005 were children and some 570,000 of those who died of AIDS that year were under 15 years old. Almost 90% of all children infected with HIV reside in sub-Saharan Africa, which is home to 2 million of the estimated 2.3 million children living with HIV worldwide. UNAIDS estimates that on each day of 2005, some 1,500 children worldwide became newly infected with HIV, due in large part to little access to drugs that prevent the transmission of HIV from mother to child. An estimated 9% of pregnant women in low-and middle-income countries were offered services to prevent HIV transmission to their newborns.

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[1] [http://www.who.int/tb/publications/2006/tb_facts_2006.pdf]

[2] All data on HIV/AIDS infection rates taken from UNAIDS 2006 Report on the Global AIDS Epidemic unless otherwise indicated. [http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp] In November 2006, UNAIDS released its 2006 AIDS Epidemic Update report. However, statistics from the 2006 full report are used, because the full report is more detailed, provides regional data, and reports on HIV infection among children, while the update does not. The update can be found at: [http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf]

The World Health Organization (WHO) estimates that by the end of 2004, more than 14 million people were infected with tuberculosis (TB),[3] of whom almost 9 million were newly infected.[4] More than 80% of those living with TB in 2004 were in southeast Asia and sub-Saharan Africa, with the greatest per capita rate found in Africa. Although most forms of TB are curable, WHO estimates that the disease killed 2 million people in 2004. According to WHO, each year there are about 300 million acute malaria cases,[5] which cause more than one million deaths annually. Health experts believe that between 85% and 90% of malaria deaths occur in Africa, mostly among children,[6] killing an African child every 30 seconds.[7]

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[3] Tuberculosis is a contagious disease that is spread like the common cold through the air. Only people who are sick with TB in their lungs are infectious. When infectious people cough, sneeze, talk or spit, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected. Left untreated, each person with active TB disease will infect an average of between 10 and 15 people every year. However, people infected with TB bacilli will not necessarily become sick with the disease. The immune system "walls off" the TB bacilli which, protected by a thick waxy coat, can lie dormant for years. When someone's immune system is weakened the chances of becoming sick are greater. [http://www.who.int/mediacentre/factsheets/fs104/en/]

[4] WHO 2006 Global Tuberculosis Control Report.
[http://www.who.int/tb/publications/global_report/en/index.html]

[5] There are four types of human malaria, *Plasmodium (P.) vivax, P. malaria, P. ovale* and *P. falciparum. P. vivax* and *P. falciparum* are the most common, and *P. falciparum* is the most deadly type of malaria infection. *P. falciparum* malaria is most common in sub-Saharan Africa, accounting in large part for the extremely high malarial mortality in the region. People contract malaria through bites from infected mosquitos. An infected mosquito spreads the malaria parasite through the blood stream. Once in the blood stream, the malaria parasite can evade the immune system, and infect the liver and red blood cells. Mosquitos can also contract malaria if they ingest blood from an infected person. [http://malaria.who.int/cmc_upload/0/000/015/372/RBMInfosheet_1.htm]

[6] WHO estimates that each year, there are 300 million acute malaria cases that cause some 1 million deaths, 90% of which occur in sub-Saharan Africa. The World Bank estimates that there are more than 500 million cases of malaria each year, and that at least 85% of malarial deaths occur in sub-Saharan Africa. The Bank believes the remaining 8% of deaths occur in southeast Asia, 5% in the Eastern Mediterranean region, 1% in the Western Pacific, and 0.1% in the Americas. The Bank asserts that there is no accurate count of malaria infections or deaths, due to weaknesses in data collection and reporting systems, inaccurate diagnoses that may result in over- or under reporting, and an insufficient amount of skilled workers who can accurately make diagnoses, particularly in malaria-endemic areas.

[7] WHO's Roll Back Malaria website, accessed on August 31, 2006.
[http://malaria.who.int/cmc_upload/0/000/015/372/RBMInfosheet_1.htm]

Appropriations For Global HIV/AIDS Efforts

Appropriations for combating the global spread of HIV/AIDS have grown considerably since President Bush entered office.[8] U.S. contributions to the Global Fund and the launching of two initiatives have contributed to this growth: the Prevention of Mother and Child Transmission Initiative and the President's Emergency Plan for AIDS Relief (PEPFAR). When PEPFAR was launched in FY2004, the Prevention of Mother and Child Transmission Initiative expired; PEPFAR expires in FY2008.

