USAID Global Health Programs: FY2001-FY2012 Request

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Summary

A number of U.S. agencies and departments implement U.S. government global health interventions. The U.S. Agency for International Development (USAID) plays a particularly central role. The agency is responsible for coordinating two important presidential health initiatives—the President's Malaria Initiative (PMI) and the Neglected Tropical Diseases (NTD) Program. USAID serves as an implementing agency of the largest U.S. global health program—the President's Emergency Plan for AIDS Relief (PEPFAR)—and is set to assume leadership over the Global Health Initiative (GHI) in September 2012 (presuming it meets a set of benchmarks related to management capacity, as outlined in the Quadrennial Diplomacy and Development Review). In addition, Congress appropriates the most funds to USAID for global health efforts, excluding provisions for presidential health initiatives, which are carried out by several agencies, including USAID.

Congress appropriates funds to USAID for global health activities through five main budget lines: Child Survival and Maternal Health (CS/MH), Vulnerable Children (VC), HIV/AIDS, Other Infectious Diseases (OID), and Family Planning and Reproductive Health (FP/RH). From FY2001 through FY2010, Congress appropriated nearly $20 billion to USAID for global health programs, including contributions to the United Nations' Children's Fund (UNICEF) and the Global Fund to Fight AIDS, Malaria, and Tuberculosis (Global Fund). From FY2001 through FY2010, the greatest budgetary growth was aimed at fighting infectious diseases, mainly malaria, tuberculosis (TB), and pandemic influenza.

President Barack Obama indicated early in his Administration that global health is a priority and that his Administration would continue to focus global health efforts on addressing HIV/AIDS. When releasing his FY2012 budget request, President Obama indicated that his Administration would increase investments in global health programs and, through the Global Health Initiative, improve the coordination of all global health programs. The President requested that in FY2012, Congress provide $3.8 billion for USAID's global health programs funded through the Global Health and Child Survival (GHCS) account.

There is a growing consensus that U.S. global health assistance needs to become more efficient and effective. There is some debate, however, on the best strategies. This report explains the role USAID plays in U.S. global health assistance, highlights how much the agency has spent on global health efforts from FY2001 to FY2012, discusses how funding to each of its programs has changed during this period, and raises some related policy questions. For more information on all U.S. global health assistance, see CRS Report R41851, *U.S. Global Health Assistance: Background and Issues for the 112th Congress*, by (name redacted) and (name redacte d).

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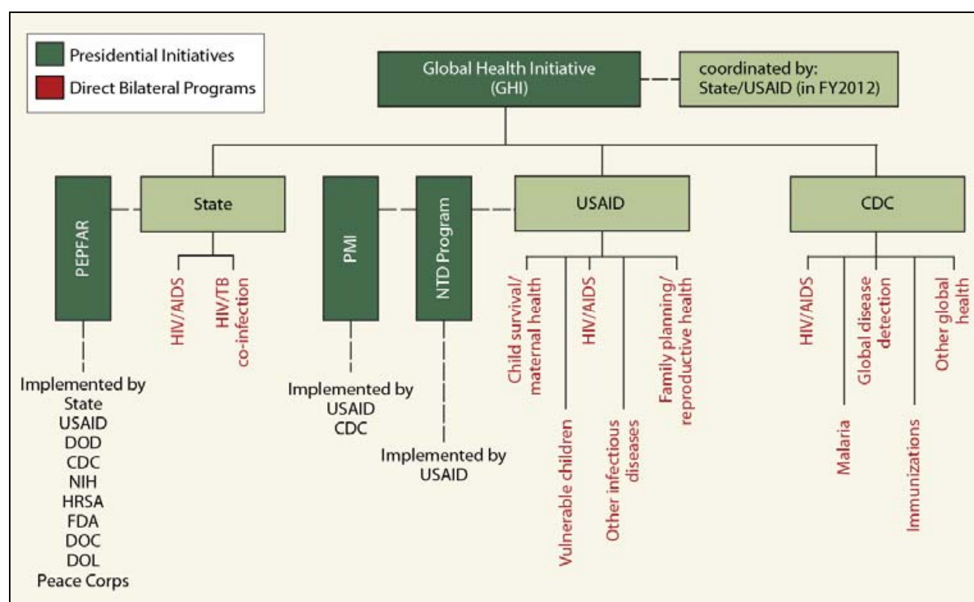
Introduction

The U.S. Agency for International Development (USAID) plays a central role in shaping and implementing U.S. global health policy. The agency is one of three agencies tasked with leading the Global Health Initiative (GHI),[1] an initiative created by the Obama Administration to coordinate ongoing presidential health initiatives and raise investments in other health areas, including maternal and child health, neglected tropical diseases, and family planning and reproductive health (**Figure 1**). USAID also coordinates and acts as an implementing partner in three presidential initiatives that comprise the bulk of U.S. global health assistance. The agency leads the implementation of the President's Malaria Initiative (PMI) and the Neglected Tropical Diseases (NTD) Program, and is an implementing partner of the President's Emergency Plan for AIDS Relief (PEPFAR), which is coordinated by the State Department.[2] In addition, USAID manages its own bilateral health programs.

Figure 1. U.S. Global Health Assistance: Agencies and Programs



Source: CRS analysis and design.

Notes: The chart above reflects funding for bilateral global health programs. It is important to note that the United States contributes additional resources to multilateral health efforts, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). For more information on the Global Fund, see CRS Report R41363, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: U.S. Contributions and Issues for Congress*, by (name redacted).

This report highlights the health-related activities conducted by USAID worldwide, outlines how much the agency has spent on such efforts from FY2001 to FY2011, and highlights FY2012 proposed funding levels.

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[1] For more information on GHI, see CRS Report R41851, *U.S. Global Health Assistance: Background and Issues for the 112th Congress*, by (name redacted) and (name redacted).

