Global Health: USAID Programs and Appropriations from FY2001 through FY2010

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Summary

A number of U.S. agencies and departments implement U.S. government global health interventions. Overall, U.S. global health assistance is not always coordinated. Exceptions to this include U.S. international responses to key infectious diseases—for example, U.S. programs to address HIV/AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR), malaria through the President's Malaria Initiative (PMI), and avian and pandemic influenza through the Avian Flu Task Force. Although a number of U.S. agencies and departments implement global health programs, this report focuses on funding for global health programs conducted by the U.S. Agency for International Development (USAID), a key recipient of U.S. global health funding.

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 FY2009, Congress appropriated about $16.1 billion to USAID for global health programs (excluding contributions to the United Nations' Children's Fund [UNICEF] and the Global Fund to Fight AIDS, Malaria, and Tuberculosis [Global Fund]). Much of the growth in global health spending by USAID from FY2001 through FY2009 targeted three diseases: HIV/AIDS, malaria, and avian and pandemic influenza. During this period, Congress supported President Bush'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 PMI (FY2006-FY2010). Congress also endorsed the President's Pandemic Influenza Plan to address avian influenza and prepare for any pandemic influenza that might arise.

Since PEPFAR was launched in 2004, the United States has apportioned the bulk of its global health spending on the plan. In light of the dominant role that PEPFAR has played in shaping U.S. global health assistance, analysis about funding for USAID's global health programs in this report is organized to reflect changes that occurred before and after PEPFAR authorization.

President Barack Obama has 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 FY2010 budget request, President Obama indicated that his Administration would increase investments in global health programs and, through his Global Health Initiative, improve the coordination of all global health programs. The President requested that Congress approve $9.1 billion for all global health programs, including $2.6 billion for USAID. See CRS Report R40740, *U.S. Global Health Assistance: Background, Priorities, and Issues for the 111th Congress*, for more information on all U.S. global health funding.

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 FY2010, discusses how funding to each of its programs has changed during this period, and raises some related policy questions.

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Introduction

Congress appropriates funds for USAID's global health programs 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).[1] From FY2001 through FY2009, Congress appropriated about $16.1 billion to USAID for global health programs (excluding contributions to the United Nations' Children's Fund [UNICEF] and the Global Fund to Fight AIDS, Malaria, and Tuberculosis [Global Fund]).[2] Increased global health spending by USAID occurred most precipitously from FY2004 to FY2009, after the launching of the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI).

President Barack Obama has indicated early in his Administration that global health is a priority. On May 5, 2009, he announced his new Global Health Initiative, a six-year plan to spend $63 billion using an integrated approach to fight the spread of infectious diseases while addressing other global health challenges.[3] For the first year of this plan, the President has requested some $8.6 billion for global health programs funded through the recently established Global Health and Child Survival account (GHCS)—which combines funding for USAID global health programs, HIV/AIDS programs managed by the Department of State under the Global HIV/AIDS Initiative (GHAI), and a contribution to the Global Fund—and other accounts.[4] Although the President has indicated that his global health initiative would "adopt a more integrated approach to fighting diseases, improving health, and strengthening health systems," about 70% of the funds requested through the GHCS account is targeted at HIV/AIDS interventions.

On July 9, 2009, the House voted to exceed the President's request and passed the FY2010 Foreign Operations Appropriations (H.R. 3081), which included $8.8 billion dollars for global health programs. The Senate version (S. 1434) included about $100 million more than the President requested for global health programs, about $8.7 billion.

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**). The bulk of this growth was generated by increases in funding for

[1] Other CRS reports provide background information and analysis on these and other programs. For example, see CRS Report RL34586, *Child Survival and Maternal Health: U.S. Agency for International Development Programs, FY2001-FY2008*, by Tiaji Salaam-Blyther; CRS Report RL34569, *PEPFAR Reauthorization: Key Policy Debates and Changes to U.S. International HIV/AIDS, Tuberculosis, and Malaria Programs and Funding*, by Kellie Moss; CRS Report RL34246, *Tuberculosis: International Efforts and Issues for Congress*, by Tiaji Salaam-Blyther; and CRS Report RL33250, *International Population Assistance and Family Planning Programs: Issues for Congress*, by Luisa Blanchfield.

[2] For background information on U.S. Contributions to the Global Fund, see CRS Report RL33396, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress*, by Tiaji Salaam-Blyther.

[3] The White House, "Statement by the President on Global Health Initiative," press release, May 5, 2009, http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/.

[4] USAID global health programs are funded through the GHCS account, as well as other accounts, which may include Assistance to Europe, Eurasia, and Central Asia (AEECA), Development Assistance (DA), and Economic Support Fund (ESF).

programs to address HIV/AIDS and other infectious diseases (**Figure 1**). Spending on global HIV/AIDS programs, however, far outpaced that amount. From FY2001 through FY2003, Congress provided $2.4 billion for U.S. global HIV/AIDS efforts (implemented by five agencies and departments) and $622.5 million for U.S. contributions to the Global Fund (**Table 2**). During this time period, Congress authorized agencies and departments other than USAID to implement HIV/AIDS programs through the LIFE Initiative (launched under the Clinton Administration) and expanded access to treatments to prevent the transmission of HIV/AIDS from mother to child through the International Mother and Child HIV Prevention Initiative (instituted under the Bush Administration).[5]

Table 1. USAID Global Health Programs: FY2001-FY2003

(current U.S. $ millions)