Prevention of Mother and Child HIV Transmission Initiative

In FY2002, the President requested that Congress provide $500 million to fund a new initiative he called the International Mother and Child HIV Prevention Initiative.[9] The Initiative sought to prevent the transmission of HIV from mothers to infants and to improve health care delivery in Africa and the Caribbean. Congress provided $100 million to USAID for the Initiative in FY2002 supplemental appropriations (P.L. 107-206); $100 million to USAID and $40 million to CDC for the Initiative in FY2003 (P.L. 108-7); and appropriated $150 million to CDC for the Initiative in FY2004 (P.L. 108-199).

In addition to the $150 million provided to CDC in FY2004, conferees expressed an expectation that $150 million would be made available for the initiative from the newly established Global HIV/AIDS Initiative (GHAI) (H.Rept. 108-401). Since the Initiative expired in FY2004, following the administration's request, Congress has continued to include funds for programs that prevent the transmission of HIV from mother to child in the GHAI account.

The President's Emergency Plan for AIDS Relief

On January 28, 2003, during his State of the Union Address, President Bush proposed that the United States spend $15 billion over the next five fiscal years to combat HIV/AIDS through PEPFAR. The Initiative, authorized in May 2003 by the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act (P.L. 108-25), anticipates channeling $10 billion through GHAI to 15 Focus Countries;[10] directing $4 billion to global HIV/AIDS, TB, and malaria programs in more than 100 non-Focus Countries and on international HIV/AIDS research; and reserving $1 billion for U.S. contributions to the Global Fund. Between FY2004 and FY2008, PEPFAR programs aim to support care for 10 million HIV-affected people, including children

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[8] For more information on U.S. appropriations for global AIDS programs, see CRS Report RL33771.

[9] [http://www.whitehouse.gov/news/releases/2002/06/20020619-1.html]

[10] The 15 PEPFAR Focus Countries are: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

orphaned by AIDS; support the prevention of 7 million new HIV infections; and help 2 million people receive ARVs.[11]

The bulk of PEPFAR funds are provided to the GHAI account. The account was established to streamline funds for global HIV/AIDS, TB, and malaria programs to the 15 Focus Countries. The Office of the Global AIDS Coordinator (OGAC) at the U.S. Department of State transfers funds from GHAI to implementing agencies and departments. The funds that Congress appropriates directly to U.S. agencies and departments are utilized in the non-Focus Countries. U.S. agencies and departments might also allocate additional resources to international HIV/AIDS, TB, and malaria programs not funded through PEPFAR. In each fiscal year since PEPFAR was launched, appropriators have included a chart in the foreign operations appropriations conference reports that itemizes how global HIV/AIDS, TB, and malaria funds are authorized to be spent (**Table 1**). Press accounts of U.S. global HIV/AIDS spending are usually derived from this chart, though it does not include all U.S. global HIV/AIDS, TB, and malaria funds.

[11] White House Fact Sheet, *"The President's Emergency Plan for AIDS Relief."* January 29, 2003. [http://www.state.gov/p/af/rls/fs/17033.htm]

Table 1. FY2004-FY2007 Global HIV/AIDS, TB, and Malaria Appropriations

($ millions)

APPROPRIATION	FY2004 Actual	FY2005 Actual	FY2006 Estimate	FY2007		
				Request	House	Senate
1. USAID HIV/AIDS Assistance (excluding Global Fund)	513.4	347.2	346.5	325.0	346.6	342.5
2. USAID TB & Malaria Assistance	183.9	168.6	178.2	304.0	257.6	305.0
3. Other USAID accounts [c]	51.7	51.1	42.6	33.4	32.4	34.1
4. USAID Global Fund contributions	397.6	248.0	247.5	100.0	200.0	300.0[a]
5. FY2004 Global Fund Carryover [b]	-87.8	87.8	n/a	n/a	n/a	n/a
6. State Department GHAI	488.1	1,373.5	1,775.0	2,794.0	2,528.0	2,494.9
7. GHAI for the Global Fund	0.0	0.0	198.0	100.0	244.5	300.0[a]
8. Foreign Military Financing [d]	1.5	2.0	1.9	1.6	— [e]	— [e]
9. Foreign Operations Appropriations Subtotal	**1548.4**	**2278.2**	**2,789.7**	**3,658.0**	**3,609.1**	**3,776.5**
10. CDC Global AIDS Program (GAP)	291.8[f]	123.8	122.7	121.9	121.9	121.3
11. NIH International Research	317.2	370.0	371.1	368.0	— [e]	— [e]
12. Global Fund contribution NIH	149.1	99.2	99.0	100.0	0.0	100.0
13. DOL AIDS in the Workplace Initiative	9.9	1.9	— [e]	0.0	0.0	—
14. Labor/HHS Appropriations Subtotal [g]	**768.0**	**594.9**	**592.8**	**589.9**		
15. DOD HIV/AIDS prevention education, primarily in Africa	4.2	7.5	5.2	0.0	—	— [e]
16. Section 416(b) Food Aid	24.8	24.8	24.8	10.0	— [e]	— [e]
17. TOTAL	**2345.4**	**2905.4**	**3,412.5**	**4,257.9**		