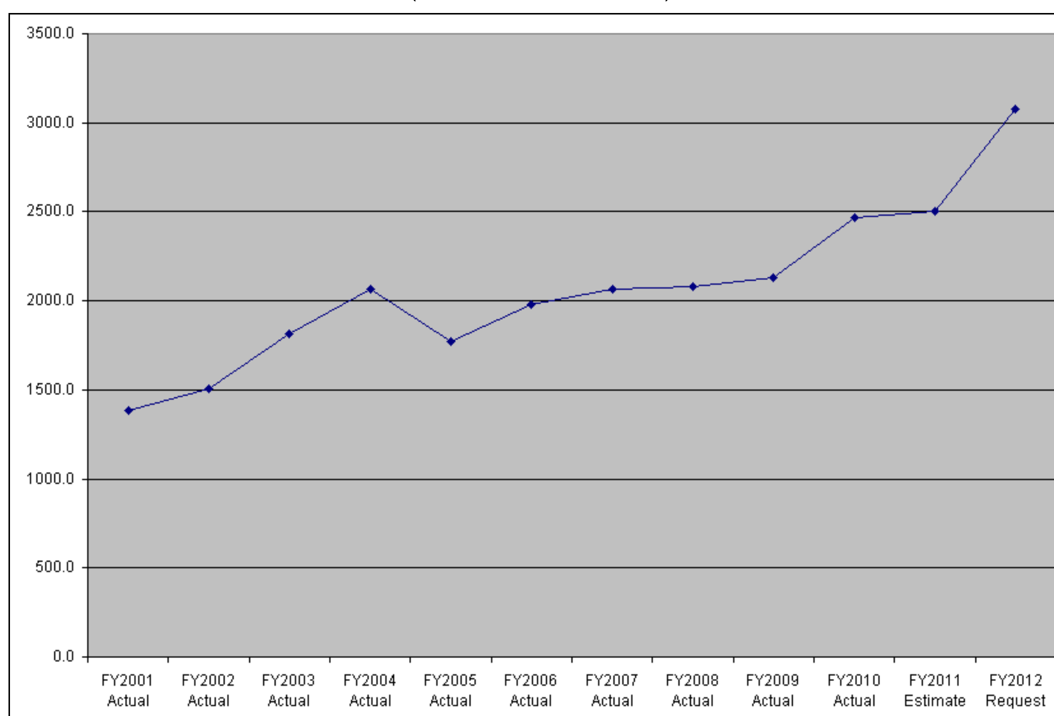
[2] For more information on PEPFAR, see CRS Report R41802, *The Global Challenge of HIV/AIDS, Tuberculosis, and Malaria*, by (name redacted)

Background

Since USAID was created in 1961 through the Foreign Assistance Act of 1961,[3] congressional support for global health, in general, and USAID's global health programs, in particular, have grown. Appropriations for USAID rose from $1.4 billion in FY2001 to $2.5 billion in FY2011. Funding growth occurred most precipitously during the George W. Bush Administration, when Congress provided unprecedented resources to fight new and re-emergent diseases, including HIV/AIDS, multi- and extremely drug-resistant tuberculosis (MDR- and XDR-TB), severe acute respiratory syndrome (SARS), H5N1 (bird flu), and H1N1 pandemic flu. Congressional support also followed the launching of several presidential health initiatives—PEPFAR (HIV/AIDS), PMI (malaria), NTD Program (neglected tropical diseases).

Figure 2. USAID Global Health Spending: FY2001-FY2012

(current, U.S. $ millions)



Source: Created by CRS from data received from USAID's budget office, congressional budget justifications, and appropriations legislation.

Notes: Following the launch of PEPFAR in FY2004, Congress shifted funding for some multilateral organizations from USAID to the State Department, which contributed to a drop in the total funding level for USAID in FY2005. For example, Congress appropriated funds to USAID for contributions to the United Nations Children's Fund (UNICEF) until FY2004 and for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund) until FY2007. Funds for UNICEF are now provided through the State Department, and contributions to the Global Fund are now jointly funded through the State Department and the National Institutes of Health. Appropriations for USAID's global HIV/AIDS programs also declined following the launch of PEPFAR. From FY2004-FY2005, appropriations for USAID's global HIV/AIDS programs declined by more than 30% and have yet to reach FY2005 levels.

[3] 22 U.S.C.A. § 2151.

Congress funds USAID's global health activities through the State, Foreign Operations and Related Programs (State-Foreign Operations) appropriations. Through this vehicle, Congress appropriates funds directly to USAID through the Global Health and Child Survival (GHCS) account and USAID uses additional funds from other accounts within State-Foreign Operations, including the Development Assistance and the Economic Support Fund accounts, to support its global health programs. Appropriators do not specify how much USAID should spend through these other accounts on its global health programs. The additional funds provided through other accounts for other USAID global health programs can be significant (**Table 1**).

Table 1. USAID Global Health Spending: FY2010-FY2012

(current, U.S. $ millions)

Agency/Program	USAID,GHCS, FY2010 Enacted	USAID, All Accounts, FY2010 Estimate	USAID, GHCS, FY2011 Enacted[a]	USAID, GHCS, FY2012 Request	USAID, All Accounts, FY2012 Request
CS/MH/Nutrition[b]	549.0	681.6	n/s	996.0	1,517.4
VC	15.0	18.4	n/s	15.0	15.0
HIV/AIDS	350.0	350.0	n/s	350.0	350.0
OID	1,031.0	1,085.1	n/s	1,087.0	1,168.8
TB	*225.0*	*243.2*	n/s	*236.0*	*254.4*
Malaria	*585.0*	*585.0*	n/s	*691.0*	*691.0*
H5N1/H1N1	*156.0*	*156.0*	n/s	*60.0*	*60.0*
Other/NTD	*65.0*	*100.9*	n/s	*100.0*	*163.4*
FP/RH	525.0	650.6	575.0[c]	625.6	769.7
USAID Total	**2,470.0**	**2,785.7**	**2,500.0**	**3,073.6**	**3,820.9**

Sources: Appropriations legislations, Department of State congressional budget justifications, and USAID's budget office.