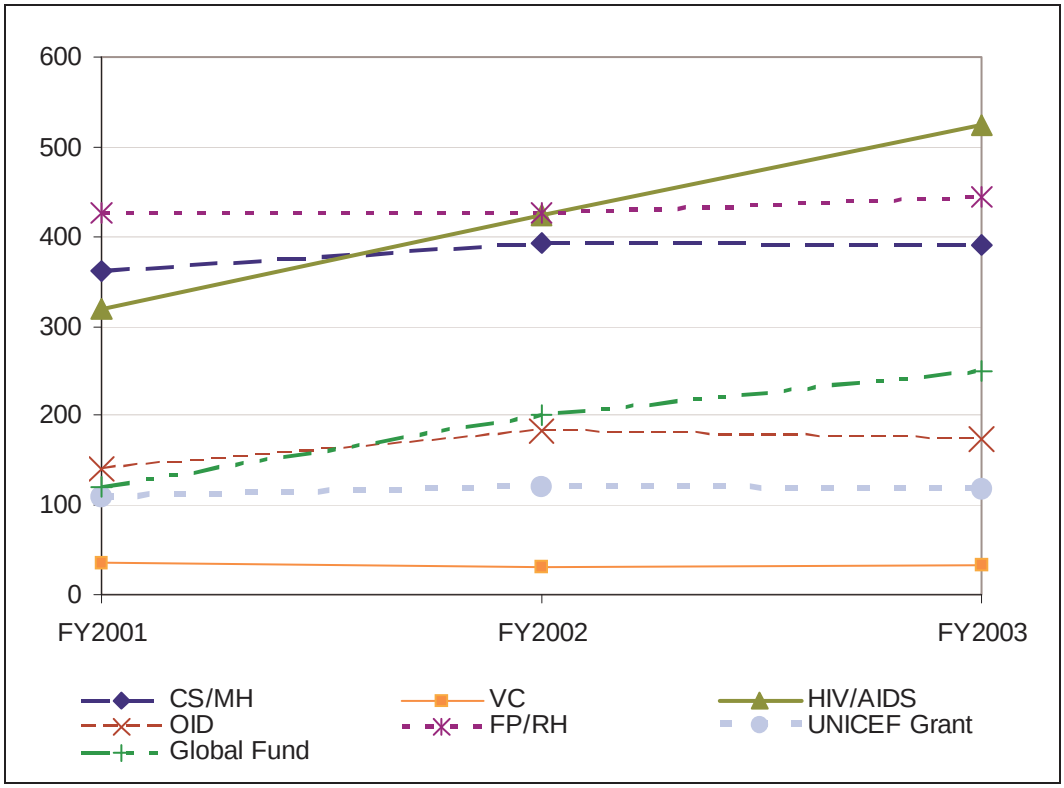
Program	FY2001 Enacted	FY2002 Enacted	FY2003 Enacted	% Change: FY2001-FY2003
Child Survival/Maternal Health (CS/MH)	361.1	391.7	389.7	7.9%
Vulnerable Children (VC)	36.7	32.3	34.3	-6.5%
HIV/AIDS	318.0	424.0	523.8	64.7%
Other Infectious Diseases (OID)	140.2	182.0	173.1	23.7%
Family Planning/Reproductive Health (FP/RH)	425.0	425.0	443.6	4.4%
United Nations Children's Fund (UNICEF) Grant	109.8	120.0	119.2	8.6%
Global Fund	$100.0	$50.0	$248.4	148.4%
Total	**1,490.8**	**1,625.0**	**1,932.1**	**29.6%**

Source: Compiled by CRS from appropriations legislation and correspondence with Robbin Boyer, USAID Budget Office.

[5] For more on these initiatives, 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 Robbin Boyer, USAID Budget Office.

Table 2. U.S. Spending on Global HIV/AIDS Programs and the Global Fund: FY2001-FY2003

(current U.S. $ millions)

Agency, Department, or Program	FY2001	FY2002	FY2003
USAID	318.0	424.0	523.8
CDC	104.5	143.7	182.6
NIH Global HIV/AIDS Research	160.1	218.2	278.5
DOD	10.0	14.0	7.0
DOL	10.0	10.0	9.9
Global Fund	100.0	175.0	347.8
Total	**702.6**	**984.9**	**1,349.6**

Source: Compiled by CRS from appropriations legislation and correspondence with Robbin Boyer, USAID Budget Office.

Acronyms: Centers for Disease Control and Prevention (CDC); National Institutes of Health (NIH); Department of Defense (DOD); and Department of Labor (DOL).

USAID Global Health Programs: FY2004-FY2008

Since Congress authorized PEPFAR through the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25) and the plan was launched in FY2004, debate on how funds for USAID's global health programs should be apportioned has focused mostly on efforts to respond to four infectious disease threats: HIV/AIDS, malaria, pandemic influenza, and tuberculosis.

HIV/AIDS

Appropriations to HIV/AIDS programs and discussions about which interventions those funds should support have dominated debate about the appropriate level of funding for USAID's global health programs. In the first four years of PEPFAR implementation, some observers contended that support for PEPFAR was diverting some of the funds that might have been otherwise spent on other critical global health programs, such as child survival and maternal health, to those focused exclusively on HIV/AIDS. While some Members applauded the Administration's focus on HIV/AIDS, particularly through PEPFAR,[6] they chided the Administration for requesting less for other global health efforts, particularly those related to child survival, maternal health, family planning, and reproductive health (**Table 3**).[7] Other Members questioned the ability of recipient countries to absorb burgeoning HIV/AIDS funds because of overtaxed health systems. Some Members urged the Administration to better integrate HIV/AIDS programs with other health programs, particularly those related to TB and nutrition.