Sources: Prepared by CRS from appropriations legislation figures and interviews with Administration staff. See **Appendix** for a detailed explanation of these figures.

a. S.Rept. 109-277, the Senate Report to the FY2007 Foreign Operations appropriations, proposes contributing $600 million to the Global Fund, though it only appropriates $300 million to the Child Survival and Health (CSH) account. The additional $300 million U.S. Global Fund contribution on Line 7 should be considered a placeholder. It is not certain that the funds will be appropriated to this account.

b. In FY2004, $87.8 million of the amount provided to the Global Fund was withheld per legislative provisions limiting U.S. contributions to the Global Fund to 33% of the amount contributed by all donors. The FY2005 Consolidated Appropriations legislation provided these withheld funds to the Global Fund, subject to the 33% proviso, like the remainder of the U.S. contribution.

c. Other USAID accounts include Development Assistance (DA), Economic Support Fund (ESF), Assistance for Eastern Europe and the Baltic States (SEED), and Assistance for the Independent States of the Former Soviet Union (FSA).

d. Appropriations for Foreign Military Financing are used to purchase equipment for DOD HIV/AIDS programs. DOD HIV/AIDS initiatives are referred to in *Line 15*.

e. Not congressionally designated, though funds could be provided at the Administration's discretion.

f. The funding level for FY2004 GAP activities is significantly higher than subsequent fiscal years because funds for the International Mother and Child HIV Prevention (MTCT) Initiative were included in overall CDC global AIDS funds. However, after FY2004, funds for the Initiative were appropriated to GHAI.

g. FY2005 was the last year that OGAC tracked spending by CDC on HIV/AIDS research spending, international malaria, and global tuberculosis initiatives. As a result, CDC spending is not included here, though CDC's and other U.S. programs contribute to U.S. efforts to curb the global spread of these diseases.

Global Fund to Fight AIDS, Tuberculosis, and Malaria

In January 2002, the Global Fund was established in Geneva, Switzerland. The Fund provides grants to developing countries aimed at reducing the number of HIV, tuberculosis (TB), and malaria infections, as well as the other illnesses and deaths that result from such infections. The Fund is an independent foundation led by a board of directors comprised of representatives from seven donor countries and seven developing countries. In an effort to ensure participation of all sectors, each of the following communities also has one representative on the board: developed country non-governmental organizations (NGOs), developing country NGOs, the business community, private foundations, and people living with HIV/AIDS, tuberculosis or malaria. The Fund projects that by 2007, the grants it has approved will have:

- provided treatment for 1.8 million HIV-positive people, 5 million people infected with TB, and 145 million malaria patients;
- prevented the spread of HIV to 52 million people through voluntary HIV counseling and testing services;
- financed the purchase and distribution of 109 million insecticide-treated bed nets to prevent the spread of the malaria; and
- supported care for 1 million orphans.[12]

Although there appears to be strong support for the Global Fund, Congress has placed restrictions on U.S. contributions to the Fund for various reasons. In FY2006, due to concerns about the Fund's spending practices, Congress required that 20% of U.S. contributions to the Fund be withheld until the Secretary of State certified that the Fund had undertaken a number of steps to strengthen oversight and spending practices (P.L. 109-102).[13] The act allowed the Secretary to waive the requirement if she determined that a waiver was important to U.S. national interest.