Acronyms: Child Survival and Maternal Health (CS/MH), Vulnerable Children (VC), Other Infectious Diseases (OID), Family Planning and Reproductive Health (FP/RH), Neglected Tropical Diseases NTD), Tuberculosis (TB), Global Fund to Fights AIDS, Tuberculosis, and Malaria (Global Fund). These programs are described below.

a. These amounts do not take into account a 0.2% rescission to all non-defense discretionary accounts included in the Department of Defense and Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10). The act included $2.5 billion for USAID's global health programs. It did not specify, however, how much USAID should spend on each global health activity, with the exception of family planning and reproductive health programs. Final figures pending.

b. Nutrition activities have historically been supported through maternal and child health programs. In FY2011, however, the Administration requested additional funds for nutrition activities. According to the FY2011 CBJ, USAID spent $75.0 million in FY2010. In FY2012, the Administration requested $150 million for nutrition activities through the GHCS account.

c. The act provided $575 million for family planning programs and set the U.S. contribution to UNFPA at FY2008 levels. The act did not specify whether the UNFPA funds should be spent in part or in whole from USAID or the Department of State. It also did not indicate whether this amount included funding from other USAID accounts.

USAID Global Health Programs

Congress specifies support for five USAID global health program areas:

- **Child Survival and Maternal Health** aims to reduce morbidity and mortality from diseases like polio, measles, and diarrhea; provide vaccines and immunizations; support safe delivery; and address malnutrition.
- **Vulnerable Children** aims to provide services to vulnerable children and orphans, particularly those affected by blindness or war (support for children made vulnerable by HIV/AIDS is provided through HIV/AIDS funds).
- **HIV/AIDS** aims to prevent, treat, and address the impacts of HIV/AIDS—particularly among vulnerable populations such as women, girls, and orphans—through voluntary counseling and testing, awareness campaigns, and antiretroviral medicines, among other activities.
- **Other Infectious Diseases** aims to address a number of diseases and resultant outbreaks, such as those related to pandemic and avian influenza, malaria, TB, and neglected tropical diseases (NTDs).
- **Family Planning and Reproductive Health** aims to increase access to related services, such as reproductive health education, and to improve awareness about birth spacing, contraception, and sexually transmitted diseases.

Funding for these programs has mostly been on an upward trajectory, though increased support has been aimed primarily at fighting infectious diseases. Successive waves of infectious disease outbreaks have garnered significant attention from Congress and have generated rigorous debate on balancing efforts to address infectious disease threats, including HIV/AIDS, malaria, pandemic influenza, and tuberculosis, with other long-standing health challenges like high maternal and child mortality rates, widespread morbidity from neglected tropical diseases, and strengthening the capacity of poor countries to address their own health challenges.

In 2009, President Barack Obama announced the Global Health Initiative to increase investments in health areas that he deemed underfunded, bolster the health systems of weak and impoverished states, and improve the coordination of presidential health initiatives established during the Bush Administration (PEPFAR, PMI, and the NTD Program) as well as other USAID and Centers for Disease Control and Prevention (CDC) bilateral health programs.[4] Congress has generally supported presidential health initiatives, including the Global Health Initiative, and has mostly met funding requests associated with these efforts.

On April 15, 2011, the President signed the Department of Defense and Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10), into law. The act provided $2.5 billion to USAID for global health programs in FY2011 but did not specify how much USAID should spend on each activity. As of June 28, 2011, many program details about FY2011 funding levels remain unavailable.

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[4] For more information on all U.S. global health assistance, see CRS Report R41851, *U.S. Global Health Assistance: Background and Issues for the 112th Congress*, by (name redacted) and (name redacted).

Presidential Health Initiatives

The bulk of U.S. global health assistance is aimed at mitigating the impact of infectious diseases, through three presidential initiatives: PEPFAR (HIV/AIDS), PMI (malaria), and the NTD Program (neglected tropical diseases). In FY2010, for example, nearly 81% of all U.S. global health spending was aimed at these initiatives. The Global Health Initiative is distinct from PEPFAR, PMI, and the NTD Program, because it is not aimed at a particular disease and does not call for significant adjustments to ongoing efforts. Instead, the initiative intends to coordinate ongoing U.S. global health activities and, through GHI-Plus countries, identify strategies for improving the efficacy, impact, and sustainability of U.S. bilateral global health programs. USAID plays an important role in each of these initiatives, both as an implementing and coordinating agency. The sections below briefly describe each initiative and USAID's role in carrying out these efforts.

President's Emergency Plan for AIDS Relief (PEPFAR)

In January 2003, President Bush announced PEPFAR, a government-wide initiative to combat global HIV/AIDS. PEPFAR supports a wide range of HIV/AIDS prevention, treatment, and care activities and is the largest commitment by any nation to combat a single disease.[5] In FY2004, Congress authorized $15 billion to be spent over five years in support of bilateral HIV/AIDS programs and the Global Fund. In 2008, through the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. 110-293), Congress authorized an additional $48 billion to be spent over five years in support of PEPFAR, which also included $4 billion for TB and $5 billion for malaria.

PEPFAR is overseen by the Office of the Global AIDS Coordinator (OGAC) at the State Department. In this capacity, the State Department transfers most of the resources it receives from Congress for PEPFAR programs to implementing bilateral agencies and other multilateral organizations, including the Global Fund and the Joint United Nations Program on HIV/AIDS (UNAIDS) that carry out global HIV/AIDS efforts.[6] USAID accounted for nearly half of all PEPFAR obligations between FY2004 and FY2010 (**Table 2**). As of September 30, 2010, U.S. implementing agencies, including USAID, supported life-saving HIV treatments for more than 3.2 million people and medicine to prevent the transmission of HIV from mother to child for more than 600,000 HIV-positive pregnant women. The **Appendix** offers additional data by country (**Table A-2**).

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[5] For more information on PEPFAR, see CRS Report R41802, *The Global Challenge of HIV/AIDS, Tuberculosis, and Malaria*, by (name redacted).

[6] Implementing agencies include Department of Commerce, Department of Defense (DOD), Department of Health and Human Services (HHS) and its implementing agencies (CDC, National Institutes of Health [NIH], U.S. Food and Drug Administration [FDA], and U.S. Health Resources and Services Administration [HRSA]), Department of Labor (DOL), the Peace Corps, and USAID.