Although average appropriations for USAID's bilateral HIV/AIDS programs fell between FY2004 and FY2008, debate focused on total HIV/AIDS spending, because USAID receives most of the funds that Congress provides to the State Department for the Global HIV/AIDS Initiative (GHAI).[8] From FY2004 through FY2008, Congress made available $15.3 billion for global HIV/AIDS programs (**Table 4**). During that same time period, Congress provided $4.6 billion for USAID's child survival and maternal health, vulnerable children, and family planning and reproductive health initiatives.

[6] For more information on PEPFAR, see CRS Report RL34569, *PEPFAR Reauthorization: Key Policy Debates and Changes to U.S. International HIV/AIDS, Tuberculosis, and Malaria Programs and Funding*, by Kellie Moss.

[7] For example, at a hearing held by the House Foreign Operations subcommittee on April 26, 2006 on USAID's FY2007 budget request, Representative Nita Lowey questioned the effectiveness of raising spending on PEPFAR, while proposing a reduction or no change in spending for other development assistance and non-AIDS programs.

[8] The Office of the Global AIDS Coordinator (OGAC) at the State Department is responsible for coordinating and overseeing U.S. global HIV/AIDS funds. The bulk of the funds are spent on the Global HIV/AIDS Initiative (which mostly funds HIV/AIDS activities in 15 countries). Through GHAI, OGAC transfers funds to implementing agencies. USAID receives the greatest portion of these funds. For background on this process and actual funds transferred from FY2004 through FY2008, see CRS Report RL33771, *Trends in U.S. Global AIDS Spending: FY2000-FY2008*, by Tiaji Salaam-Blyther.

Table 3. USAID Global Health Programs: FY2004-FY2008

(current U.S. $ millions)

Program	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 Actual	FY2008 Actual	FY2004-FY2008 Total	%Change: FY2004-FY2008
CS/MH	442.9	451.7	447.8	427.9	521.9	2,292.2	17.8%
VC	36.0	35.3	29.7	19.6	20.5	141.1	-43.0%
HIV/AIDS	555.5	384.7	373.8	345.9	371.1	2,031.0	-33.2%
OID	200.5	215.8	445.1	586.4	707.9	2,155.7	253.1%
TB	*85.1*	*92.0*	*91.5*	*162.2*	*94.9*	*525.7*	90.6%
Malaria	*79.9*	*90.8*	*102.0*	*349.6*	*248.0*	*870.3*	337.5%
Avian/Pandemic Flu	*n/a*	*16.3*	*161.5*	*115.0*	*161.5*	*454.3*	605.5%[c]
Other	*35.5*	*16.7*	*90.1*	*82.0*	*81.1*	*305.4*	*128.5%*
FP/RH	429.5	437.0	435.0	435.6	457.2	2,194.3	6.5%
Global Fund	397.6	248.0	247.5	247.5	0.0[b]	1,140.6	n/a[d]
Total w/ Global Fund	**2,062.0**	**1,772.5**	**1,978.9**	**2,062.9**	**2,078.6**	**9,954.9**	**0.8%**
Total w/o Global Fund[a]	**1,664.4**	**1,524.5**	**1,731.4**	**1,815.4**	**2,078.6**	**8,814.3**	**24.9%**

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 the State Department since FY2004.

Figures for all fiscal years include funding through all accounts, which in addition to the Global Health and Child Survival account, may include Assistance to Europe, Eurasia, and Central Asia (AEECA), Development Assistance (DA) and Economic Support Fund (ESF).

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

a. The final row reflects appropriations to USAID's global health programs excluding U.S. contributions to the Global Fund.

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

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

d. Changes in U.S. contributions to the Global Fund from FY2004-FY2008 are not calculated, because: Congress stopped channeling support for the Global Fund through USAID in FY2008. Also, in prior fiscal years, Congress provided funds to USAID and the Department of State for U.S. contributions to the Global Fund, as well as to NIH through Labor/HHS Appropriations. Thus, U.S. contributions to the Global Fund channeled through USAID represent only a portion of the total U.S. contribution to the Fund. Since FY2008, all U.S. contributions to the Global Fund through Foreign Operations Appropriations have been provided to the U.S. Department of State. Congress continues to channel additional support to the Global Fund through Labor/HHS Appropriations. For background on this process, see CRS Report RL33396, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress*, by Tiaji Salaam-Blyther.

Table 4. Actual U.S. Funding for Global HIV/AIDS, TB, and Malaria: FY2004-FY2008

(current U.S. $ millions)

Program, Agency, or Department	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 Actual	FY2008 Actual	FY2004-FY2008 Total	% Change FY2004-FY2008
USAID HIV/AIDS	555.5	384.7	373.8	345.9	371.1	2,031.0	-33.2%
State GHAI	488.1	1373.9	1777.1	2869.0	4116.4	10,624.5	743.4%
Foreign Military Financing	1.5	2.0	2.0	1.6	1.0	8.1	-33.3%
CDC Global AIDS Program	266.9	123.8	122.6	121.0	118.9	753.2	-55.5%
NIH International HIV Research[a]	317.2	369.5	373.0	361.7	411.7	1,833.1	29.8%
DOL AIDS Initiative	9.9	1.9	0.0	0.0	0.0	11.8	-100.0%
DOD HIV/AIDS	4.3	7.5	5.2	0.0	8.0	25.0	86.0%
HIV/AIDS Subtotal	**1,643.4**	**2,263.3**	**2,653.7**	**3,699.2**	**5,027.1**	**15,286.7**	**205.9%**
USAID Tuberculosis	85.1	92.0	91.5	94.9	162.2	525.7	90.6%
CDC Tuberculosis[b]	2.0	2.3	2.2	1.9	1.6	10.0	-20.0%
Tuberculosis Subtotal	**87.1**	**94.3**	**93.7**	**96.8**	**163.8**	**535.7**	**88.1%**
USAID Malaria	79.9	90.8	102.0	248.0	349.6	870.3	337.5%
CDC Malaria	9.2	9.1	9.0	8.9	8.7	44.9	-5.4%
Malaria Subtotal	**89.1**	**99.9**	**111.0**	**256.9**	**358.3**	**915.2**	**302.1%**
U.S. Contributions to the Global Fund	458.9	435.0	544.5	724.0	840.3	3,002.7	83.1%
Total	**2,287.5**	**2,905.7**	**3,402.9**	**4,776.9**	**6,389.5**	**19,740.3**	**180.4%**