The House Foreign Operations subcommittee proposed extending the proviso into FY2007, and raising the percentage of withheld funds to 25% (H.R. 5522). The House did not include additional funds for a U.S. contribution to the Global Fund in the FY2007 Labor, HHS, and Education appropriations (H.R. 5647), while the Senate proposed contributing $100 million to the Fund in FY2007 Labor, HHS, and Education appropriations (S. 3708). For the first time since Congress began providing appropriations to the Global Fund, in FY2007, the House proposed appropriating less to the Fund than in a preceding fiscal year. After deducting rescissions, Congress has appropriated about $1.4 billion to the Fund since PEPFAR was launched, and more than $2 billion since making the first appropriation in FY2001 (**Table 2**).[14]

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[12] Global Fund, *Progress Report.* January 21, 2005, at [http://www.theglobalfund.org].

[13] The required steps are to (1) establish clear progress indicators upon which to determine the release of incremental disbursements; (2) release such incremental disbursements only if progress is being made based on those indicators; and (3) provide support and oversight to country-level entities, such as country coordinating mechanisms, principal recipients, and local Fund agents.

[14] Funding levels include supplemental appropriations. For more information on the Global Fund, see CRS Report RL33396, *The Global Fund to Fight AIDS, Tuberculosis, and*

(continued...)

Table 2. FY2001-FY2007 U.S. Contributions to the Global Fund
($ millions)

	FY2001 Actual	FY2002 Actual	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007		
							Request	House	Senate
1. Foreign Operations	120.0	200.0	248.4	397.6	248.0	445.5	200.0	444.5	600.0
2. Labor/HHS	0.0	100.0	99.3	149.1	99.2	99.0	100.0	0.0	100.0
3. FY2004 Carryover	n/a	n/a	n/a	-87.8	87.8	n/a	n/a	n/a	n/a
TOTAL	**120.0**	**300.0**	**347.7**	**458.9**	**435.0**	**544.5**	**300.0**	**444.5**	**700.0**

Source: Compiled by CRS from appropriations legislation.

The President's Malaria Initiative

In June 2005, President Bush announced the President's Malaria Initiative (PMI), a plan to increase support for malaria programs by more than $1.2 billion between FY2006 and FY2010 in 15 countries. In FY2006, appropriators provided $103 million for U.S. bilateral malaria efforts.[15] In FY2007, the administration proposed using $223.2 million to expand the number of Focus Countries from three to seven. H.R. 5522, the House FY2007 Foreign Operation Appropriations bill, proposed providing a total of $179 million to bilateral malaria efforts.[16] The Senate Foreign Operations subcommittee proposed meeting the administration's request of $223.2 million for global malaria efforts (S.Rept. 109-277).

In launching PMI, the administration proposed that Congress shift support for bilateral malaria programs from PEPFAR to PMI. The administration also requested that the coordination of U.S. funds for global malaria efforts be moved from OGAC to USAID. When the administration shifted leadership for bilateral malaria programs from OGAC to USAID in FY2005, it determined that OGAC would no longer include malaria spending in its annual reports to Congress nor would funds for the efforts be requested through PEPFAR. For comparability, and because P.L. 108-25 considers efforts to combat malaria as a critical part of PEPFAR, **Table 1** includes appropriations to malaria programs. In FY2007, the House proposed funding global malaria efforts under PMI, as requested by the administration (H.R. 5522). The Senate subcommittee reported support for PMI, but included funding for malaria efforts within the broader total of global HIV/AIDS, TB, and malaria programs, as well as within funds for other infectious diseases (S.Rept. 109-277).

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[14] (...continued)
Malaria: Progress Report and Issues for Congress, by Tiaji Salam-Blyther.

[15] Appropriators expected an additional $139.5 million would be spent on the disease through the U.S. contribution to the Global Fund. When combined with bilateral malaria spending, appropriators estimated that $242.5 million was spent on fighting the disease in FY2006.

[16] Appropriators estimate that an additional $63.83 million would be spent on malaria through U.S. Global Fund contributions. When combined with bilateral spending, an estimated $242.9 million would be spent on global malaria initiatives through FY2007 foreign operations appropriations.

Appendix

Explanation of Data in Table 1

Line 1 refers to USAID's bilateral HIV/AIDS programs in the non-Focus Countries. In FY2005, Congress provided funds for the 15 Focus Countries to GHAI "to simplify budget processes and improve transparency"(H.Rept. 108-792).