Table 2. PEPFAR Obligations and Outlays, by Agency: FY2004-FY2010

(current, U.S. $ millions and percentages)

Agency/Program	Total Available	Obligations	% of Total Obligations	Outlays	% of Total Outlays
State Department	773.8	238.2	0.9%	183.6	0.9%
USAID	12,998.4	12,240.0	48.1%	8,384.4	42.7%
HHS	8,707.0	7,972.6	31.3%	6,205.3	31.6%
DOD	530.2	350.1	1.4%	306.3	1.6%
DOL	20.3	18.8	0.1%	17.7	0.1%
Peace Corps	89.1	57.2	0.2%	54.0	0.3%
Pending Allocations	683.3	n/a	n/a	n/a	n/a
NIH	2,777.5	2,761.8	10.9%	2,761.8	14.1%
Total Bilateral	***23,802.1***	***20,876.9***	***82.1%***	***15,151.3***	***77.2%***
Global Fund	4,823.4	4,567.0	17.9%	4,468.6	22.8%
PEPFAR Total	**28,625.5**	**25,443.9**	**100.0%**	**19,619.9**	**100.0%**

Source: Recreated by CRS from State Department, Office of the Global AIDS Coordinator, *Summary Financial Status as of September 30, 2010*, p. 3, http://www.pepfar.gov/documents/organization/154301.pdf.

Acronyms: Department of Health and Human Services (HHS), Department of Defense (DOD), Department of Labor (DOL), National Institutes of Health (NIH), not applicable (n/a).

President's Malaria Initiative (PMI)

In June 2005, President Bush announced PMI in order to expand and coordinate U.S. global malaria efforts. PMI was originally established as a five-year, $1.2 billion effort to halve the number of malaria-related deaths in 15 sub-Saharan African countries[7] through the expansion of four prevention and treatment techniques: indoor residual spraying (IRS), insecticide-treated nets (ITNs), artemisinin-based combination therapies (ACTs), and intermittent preventative treatment for pregnant women (IPTp).[8] The Obama Administration expanded the range of PMI to include Nigeria and the Democratic Republic of the Congo as focus countries and augmented the goal of the initiative to include halving the burden of malaria (including morbidity and mortality) among 70% of at-risk populations in Africa by 2014.

PMI is led by USAID and jointly implemented by USAID and CDC. PMI is overseen by the U.S. Malaria Coordinator at USAID, who is advised by an Interagency Steering Group that includes representatives from USAID, HHS, the Department of State, DOD, the National Security Council (NSC), and the Office of Management and Budget (OMB). From FY2005 to FY2010, USAID obligated roughly $1.4 billion for PMI-related activities (**Table 3**). **Figure A-1** in the **Appendix** outlines PMI spending by country. It is important to note that these figures reflect spending on

[7] The original 15 PMI focus countries were added over the course of three fiscal years. PMI began operations in Angola, Tanzania, and Uganda in FY2006; in Malawi, Mozambique, Rwanda, and Senegal in FY2007; and in Benin, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia in FY2008.

[8] For more information on PMI, see CRS Report R41802, *The Global Challenge of HIV/AIDS, Tuberculosis, and Malaria*, by (name redacted).

PMI only and do not include additional spending on global malaria programs through other USAID programs or other U.S. agencies, including CDC and NIH.

Table 3. USAID Spending on PMI: FY2005-FY2010

(current, U.S. $ millions)

Program	FY2005 Actual	FY2006 Actual	FY2007 Actual	FY2008 Actual	FY2009 Actual	FY2010 Actual	FY2005-FY2010 Total
PMI	4.2	65.5	197.0	295.9	300.0	536.0	1,398.6

Source: USAID, *The President's Malaria Initiative*, Fifth Annual Report to Congress, April 2011, p. 66, http://www.pmi.gov/resources/reports/pmi_annual_report11.pdf.

Notes: Does not include additional spending on malaria by USAID through other accounts or by other U.S. agencies, including CDC and NIH. FY2008 levels include 0.81% rescission.

As of December 31, 2011, USAID reported supporting the provision of 45.4 million insecticide-treated nets and 105.6 million malaria treatments, including 10.3 million tablets to prevent the transmission of malaria from mother to child. More detailed information about PMI results are outlined in the **Appendix** (**Figure A-2**).

Neglected Tropical Disease (NTD) Program[9]

In response to FY2006 appropriations language that directed USAID to make available at least $15 million for combating seven NTDs,[10] the agency launched the NTD Program in September 2006. Originally, the NTD Program aimed to support the provision of 160 million NTD treatments to 40 million people in 15 countries. President Bush reaffirmed his commitment to the program in 2008 and proposed spending $350 million from FY2008 through FY2013 on expanding the fight against seven NTDs to 30 countries. The Obama Administration amended the targets of the NTD program and called for the United States to support the administration of nearly 1 billion NTD treatments in 30 countries.[11] As of February 17, 2011, USAID has reportedly supported the delivery of more than 387 million NTD medicines to treat roughly 170 million people.[12]

[9] For more information on the NTD Program, see CRS Report R41607, *Neglected Tropical Diseases: Background, Responses, and Issues for Congress*, by (name redacted).

[10] The seven most common NTDs are three soil-transmitted helminthes, schistosomiasis, lymphatic filiariasis, trachoma, and onchocerciasis.

[11] USAID, *Foreign Operations FY2010 Performance Report and FY2012 Performance Plan*, April 25, 2011, p. 386, http://www.usaid.gov/performance/apr/APR2010-2012.pdf.

[12] NTD Program website, http://www.neglecteddiseases.gov/approaches/index.html, accessed on June 28, 2011.

Table 4. USAID Spending on the NTD Program: FY2006-FY2010

(current, U.S. $ millions)

Program	FY2006 Actual	FY2007 Actual	FY2008 Actual	FY2009 Actual	FY2010 Actual	FY2006-FY2010 Total
NTD	15.0	15.0	15.0	25.0	65.0	135.0

Sources: Appropriations legislation and correspondence with USAID Budget Office.

Notes: Does not include additional spending on malaria by USAID through other accounts or by other U.S. agencies, including CDC, NIH, and DOD.