Source: Compiled by CRS from congressional budget justifications and correspondence with agency officials.

a. NIH does not request funding for international HIV research. The figures represent the estimated value of the grants NIH anticipates awarding each fiscal year.

b. CDC does not receive appropriations specifically for global TB activities but rather spends part of its TB control appropriation on global TB efforts.

Malaria

Those concerned about the impact of malaria on the health on the world's poorest, particularly in Africa, contended that USAID did not allocate enough of its malaria funding on treating those sickened by malaria in Africa. From FY2001 through FY2005, Congress provided $414 million to fight malaria globally. During this time period, some Members of Congress and health experts maintained that U.S. bilateral malaria interventions—which were mostly implemented by USAID—yielded little tangible results, because a relatively small proportion of the funds were spent on medicines to cure malaria and prevent its transmission from mother to child. Instead, the programs focused more on preventative measures such as information-raising campaigns and distributing insecticide-treated bed nets, and less on other highly effective strategies like indoor residual spraying (IRS) and malaria treatments.

Shortly after PEPFAR was authorized and implemented, the President announced the President's Malaria Initiative (PMI), a coordinated U.S. government response to malaria in 15 sub-Saharan

African countries.[9] Launched in FY2006, PMI is led by USAID and implemented in conjunction with CDC. The initiative is part of a broader change in USAID's malaria policies, which since PMI's launching has focused on concentrating resources in fewer countries to increase program effectiveness and devoting greater resources to procure malaria commodities, such as drugs that treat or prevent malaria, and instituting IRS. U.S. spending on malaria commodities has increased from 8% of the FY2004 USAID malaria budget to 46% of the FY2008 USAID malaria budget. From FY2006 through FY2008, Congress provided $726.2 million for U.S. malaria programs.

H5N1 Avian Influenza

Concerns about a possible influenza pandemic also prompted increased appropriations to USAID's global health programs between FY2004 and FY2008. In FY2005, Congress began providing emergency supplemental funds for U.S. technical assistance efforts related to global pandemic influenza preparedness and response. Those funds have been used to train health workers in foreign countries to prepare for and respond to a pandemic that might occur from any influenza virus, including H5N1 avian flu and the newly emergent influenza virus, H1N1 "swine flu," which was characterized as a pandemic by the World Health Organization (WHO) on June 11, 2009 (discussed below).[10]

Influenza A/H5N1 is one of many strains of avian influenza that can cause illness in poultry and has killed about 60% of the people who have contracted the virus. Bird (or avian) flu outbreaks have occurred at various times around the world. Until 1997, there were no known human H5N1 cases. That year, 18 people in Hong Kong contracted the virus, including 6 who died. To contain the virus, 1.5 million birds were killed. Since 2003, when the virus resurfaced and killed four people, scientists have closely monitored resurgent H5N1 outbreaks. As of July 30, 2009, the last human H5N1 case was reported to WHO on July 1, 2009, with a total of 436 people having contracted the virus, of whom 262 died.[11]

The State Department announced in October 2008 that the United States has pledged nearly $950 million to international avian and pandemic influenza efforts, accounting for 30.9% of overall international donor pledges of $3.07 billion since 2005.[12] The funds have been used to support international efforts in more than 100 nations and jurisdictions. The assistance focused on three areas: preparedness and communication, surveillance and detection, and response and containment.[13]

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[9] For background on PMI, see CRS Report R40494, *The President's Malaria Initiative and Other U.S. Global Efforts to Combat Malaria: Background, Issues for Congress, and Resources*, by Kellie Moss.

[10] For more information on the 2009 influenza pandemic, see CRS Report R40588, *The 2009 Influenza Pandemic: U.S. Responses to Global Human Cases* , by Tiaji Salaam-Blyther, and CRS Report R40554, *The 2009 Influenza Pandemic: An Overview*, by Sarah A. Lister and C. Stephen Redhead.

[11] For up to date information on human cases of H5N1 avian flu, see WHO, *Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO*, http://www.who.int/csr/disease/avian_influenza/country/en/. For up to date information on human cases of H1N1, see WHO, *Situation Updates – Pandemic (H1N1) 2009*, http://www.who.int/csr/disease/swineflu/updates/en/index.html.

[12] Correspondence with Jeffrey Lutz, Avian Influenza Task Force, U.S. Department of State, April 28, 2009 and U.S. Department of State press release, "U.S. International Avian and Pandemic Influenza Assistance Approaches $950 Million," October 25, 2008 at http://2001-2009.state.gov/r/pa/prs/ps/2008/oct/111241.htm.

[13] In addition to these funds, other U.S. agencies and departments conduct pandemic and avian influenza activities, which in many cases serve both domestic and international objectives (i.e., quarantine, rapid-testing, etc.). For example, DOD-Global Emerging Infections System (GEIS) and the National Institutes of Health (NIH) conduct avian influenza (continued...)