Line 2 refers to USAID bilateral TB and malaria programs. The chart on PEPFAR appropriations in the House report to H.R. 5522 does not include funding for international malaria programs, reflecting the administration's budget structure. The Senate subcommittee included support for the programs as part of a larger global HIV/AIDS, TB, and malaria appropriation (S.Rept. 109-277). Malaria funds are included in the above chart for comparability.

Line 3 considers other bilateral assistance that USAID uses to combat AIDS, TB, and malaria. This assistance includes food aid,[17] Economic Support Fund aid (ESF), assistance for the former Soviet Union under the Freedom Support Act (FSA), and Assistance for Eastern Europe and the Baltics (SEED).

Line 4 refers to funds transferred to the Global Fund from USAID. In FY2004, $87.8 million of the amount appropriated to the Global Fund was not provided per legislative provisions limiting U.S. Global Fund contributions to 33% of the amount contributed by all donors, as indicated in *Line 5*.[18] P.L. 108-447, FY2005 Consolidated Appropriations, directed that these withheld funds be transferred to the Global Fund in FY2005, subject, like the remainder of the U.S. contribution, to the 33% proviso.

Congress provides funds for PEPFAR's 15 Focus Countries to the State Department's Global HIV/AIDS Initiative (GHAI), as indicated in *Line 6*. Some of the funds that Congress appropriates to GHAI are transferred to the Global Fund, as reflected in *Line 7*.

Line 8 refers to funds appropriated to the Foreign Military Financing (FMF) account for equipment purchases that support the DoD's global HIV/AIDS efforts. DoD's bilateral HIV/AIDS programs, referred to in *Line 17*, offer HIV/AIDS prevention education, primarily to African armed forces.

Although not specified in **Table 1**, *Line 9* includes U.S. contributions to global AIDS efforts, such as international microbicide research, the International AIDS Vaccine Initiative (IAVI), and the United Nations Joint Program on HIV/AIDS

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[17] Such aid is in addition to the Section 416(b) food aid listed in **Table 1**. For a description of food aid programs, see CRS Report RL33553, *Agricultural Export and Food Aid Programs*, by Charles E. Hanrahan.

[18] See: P.L. 108-25, the United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 and P.L. 108-199, the FY2004 Consolidated Appropriations. For more information, see CRS Report RL33396: *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress*, by Tiaji Salam-Blyther.

(UNAIDS). The FY2005 Consolidated Appropriations bill committed $30 million to microbicide research, up from $22 million in FY2004. The measure also provided $27 million for a U.S. contribution to IAVI in FY2005, compared with $26 million in FY2004. In FY2005, Congress increased support for UNAIDS to $27 million from $26 million in FY2004. Appropriations for microbicides research fell from FY2005 levels in FY2006 to $27 million, while support for IAVI and UNAIDS rose in FY2006 to $40 million and $30 million, respectively.

In FY2007, the House proposed that $45 million be spent on microbicides, about $29 million be contributed to IAVI, and $27 million be provided to UNAIDS. Additionally, the House urged the Global AIDS Coordinator to provide additional funds for microbicides research through PEPFAR. The FY2007 Senate Foreign Operations Appropriations suggests allocating $45 million to microbicides research, and $31 million for IAVI and UNAIDS each.

Line 10 refers to the Centers for Disease Control and Prevention's (CDC) Global AIDS Program (GAP). Although not indicated in **Table 1**, CDC spends additional funds on international HIV/AIDS, TB, and malaria activities that were not earmarked by Congress.

Line 11 reflects grants provided by the National Institutes of Health (NIH) for international HIV/AIDS research, which focus primarily on the development of an AIDS vaccine. NIH also transfers funds to the Global Fund, as indicated in *Line 12*.

The administration did not request funds for the Department of Labor's Global AIDS in the Workplace Initiative in FY2007 (*Line 13*). Neither chamber included funding for the Initiative in their spending proposals.

Line 15 refers to DoD's bilateral HIV/AIDS prevention programs. Neither the administration's request nor FY2007 Department of Defense appropriations included funds for the effort (P.L. 109-289).