The Global Health Initiative

In May 2009, President Obama announced the Global Health Initiative, a six-year plan projected to cost $63 billion.[13] GHI aims to develop a comprehensive U.S. global health strategy for existing U.S. global health programs, including the programs and initiatives outlined above. GHI calls for shifting the U.S. approach to global health from one focused on specific diseases to one that comprehensively addresses a variety of health challenges through strengthening health systems and improving coordination and integration of distinct global health programs. In June 2010, eight countries were chosen as "GHI Plus Countries"[14] and are serving as "learning laboratories" to inform future U.S. global health efforts. In partnership with national governments, USAID, CDC, and the Department of State are completing multi-year joint strategic plans for each GHI Plus Country. These strategic plans aim to identify unnecessary programmatic duplications, find opportunities for integration, and better align U.S. programs with the priorities of national governments. These plans are not intended to replace current disease-specific strategies, but rather to serve as an overarching strategic guide under which each program will operate.

GHI is currently coordinated by an executive director at the Department of State who reports to both the Secretary of State and the GHI Operations Committee, which comprises the USAID Administrator, the Global AIDS Coordinator, and the Director of CDC. The Operations Committee is charged with oversight and management of the initiative. Leadership of GHI is expected to transition from the State Department to USAID in FY2012, should USAID meet a set of benchmarks related to management capacity, outlined in the Quadrennial Diplomacy and Development Review.[15] The State Department will continue to lead PEPFAR, even after USAID assumes leadership of GHI.

FY2012 Budget and Issues

The Obama Administration requests an estimated $3.1 billion in support of USAID's global health efforts through the GHCS account for FY2012. After PEPFAR was launched, U.S. efforts to address HIV/AIDS dominated congressional discussions and appropriations for global health.

[13] GHI funding consists largely of funding for existing State, USAID, and CDC global health programs and presidential health initiatives. For more on GHI, see http://www.usaid.gov/ghi/.

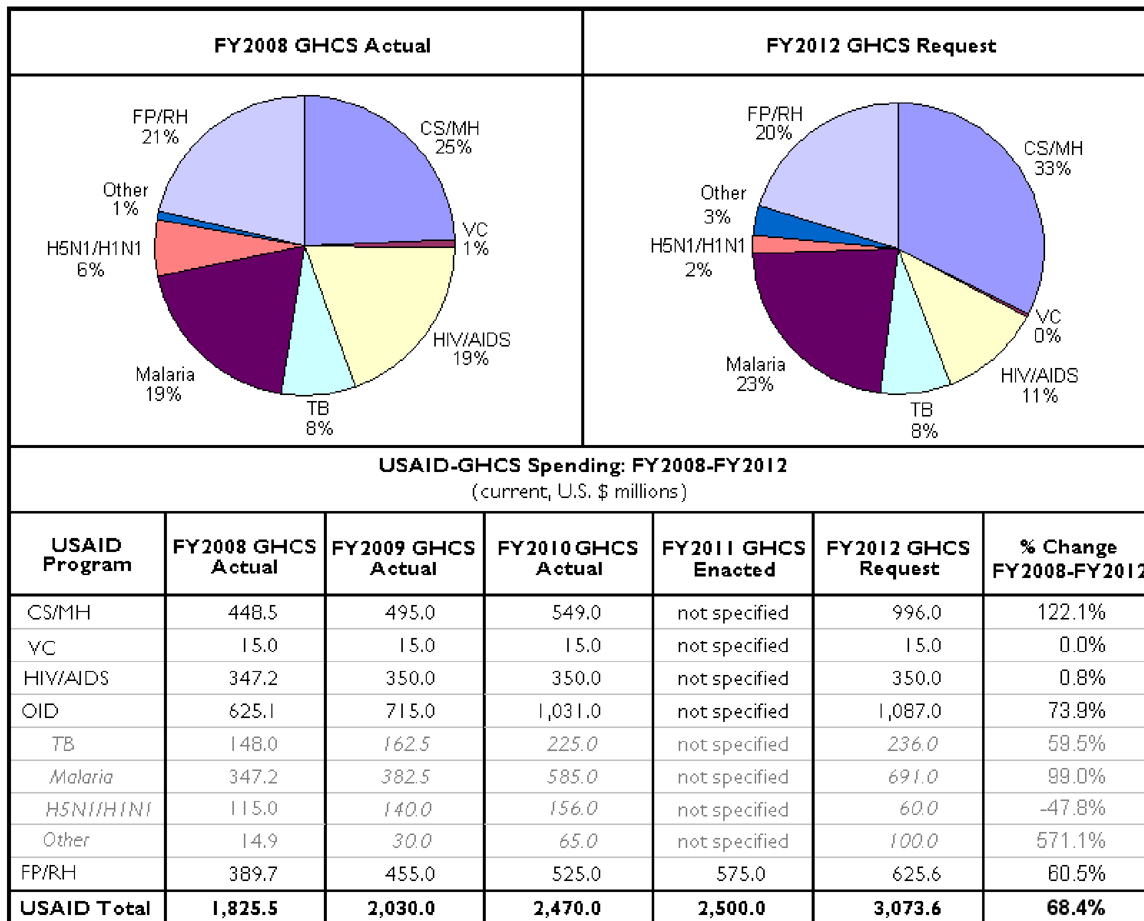
[14] The "GHI Plus Countries" are Bangladesh, Ethiopia, Guatemala, Kenya, Mali, Malawi, Nepal, and Rwanda.

[15] For a list of the benchmarks, see Appendix 2 in State Department, *Quadrennial Diplomacy and Development Review*, 2010, pp. 217-219, http://www.state.gov/documents/organization/153142.pdf.

Since announcing GHI in 2009, the President has gradually increased requests for non-HIV/AIDS programs. Congress has fully funded these requests, which has led to a slight shift in how USAID global health funds are distributed (**Figure 3**). The vast majority of USAID's global health programs are funded through the Global Health and Child Survival account. The account is also used to fund the coordination of PEPFAR programs by the Department of State. These amounts are not included in the figure below. Additional funds that USAID uses to support its global health programs through other accounts in the State-Foreign Operations appropriations are also not included in the figure below, as Congress does not typically direct spending for global health through these other accounts (see **Table 1**).