Tuberculosis

WHO estimates that someone contracts TB every second and that about one-third of all people in the world carry TB; most of these cases, however, are latent. Appropriations for USAID's global TB programs remained mostly level from FY2004 through FY2007, hovering between $90 million and $95 million. Some believe that congressional support for boosting funding for global TB programs rose in response to a 2007 incident when a man carrying XDR-TB entered the United States.[14] In FY2008, Congress made available $162.2 million to USAID for global TB efforts (some $67 million above FY2007 levels) and directed OGAC to apply at least $150 million of GHAI appropriations to TB/HIV co-infection programs.[15] Unlike in the cases of the other three diseases (HIV/AIDS, malaria, and avian flu), Congress has not authorized the creation of a coordinating mechanism for overseeing U.S. support for international TB programs.

USAID Global Health Programs: FY2009-FY2010

After Congress authorized the extension of PEPFAR through the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Acct of 2008 (Lantos-Hyde Act, P.L. 110-293), debate related to USAID's global health programs began to focus on how to integrate PEPFAR programs with pre-existing global health interventions. The Act authorized $48 billion for U.S. international HIV/AIDS, tuberculosis, and malaria programs from FY2009 through FY2013. The Act authorized a number of changes to U.S. international HIV/AIDS, tuberculosis, and malaria programs, including higher funding levels for programs targeted at the three diseases, the establishment of the U.S. Global Malaria Coordinator within USAID, and strategies to promote sustainability of health care systems in affected countries.

In FY2009, Congress and the Administration also became concerned about other health emergencies, such as the impact of global food shortages on vulnerable populations and a new influenza virus. The emergence of these issues has prompted more vigorous debate on how to improve the coordination and integration of existing health programs and how to strengthen health systems in poor countries to the extent that they can respond to whatever health crisis might develop.

Pandemic Influenza

In April 2009, an influenza virus that had never circulated among humans before began to spread around the world. The virus is called Influenza A/HIN1. There are many unknown factors about the disease, including its origin. It is, however, mostly treatable, and less than 1% of those who

(...continued)

research activities.

[14] Two months after Andrew Speaker entered the United States carrying XDR-TB, Congress held a special hearing on U.S. efforts to contain and combat TB domestically and globally. See, U.S. Congress, Senate Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, *Cracks in the system: An examination of one tuberculosis patient's international public health threat*, 110th Cong., 1st sess., June 6, 2007, S.Hrg.110-359.

[15] For background information on U.S. funding for global TB programs, see CRS Report RL34246, *Tuberculosis: International Efforts and Issues for Congress*, by Tiaji Salaam-Blyther.

have contracted the virus have died. By June 2009, WHO declared that the virus had spread so pervasively that it had become a pandemic. The characterization was based on the reach of the virus, not its virulence. As of July 30, 2009, WHO has confirmed nearly 135,000 human H1N1 cases, including 816 deaths. About 87% of those fatalities occurred in the Americas. It is important to note that many more people may have contracted H5N1 and H1N1; the number of cases reflects only those reported to WHO by health authorities.

On May 1, 2009, USAID established the Pandemic Influenza Response Management Team—composed of its Bureaus of Global Health and Democracy, Conflict, and Humanitarian Assistance—to coordinate all U.S. humanitarian responses to H1N1 outbreaks.[16] As of May 18, 2009, the United States has provided more than $16 million to assist countries in Latin America and the Caribbean respond to the H1N1 pandemic (**Table 5**). These funds are used for H1N1 responses specifically, and build on influenza pandemic preparedness efforts that began in earnest after the 2003 severe acute respiratory syndrome (SARS) outbreak and were expanded at the peak of H5N1 outbreaks. U.S. international responses to the H1N1 pandemic are conducted mostly by CDC and USAID, though the Department of Defense (DOD) has also provided support. Foreign assistance efforts largely focus on commodity delivery and disease detection and surveillance.

In addition to the support listed in **Table 4**, USAID announced on May 27, 2009, that it had donated "4,000 personal protection equipment (PPE) kits to Vietnam and 100 boxes of biodegradable powder—enough to produce over 20,000 liters of disinfectant to help animal health workers respond quickly to potential new outbreaks of avian or H1N1 influenza."[17] The kits—valued at over $57,000—can be used in response to H5N1 bird flu or H1N1 outbreaks.

[16] USAID, *Global—Influenza A/H1N1*, Fact Sheet # 3, May 18, 2009, p. 1, http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/countries/pandemic_influenza/template/fs_sr/pandemic_influenza_fs03_05-18-2009.pdf.

[17] USAID, "United States Donates Protective Suits and Disinfectant for Avian Influenza Response Preparedness," press release, May 27, 2009, http://vietnam.usembassy.gov/pr052709.html.

Table 5. U.S. Assistance for International H1N1 Responses, FY2009

(U.S. $ thousands)

Agency/Implementing Partner	Activity	Location	Amount
HHS/Government of Mexico	Health	Mexico	***10,000.0***
USAID/Government of Mexico	Emergency Relief Supplies	Mexico	875.0
USAID/Pan American Health Organization (PAHO)	Emergency Relief Supplies	Panama	262.0
USAID/PAHO	Health	Central America	2,500.0
USAID/World Health Organization	Health	Central America	2,500.0
USAID	Administrative Support	Mexico	100.0
USAID Total			***6,237.0***
DOD/Ministries of Health	Emergency Relief Supplies	Central America	***234.7***
Total U.S. Assistance			**16,471.7**

Source: USAID, *Global—Influenza A/H1N1*, Fact Sheet # 3, May 18, 2009.