In FY2001, and in each subsequent fiscal year, Congress committed USDA to donate commodities valued at up to $25 million to foreign countries struggling to counter the effects of HIV/AIDS, as indicated in *Line 16*. Although the funds are appropriated to USDA, USAID manages the provision of the food aid. Neither the House nor Senate FY2007 Agriculture Appropriations bills would provide funds to the USDA food assistance program, though the Senate subcommittee expressed its commitment to "meeting needs related to emergency food shortages, long-term food security, and special conditions such as mitigating the effects of [HIV/AIDS] on individuals, households, and communities." (S.Rept. 109-266).

Explanation of Differences Between Data Presented by CRS and OGAC

The Office of the Global AIDS Coordinator (OGAC) released its Second Annual Report to Congress, *Action Today, A Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief* on February 8, 2006. The report outlined, among other things, PEPFAR HIV/AIDS allocations per agency. Key data differences are outlined below in **Table 3**.

Table 3. Comparison of CRS and OGAC Data Presentation

PROGRAM	CRS FY2004	OGAC FY2004	CRS FY2005	OGAC FY2005
1. Child Survival Assistance for HIV/AIDS (excluding Global Fund)	513.4	513.0	347.2	347.0
2. Child Survival Assistance for TB & Malaria	155.0	155.0	168.6	168.0
3. Child Survival Assistance for Global Fund	397.6	398.0	248.0	248.0
4. FY2004 Global Fund Carryover	-87.8	0.0	87.8	0.0
5. Other bilateral assistance	51.7	52.0	51.1	52.0
6. State Department Global HIV/AIDS Initiative (GHAI)	488.1	488.0	1,373.9	1,374.0
7. GHAI for the Global Fund	0.0	0.0	0.0	0.0
8. Foreign Military Financing	1.5	1.0	2.0	2.0
9. Subtotal, Foreign Operations Appropriations	**1,519.5**	**1607.0**	**2,278.6**	**2191.0**
10. CDC Global AIDS Program	273.9	274.0	123.8	124.0
11. CDC International Applied HIV Prevention Research	11.0	9.0	11.0	14.0
12. CDC international TB and malaria	17.9	11.0	15.9	11.0
13. NIH International Research	317.2	317.0	332.3	332.0
14. Global Fund contribution NIH	149.1	149.0	99.2	99.0
15. DOL AIDS in the Workplace Initiative	9.9	10.0	2.0	2.0
16. Subtotal, Labor/HHS Appropriations	**779.0**	**770.0**	**584.2**	**582.0**
17. DOD HIV/AIDS prevention education	4.2	4.0	7.5	7.0
18. Section 416(b) Food Aid	24.8	0.0	24.8	0.0
19. TOTAL	**2,327.5**	**2381.0**	**2,895.1**	**2780.0**

Source: Compiled by CRS from appropriations legislation and OGAC Report to Congress.

Most of the differences between CRS and OGAC data can be attributed to rounding. CRS provided exact figures while OGAC rounded its numbers. However, some of the divergence can be attributed to other issues. Specifically, as shown in *Line 4*, OGAC did not consider the 33% Global Fund contribution limitation when reporting final U.S. Global Fund contribution. Consequently, funds deducted and added in FY2004 and FY2005 were not included in OGAC-reported HIV/AIDS spending totals.

Additionally, OGAC extracted CDC prevention of mother to child HIV transmission (PMTCT) funds from CDC Global AIDS Program (GAP) funds, this report did not. Consequently, in Appendix I of the OGAC report, the CDC GAP allocation appears smaller ($125 million). This distinction is not reflected in *Line 10* of **Table 3**, because this report combined the OGAC estimates of GAP and PMTCT spending for comparability. CRS and OGAC data were the same for the two efforts save rounding differences.

Data differences in *Lines 10* and *11* are due to budgetary adjustments made after OGAC published its final report. Additionally, OGAC reports that after FY2006, it will discontinue including CDC international applied HIV prevention research and international TB and malaria spending in its total.

OGAC did not include food assistance provided by the Department of Agriculture to countries severely affected by HIV/AIDS in its HIV/AIDS spending total, as seen in *Line 18.*

Additionally, since the launching of the President's Malaria Initiative (PMI) in FY2006, OGAC stopped including malaria funding in the overall PEPFAR total. In its report to Congress, however, OGAC provided two totals for PEPFAR spending; one that includes malaria spending and one that excludes it.