Figure 3. USAID-GHCS Global Health Spending: FY2008 and FY2012

(current, U.S. $ millions and percentages)



USAID-GHCS Spending: FY2008-FY2012

(current, U.S. $ millions)

USAID Program	FY2008 GHCS Actual	FY2009 GHCS Actual	FY2010 GHCS Actual	FY2011 GHCS Enacted	FY2012 GHCS Request	% Change FY2008-FY2012
CS/MH	448.5	495.0	549.0	not specified	996.0	122.1%
VC	15.0	15.0	15.0	not specified	15.0	0.0%
HIV/AIDS	347.2	350.0	350.0	not specified	350.0	0.8%
OID	625.1	715.0	1,031.0	not specified	1,087.0	73.9%
TB	148.0	*162.5*	*225.0*	not specified	*236.0*	59.5%
Malaria	347.2	*382.5*	*585.0*	not specified	*691.0*	99.0%
H5N1/H1N1	115.0	*140.0*	*156.0*	not specified	*60.0*	-47.8%
Other	14.9	*30.0*	*65.0*	not specified	*100.0*	571.1%
FP/RH	389.7	455.0	525.0	575.0	625.6	60.5%
USAID Total	**1,825.5**	**2,030.0**	**2,470.0**	**2,500.0**	**3,073.6**	**68.4%**

Source: http://www.foreignassistance.gov.

Acronyms: Child Survival and Maternal Health (CS/MH), Vulnerable Children (VC), Other Infectious Diseases (OID), Family Planning and Reproductive Health (FP/RH), and Tuberculosis (TB).

Notes: This chart illustrates global health spending by USAID only through the GHCS account. It does not consider spending by the State Department through the GHCS account or spending by USAID on global health activities through other accounts, including Development Assistance; Economic Support Fund; Assistance for Europe, Eurasia, and Central Asia; International Organizations and Programs; and Food for Peace.

Most of the increase for "Other" within the OID budgetary category is for the NTD Program.

The Obama Administration requests that in FY2012, Congress provide approximately 25% more for USAID's global health activities funded through the GHCS account than in FY2010. The majority of the increases are aimed at areas the Administration has prioritized through GHI, including strengthening national health systems and raising investments in areas where progress has lagged. The most notable increases include

- $846 million for child survival and maternal health programs, up 78.5% from the $474 million Congress provided in FY2010;[16]
- $100 million for neglected tropical diseases, up 54% from the $65 million provided in FY2010; and
- $626 million for family planning and reproductive health, up 19% from the $525 million provided in FY2010.

Since the George W. Bush Administration, successive Congresses have mostly appropriated funds for USAID's global health programs in excess of presidential requests. As concerns about the U.S. economy have heightened, however, Congress has sought ways to reduce federal spending. Some Members of the 112th Congress have begun to question U.S. foreign aid levels, in general, and to argue for the reduction or elimination of health assistance. Although some Members of Congress argue that cuts to these programs could yield important savings, others contend that such reductions would have little impact on the federal deficit but could significantly imperil the lives of vulnerable populations reliant on U.S. health assistance.

Congressional debate over funding levels for global health programs is tied to broader, longstanding discussions over the value, design, and funding levels of foreign aid programs. These debates are related to concern over aid effectiveness and reform of USAID, as well as the U.S. federal budget deficit and efforts to reduce government spending. Some Members have long-questioned the impact of U.S. global health investments, have called attention to corruption practices by various recipient governments receiving global health assistance, and have encouraged greater commitment to global health issues by these states.[17] In March 2011, Members of the House Appropriations Subcommittee on State-Foreign Operations raised some of these concerns at oversight and budget hearings.[18] In relation to the Administration's FY2012 budget request, some Members of Congress have argued that investing significant resources in global health represents "misplaced priorities" in a difficult fiscal environment.[19] Some have also

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[16] For comparability, the numbers for child survival and maternal health programs do not include funding for nutrition, which has historically been funded through maternal and child health programs. In FY2011, however, the Administration requested additional funds for nutrition activities. According to the FY2011 CBJ, USAID spent $75.0 million in FY2010. In FY2012, the Administration requested $150 million for nutrition activities through the GHCS account. **Figure 3**, **Table 1**, and **Table A-1** combine nutrition funding with child survival and maternal health programs.

[17] Shannon Kowalski, *The Human Cost of Misplaced Priorities*, Open Society Foundation, Blog, April 5, 2010, http://blog.soros.org/2010/04/the-human-cost-of-misplaced-priorities/.

[18] See U.S. Congress, House Committee on Appropriations, Subcommittee on State, Foreign Operations, and Related Programs, *Hearing on Proposed FY2012 Appropriations for Global Health and HIVA/IDS Programs*, 112th Cong., 1st sess., March 31, 2011 and U.S. Congress, House Committee on Appropriations, Subcommittee on State, Foreign Operations, and Related Programs, *Hearing on Oversight of State Department and Foreign Operations Programs*, 112th Cong., 1st sess., March.3, 2011.

[19] Letter from House Committee on Foreign Affairs, to Representative Paul Ryan and Representative Van Hollen, March 17, 2011.

argued that delaying spending cuts for global health now might necessitate more drastic cuts in the future.

USAID is reportedly responding to concerns over aid effectiveness. For example, USAID Administrator Rajiv Shah created a new suspension and debarment task force, led by Deputy Administrator Don Steinber, to monitor, investigate, and respond to suspicious activity.[20] USAID also requests $19.7 million to implement a new evaluation policy that would require all major projects to undergo an independent evaluation with results being released within three months of completion.[21] Finally, Administrator Shah announced USAID would begin to fund programs based on "unit cost of impact" and that USAID would aim investments at programs that were the most efficient and effective and divest from those that had "a unit cost of impact that is unnecessarily high."[22]

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[20] U.S. Congress, Senate Committee on Foreign Relations, *Statement by Dr. Rajiv Shah, USAID Administrator*, Hearing on International Development Policy Priorities in the FY 2012 Budget, 112th Cong., 1st sess., April 13, 2011.

[21] Ibid. Also see USAID, *Evaluation Policy*, January 19, 2011, http://www.usaid.gov/evaluation/USAID_EVALUATION_POLICY.pdf?020911.