In addition to the funds that Congress provided specifically for responses to the H1N1 pandemic, Congress also provided funds to help countries respond to avian influenza outbreaks and prepare for any other influenza virus that might cause a pandemic. Through FY2008 Supplemental Appropriations (P.L. 110-252), Congress mandated that $75 million be provided to USAID for avian flu interventions in FY2009 (**Table 6**). Congress provided USAID an additional $50 million for international pandemic preparedness efforts through FY2009 Supplemental Appropriations (P.L. 111-32). These funds were provided in addition to the $140 million included in FY2009 Omnibus Appropriations (P.L. 111-8) for avian and pandemic influenza preparedness efforts.

Table 6. USAID Global Health Programs: FY2009-FY2010

(current U.S. $ millions)

Program	FY2009 Estimate	FY2010 Request	%Change: FY2009-FY2010 Request	FY2010 House[b]	FY2010 Senate[b]
CS/MH	628.3	666.3	6.1%	669.3	666.3
VC	32.9	18.9	-42.6%	15.0	18.9
HIV/AIDS	350.0	350.0	0.0%	350.0	350.0
OID	914.5	1,029.8	19.1%	1,026.4	974.0
Tuberculosis	176.6	191.4	8.4%	266.3	201.0
Malaria	385.0	585.0	51.9%	585.0	585.0
Avian/Pandemic Flu	265.0	125.0	-52.8%	75.0	100.0
Other	87.9	128.4	46.1%	50.0	88.0
FP/RH	515.0	543.5	5.5%	648.5	628.5
Global Fund (GF)	100.0	0.0	-100.0%	0.0	0.0
Total with GF	2,540.7[a]	2,608.5	2.7%	2,709.2	2,637.7
Total without GF	2,440.7	2,608.5	6.9%	2,709.2	2,637.7

Source: Appropriations legislation and correspondence with USAID Budget Office.

a. FY2009 estimate includes $75 million provided to USAID through FY2008 Supplemental Appropriations (P.L. 110-252), which mandated that the funds be used for international H5N1 avian flu interventions in FY2009; $50 million provided through FY2009 Supplemental Appropriations (P.L. 111-32) for international pandemic preparedness efforts and $100 million for a U.S. contribution to the Global Fund.

b. FY2010 House and Senate figures are drawn from FY2010 House State-Foreign Operations Appropriations Report (H.Rept. 111-187) and FY2010 Senate State-Foreign Operations Appropriations Report (S.Rept. 111-44), respectively. House CS/MH $669.3 million includes $528 million from the GHCS account, $127.5 million from ESF, and $13.9 million from AEECA. The House reports that it has met the Administration's request for pandemic flu preparedness and response activities, given the $50 million for such activities provided through the FY2009 Supplemental Appropriations. House TB $266.3 million includes $252 million from the GHCS account and $14.3 million from other accounts. House FP/RH $648.5 million includes $520 from the GHCS account, $58.8 million from ESF, and $60 million to be provided to the United Nations Population Fund (UNFPA) through the State Department. According to the Senate Appropriations Committee, if the Senate Report does not indicate that additional funds have been made available for USAID global health programs through other accounts, the Committee recommends that funds be provided through all accounts at requested levels.

USAID Global Health Programs: FY2009 Appropriations

In the first session of the 111th Congress, a number of congressional briefings have been held to raise awareness about various issues related to global health, including maternal and child health, family planning and reproductive health, and strengthening global health systems. Some Members advocated for sustained funding for polio eradication efforts and higher spending on family planning interventions. Others supported the enactment of H.R. 1410, the Newborn, Child, and Mother Act of 2009, which seeks to increase spending on international maternal and child health interventions.

In FY2009, Congress provided more funds to all USAID global health programs than it did in FY2008, with the exception of HIV/AIDS. Support for child survival and maternal health activities, as well as efforts to support vulnerable children, rose the most: 16.5% and 31.7%, respectively. In the accompanying explanatory statement to the FY2009 Omnibus Appropriations Act (P.L. 111-8), the Appropriations Committee indicated its support for strengthening health systems, when it directed USAID within 180 days of enactment to:

> [P]rovide a report to the Committees on Appropriations not later than 180 days after enactment of this Act on current efforts to strengthen health systems, including spending by program, and progress made. The report should include a summary of OGAC's plans to implement the World Health Organization task shifting guidelines and a summary of the health care infrastructure that will be built with HIV/AIDS funding in this Act.

Increased support in FY2009 for non-HIV/AIDS global health programs in general, and health systems in particular, seemed to indicate that Congress took into consideration the concerns that some health experts raised about the impact of other health issues on global mortality rates.

USAID Global Health Programs: FY2010 Appropriations

On June 23, 2009, the House Appropriations Committee reported out (H.Rept. 111-187) its version of the FY2010 Foreign Operations Appropriations bill, which included about $2.7 billion for global health programs at USAID and an additional $5.4 billion for global HIV/AIDS programs managed by OGAC at the State Department, including $750 million for a U.S. contribution to the Global Fund. On July 9, 2009, the House passed the FY2010 Foreign Operations Appropriations (H.R. 3081). The House-passed version includes an amendment that

transfers $10 million from the State Department to USAID for maternal health programs (H.Amdt. 306).

On July 9, 2009, the Senate Appropriations Committee reported out (S.Rept. 111-44) its version of the FY2010 Foreign Operations Appropriations (S. 1434), which included slightly lower funding levels for USAID global health programs, $2.6 billion, and an additional $5.4 billion for OGAC-managed global HIV/AIDS programs, including $700 million for a U.S. contribution to the Global Fund.

Both House and Senate Appropriations Committees emphasized the importance of improving the integration, coordination, monitoring, and evaluation of U.S. global health programs. They also underscored the importance of improving overall health systems. The House, however, attached more directives to the funds and included reporting requirements.

Key Provisions in House-Passed FY2010 Foreign Operations Appropriations

As passed by the House, the FY2010 House Foreign Operations Appropriations directs the Secretary of State to issue a report to the Appropriations Committees no later than 180 days after enactment that describes and examines all ongoing global health programs by country funded through Foreign Operations and other appropriations; discusses the impact, outcomes, and effectiveness of the programs; provides specific information about complementary work by other private and public donors; and recommends changes to such programs to improve results and enhance effectiveness. The committee also directed that $130 million of GHAI resources be used to support food security efforts; $43 million for a contribution to UNAIDS, and $160 million for TB/HIV co-infection programs.

Key Provisions in Senate Appropriations Committee-Passed FY2010 Foreign Operations Appropriations

Provisions for USAID global health, GHAI, and Global Fund contributions, as reported out of the Senate Appropriations Committee, are about $250 million less than the House version. The Senate Committee report calls for instituting a more integrated and sustainable approach to fighting disease, improving basic health care, and strengthening health systems. It also endorses the President's Global Health Initiative and describes it as an opportunity to create a comprehensive and sustainable global health strategy that identifies specific initiatives, quantitative goals, and appropriate funding levels for global health. The Senate committee report directs that 50% of microenterprise development funds be provided for microfinance service providers who work with people infected with HIV/AIDS.

Administration Priorities

Global health has emerged as a key foreign policy goal early in the Obama Administration. When releasing his FY2010 budget request, President Obama indicated that his Administration would increase investments in global health programs.[18] The President requested that Congress approve

[18] Office of Management and Budget, *A New Era of Responsibility: Renewing America's Promise*, FY2010 Budget, February 26, 2009, p. 32, http://www.whitehouse.gov/omb/assets/fy2010_new_era/A_New_Era_of_Responsibility2.pdf.

his FY2010 budget request of $8.6 billion for the recently established Global Health and Child Survival Account, which combines funding for USAID global health programs, HIV/AIDS programs managed by the Department of State under the Global HIV/AIDS Initiative (GHAI), and a contribution to the Global Fund. He also requested that Congress provide $1.5 billion in emergency funds to support U.S. domestic and international responses to H1N1.[19] He did not indicate, however, how much of the funds would be spent on international efforts.

On May 5, 2009, President Obama announced his new Global Health Initiative, a six-year plan to spend $63 billion using an integrated approach to fight the spread of infectious diseases while addressing other global health challenges.[20] In announcing the initiative, the President stated that

> [i]n the 21st century, disease flows freely across borders and oceans, and, in recent days, the 2009 H1N1 virus has reminded us of the urgent need for action. We cannot wall ourselves off from the world and hope for the best, nor ignore the public health challenges beyond our borders. An outbreak in Indonesia can reach Indiana within days, and public health crises abroad can cause widespread suffering, conflict, and economic contraction. We cannot simply confront individual preventable illnesses in isolation. The world is interconnected, and that demands an integrated approach to global health.

Although the President indicated that his global health initiative would "adopt a more integrated approach to fighting diseases, improving health, and strengthening health systems," about 70% of the funds requested under GHCS is targeted at HIV/AIDS interventions. In addition, President Obama requested some $490 million for other global health efforts to be conducted by CDC and DOD.

Related Policy Issues

From FY2001 through FY2009, USAID's spending on global health has increased by 84%. At the same time, the number of U.S. agencies and departments engaged in global health and their scope of work has grown considerably. In addition, there has been a precipitous increase in other types of organizations engaged in global health work, including non-governmental organizations, philanthropic foundations, corporate foundations, and online services that allow individuals to provide funds directly to global health causes abroad.

Although a number of advancements have been made in improving global health, some health experts have raised a number of questions about USAID's capacity to meet future related challenges. Some of the concerns relate to broader questions about USAID's workforce levels and reliance on contractors in the field, including on global health projects. Recent budget requests and legislation have included workforce increases (for more information, see CRS Report R40693, *State, Foreign Operations, and Related Programs: FY2010 Budget and Appropriations*, by Susan B. Epstein, Kennon H. Nakamura, and Marian Leonardo Lawson). Other concerns targeting the health sector include USAID's capacity to monitor and evaluate health programs, and what role USAID should play in light of the growing number of global health initiatives.

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[19] The White House, "Letter from the President to the Speaker of the House," press release, April 30, 2009, http://www.whitehouse.gov/the_press_office/Letter-from-the-President-to-the-Speaker-of-the-House-of-Representatives/.

[20] The White House, "Statement by the President on Global Health Initiative," press release, May 5, 2009, http://www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/.

Does USAID Effectively Monitor and Evaluate Its Health Programs?

USAID's ability to effectively monitor and evaluate its health programs has become an area of concern for some Members of Congress and some health experts. In April 2007, GAO released a report detailing research it conducted on USAID's monitoring and evaluation practices of its Child Survival and Maternal Health (CS/MH) account during FY2004 and FY2005. GAO concluded that it could not identify how much was actually spent on child survival and maternal health programs in FY2004 and FY2005 because the Office of the Administrator did not require its missions and bureaus to report their obligations and expenditures of CS/MH allocations and because USAID did not centrally track its missions' and bureaus' CS/MH obligations and expenditures during that time period. It also concluded that program managers did not have sufficient data to determine whether they were meeting their agencies' strategic and annual performance plans and their goals for accountability for the effective and efficient use of resources.[21] Furthermore, GAO found that the Office of the Administrator had a limited ability to verify that the allocated CS/MH funds were used for their intended purposes, including addressing congressional directives.