[22] Federal News Service, *The Modern Development Enterprise*, Transcript of Presentation by Ambassador Rajiv Shah at the Center for Global Development, January 19, 2011, http://50.usaid.gov/wp-content/uploads/2011/01/0119usaid-shah_FinalTranscript.pdf.

Appendix. USAID Global Health Data in Detail

Table A-1. State-Foreign Operations Global Health Spending, FY2001-FY2012

(current, U.S. $ millions)

USAID Program	FY2001 Actual	FY2002 Actual	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 Actual
CS/MH/Nutrition	361.1	391.7	389.7	442.9	451.7	447.8	427.9
Nutrition[a]	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
VC	36.7	32.3	34.3	36.0	35.3	29.7	19.6
HIV/AIDS	318.0	424.0	523.8	555.5	384.7	373.8	345.9
OID	140.2	182.0	173.1	200.5	215.8	445.1	586.4
TB	*62.0*	*72.0*	*76.6*	*85.1*	*92.0*	*91.5*	*94.9*
Malaria	*55.0*	*66.0*	*65.4*	*79.9*	*90.8*	*102.0*	*248.0*
H5N1/H1N1	*n/a*	*n/a*	*n/a*	*n/a*	*16.3*	*161.5*	*161.5*
Other/NTD	*23.2*	*44.0*	*31.1*	*35.5*	*16.7*	*90.1*	*82.0*
FP/RH	425.0	425.0	443.6	429.5	437.0	435.0	435.6
USAID Global Fund	100.0	50.0	248.4	309.8	335.8	247.5	247.5
USAID Total	***1,381.0***	***1,505.0***	***1,812.9***	***1,974.2***	***1,860.3***	***1,978.9***	***2,062.9***
State HIV/AIDS	n/a	n/a	n/a	488.1	1,373.9	1,777.1	2,869.0
State Global Fund	n/a	n/a	n/a	n/a	n/a	198.0	377.5
USAID and State Total	**1,381.0**	**1,505.0**	**1,812.9**	**2,462.3**	**3,234.2**	**3,954.0**	**5,309.4**

USAID Program	FY2008 Actual	FY2009 Actual	FY2010 Actual	FY2001-FY2010 Total	FY2011 Appropriations (P.L. 112-10)	FY2012 Request	Change FY2010-FY2012
CS/MH	521.9	651.0	681.6	4,767.3	n/a	1.517.4	122.6%
Nutrition[a]	*n/a*	*54.9*	*75.0*	*n/a*	*n/a*	225.5	*310.7%*
VC	20.5	30.5	18.4	293.3	n/a	15.0	-18.5%
HIV/AIDS	371.1	350.0	350.0	3,996.8	n/a	350.0	0.0%
OID	708.9	781.3	1,085.1	4,518.4	n/a	1,168.8	7.7%
TB	*163.2*	*176.6*	*243.2*	*1,157.0*	*n/s*	*254.4*	*4.6%*
Malaria	*349.6*	*385.0*	*585.0*	*2,026.7*	*n/a*	*691.0*	*18.1%*
H5N1/H1N1	*115.0*	*140.0*	*156.0*	*750.3*	*n/a*	*60.0*	*-61.5*
Other/NTD	*81.1*	*79.8*	*100.9*	*584.4*	*n/a*	*163.4*	*61.9%*
FP/RH	457.2	552.4	650.6	4,690.9	575.0[b]	769.7	18.3%
Global Fund	0.0	100.0	0.0	1,639.0	n/a	0.0	0.0%
USAID Total	***2,079.6***	***2,465.2***	***2,785.7***	***19,905.7***	***2,500.0***,	**3,820.9**	**37.2%**
State HIV/AIDS	4,116.4	4,559.0	4,609.0	19,792.5	4,595.0	4,641.9	0.7%
State Global Fund	545.5	600.0	750.0	2471.0	750.0	1,000.0	33.3%
USAID and State Total	**6,741.5**	**7,624.2**	**8,144.7**	**42,169.2**	**7,845.0**[c]	**9,462.8**	**16.2%**

Sources: Appropriations legislation, congressional budget justifications, and correspondence with USAID budget office.

Abbreviations: Child Survival and Maternal Health (CS/MH), Vulnerable Children (VC), Other Infectious Diseases (OID), Family Planning and Reproductive Health (FP/RH), Neglected Tropical Diseases NTD), Tuberculosis (TB), and Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), not available (n/a).

Notes: Figures for FY2001-FY2010 and FY2012 include funding from other USAID and State Department accounts, including Development Assistance; Economic Support Fund; Assistance for Europe, Eurasia, and Central Asia; International Organizations and Programs; and Food for Peace. FY2011 includes only GHCS funding.

a. Nutrition activities have historically been supported through maternal and child health programs. In FY2011, however, the Administration requested additional funds for nutrition activities for the first time.

b. The act provided $575 million for family planning programs and set the U.S. contribution to UNFPA at FY2008 levels. The act did not specify whether the UNFPA funds should be spent in part or in whole from USAID or the Department of State. It also did not indicate whether this amount included funding from other USAID accounts.

c. These amounts do not take into account a 0.2% rescission to all non-defense discretionary accounts included in the Department of Defense and Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10). The act included $2.5 billion for USAID's global health programs. It did not specify, however, how much USAID should spend on each global health activity, with the exception of family planning and reproductive health programs. Final figures pending.

Table A-2. PEPFAR Results, by Country: FY2004-FY2010

Country	Number of Individuals on ART	Number of OVC Receiving Care	Number of HIV-Positive Pregnant Women on ART	Estimated Number of Infant HIV Infections Averted
Angola	n/a	n/a	900	171
Botswana	12,200	36,700	0	0
Cambodia	7,300	18,600	300	57
China	5,500	100	100	19
Cote d'Ivoire	61,200	126,600	11,000	2,090
DRC	1,300	1,800	1300	247
Dominican Republic	5,500	6,000	200	38
Ethiopia	207,900	474,200	10,500	1,995
Ghana	n/a	3,400	n/a	n/a
Guyana	3,000	1,600	100	19
Haiti	27,900	67,800	1,100	209
India	2,900	19,700	700	133
Indonesia	n/a	600	n/a	n/a
Kenya	410,300	673,000	70,400	13,376
Lesotho	45,700	9,500	5,600	1,064
Malawi	n/a	76,700	20,900	3,971
Mozambique	138,800	237,200	40,200	7,638
Namibia	80,300	75,500	5,600	1,064
Nigeria	334,700	255,100	28,200	5,358
Russia	14,700	1,400	n/a	n/a
Rwanda	53,800	67,800	4,200	798
South Africa	917,700	386,400	207,100	39,349
Sudan	n/a	2,000	300	57
Swaziland	38,700	n/a	7,600	1,444
Tanzania	255,500	330,100	58,800	11,172
Thailand	n/a	600	n/a	n/a
Uganda	207,900	384,200	33,100	6,289
Vietnam	31,000	17,300	1,200	228
Zambia	286,000	376,200	66,400	12,616
Zimbabwe	59,900	102,100	26,700	5,073
Total	**3,209,700**	**3,752,200**	**602,500**	**114,475**

Source: Reproduced by CRS from State Department, Office of the Global AIDS Coordinator, *The U.S. President's Emergency Plan for AIDS Relief*, Seventh Annual Report to Congress, http://www.pepfar.gov/documents/organization/166734.pdf.

Notes: Data reflects supported activities completed by September 30, 2010.

"n/a" refers to countries in which PEPFAR programs did not support the activity and "0" refers to countries whose governments did not directly support the activity.

Figure A-1. USAID Spending on PMI, by Country: FY2005-FY2010

(current, U.S. $)

PMI Funding								
	Country	FY 2005 Jump-Start Funding	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	Total
Round 1	Angola	1,740,000	7,500,000	18,500,000	18,846,000	18,700,000	35,500,000	
	Tanzania	2,000,000	11,500,000	31,000,000	33,725,000	35,000,000	52,000,000	
	Uganda	510,775	9,500,000	21,500,000	21,822,000	21,600,000	35,000,000	
Round 2	Malawi		2,045,000	18,500,000	17,854,000	17,700,000	27,000,000	
	Mozambique		6,259,000	18,000,000	19,838,000	19,700,000	38,000,000	
	Rwanda		1,479,000	20,000,000	16,862,000	16,300,000	18,000,000	
	Senegal		2,168,000	16,700,000	15,870,000	15,700,000	27,000,000	
Round 3	Benin		1,774,000	3,600,000	13,887,000	13,800,000	21,000,000	
	Ethiopia		2,563,000	6,700,000	19,838,000	19,700,000	31,000,000	
	Ghana		1,478,000	5,000,000	16,862,000	17,300,000	34,000,000	
	Kenya		5,470,000	6,050,000	19,838,000	19,700,000	40,000,000	
	Liberia			2,500,000	12,399,000	11,800,000	18,000,000	
	Madagascar		2,169,000	5,000,000	16,862,000	16,700,000	33,900,000	
	Mali		2,490,000	4,500,000	14,879,000	15,400,000	28,000,000	
	Zambia		7,659,000	9,470,000	14,879,000	14,700,000	25,600,000	
Round 4	DRC						18,000,000	
	Nigeria						18,000,000	
	Headquarters		1,500,000	10,000,000	21,596,500	26,100,000	36,000,000	
	PMI Total		30,000,000	154,200,000	295,857,500	299,900,000	500,000,000	1,279,957,500
	Jump-Start Total	4,250,775	35,554,000	42,820,000			36,000,000	118,624,775
	Total Overall	4,250,775	65,554,000	197,020,000	295,857,500	299,900,000	536,000,000	1,398,582,275

Source: Reproduced by CRS from USAID, *The President's Malaria Initiative*, Fifth Annual Report to Congress, April 2011, p. 66, http://www.pmi.gov/resources/reports/pmi_annual_report11.pdf.

Notes: Does not include additional spending on malaria by USAID through other accounts or by other U.S. agencies, including CDC and NIH. FY2008 levels include 0.81% rescission.

Figure A-2. PMI Results: 2006-2010

Indicator	Year 1 (2006)	Year 2 (2007)	Year 3 (2008)	Year 4 (2009)	Year 5 (2010)	Cumulative
People protected by IRS (houses sprayed)	2,097,056 (414,456)	18,827,709 (4,353,747)	25,157,408 (6,101,271)	26,965,164 (6,656,524)	27,199,063 (6,693,218)	N/A
ITNs procured	1,047,393	5,210,432	6,481,827	15,160,302	17,532,839	45,432,793 (30,343,517 distributed)
ITNs procured by other donors and distributed with PMI support	—	369,900	1,287,624	2,966,011	10,856,994	15,480,529
IPTp treatments procured	—	583,333	1,784,999	1,657,998	6,264,752	10,291,082 (5,084,185 distributed)
Health workers trained in IPTp/focused antenatal care	1,994	3,153	12,557	14,015	14,146	N/A
Rapid diagnostic tests procured	1,004,875	2,082,600	2,429,000	6,254,000	13,340,110	25,110,585 (16,104,306 distributed)
Health workers trained in malaria diagnosis (RDTs and/or microscopy)	—	1,370	1,663	2,856	17,335	N/A
ACT treatments procured	1,229,550	8,851,820	22,354,139	21,833,155	41,048,295	95,316,959 (67,509,272 distributed)
ACT treatments procured by other donors and distributed with PMI support	—	8,709,140	112,330	8,855,401	3,536,554	21,213,425
Health workers trained in case management	8,344	20,864	35,397	41,273	36,458	N/A

Source: Reproduced by CRS from USAID, *The President's Malaria Initiative*, Fifth Annual Report to Congress, April 2011, p. 2.

Notes: Data reported in this table reflects activities conducted since PMI was launched in 2005 through January 31, 2010. It also includes results from activities conducted in the Democratic Republic of Congo (DRC) and Nigeria, as well as the 15 PMI focus countries.

A cumulative count of people protected by indoor residual spraying (IRS) is not provided, because most areas are sprayed more than once.

A cumulative count of health workers trained is not provided because some health workers were trained more than once.

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