After having received a draft of the GAO report, USAID officials reportedly told GAO in February 2007 that they had modified their accounting system to enable the agency to record and trace future maternal and child health obligations and expenditures and verify that CS/MH funds are being used for their allocated purposes.[22] The system is not intended to function retroactively, however, and will not be able to trace accounting data prior to FY2007.

USAID reportedly revised its accounting system so that its financial data could correlate with the Foreign Assistance Framework that former Secretary Condoleeza Rice instituted and that the data could be compatible with the State Department's new planning system, which records budget allocation information. GAO found, however, that the two systems are not integrated (though USAID officials report that it can trace information between the two systems). USAID officials reported to GAO that expenditure information reflecting the accounting changes would not be available until FY2008 or FY2009. GAO has not yet released a follow-up report on this issue.

In this same report, GAO applauded the wide variety of methods that USAID used to disseminate information on health care innovations and best practices that could be used to improve maternal and child health programs in the field. GAO found, however, that USAID had not evaluated the effectiveness of its methods. Failure to assess the effectiveness and impact of its information sharing system meant that some of the health programs were operating under older methods that were not as effective as new methods and that the innovative health strategies were not uniformly applied.

The House Appropriations Committee Report (H.Rept. 111-187) to the FY2010 House Foreign Operations Appropriations expressed concern about whether U.S. global health funds were being efficiently and effectively used. The House directed the Secretary of State to issue a report to the

[21] GAO, USAID Supported a Wide Range of Child and Maternal Health Activities, but Lacked Detailed Spending Data and a Proven Method for Sharing Best Practices, p.4, GAO Report 07-486, http://www.gao.gov/new.items/d07486.pdf.

[22] GAO, USAID Supported a Wide Range of Child and Maternal Health Activities, but Lacked Detailed Spending Data and a Proven Method for Sharing Best Practices, pp. 3 and 4, GAO Report 07-486, http://www.gao.gov/new.items/d07486.pdf.

Appropriations Committees no later than 180 days after enactment that describes and examines all ongoing global health programs by country that are funded through Foreign Operations and other appropriations; discusses the impact, outcomes, and effectiveness of the programs; provides specific information about complementary work by other private and public donors; and recommends changes to such programs to improve results and enhance effectiveness.

The Senate Appropriations Committee also included reporting requirement language in the Senate FY2010 Foreign Operations Appropriations bill. The committee directed the USAID Administrator to submit a report to the Appropriations and Foreign Affairs Committees no later than 180 days after enactment that outlines USAID's program review and impact evaluation processes. The report is to include "the number of evaluations conducted over the previous fiscal year, the office or bureau that conducted the evaluation, the titles of those evaluations, the criteria used to choose subjects for evaluation, the methodologies used, and how the results of such evaluations are disseminated to USAID's staff." The committee indicated that "without an analysis of what works and why, the Committee does not have confidence that assistance funds are achieving their intended development objectives."

What Should USAID's Role Be in Leading U.S. Global Health Assistance?

Some health experts have asserted that USAID's ability to shape and guide its own policies are being eroded by a number of factors, including congressional earmarks, increased emphasis on short-term projects, decreased investments in research and innovative long-term efforts, and the expanding role of the State Department in the oversight and coordination of global health programs.

At an April 2009 Senate hearing, Georgetown University Professor and former USAID Deputy Administrator Carol Lancaster testified that "USAID has become little more than an implementing agency for programs decided in the Department of State."[23] She also maintained that during the Bush Administration, most of the policy and budgetary expertise in USAID was relocated to the F Bureau at the State Department, which depleted significantly the ability of USAID to analyze and develop U.S. development policies and link budgets to policies. GAO indicated in its report on CS/MH monitoring and evaluation that USAID officials told the Office that, "the majority of the Program and Policy Coordination (PPC) Bureau's functions had been transferred to the State Department's Office of Foreign Assistance, which now oversees the budgetary administration of the Child Survival and Health account."[24]

Others assert that the Administration's decision to place the leadership of PEPFAR at the State Department and the creation of the Millennium Challenge Corporation (MCC) has further weakened USAID. Although PEPFAR is led by the State Department, the bulk of the funds that

[23] Senate Foreign Relations Committee hearing, *USAID in the 21st Century*, Official Testimony, Carol Lancaster, April 1, 2009.

[24] The Child Survival and Health (CSH) account is now incorporated into the Global Health and Child Survival account, which combines the accounts of CSH, Global HIV/AIDS Initiative (GHAI)—managed by the Department of State, and the portion of the Global Fund contribution provided through the Foreign Operations Appropriations. GAO, *USAID Supported a Wide Range of Child and Maternal Health Activities, but Lacked Detailed Spending Data and a Proven Method for Sharing Best Practices*, p. 15, GAO Report 07-486, http://www.gao.gov/new.items/d07486.pdf.

the State Department transfers to implementing agencies goes to USAID. Similarly, the Avian Flu Task Force, which is responsible for coordinating U.S. funding for global pandemic preparedness efforts and for representing the United States at global meetings on the phenomenon, is led by the State Department. Nonetheless, USAID coordinates the humanitarian responses to avian and pandemic flu in the field.

There is some debate, however, about whether the recent increased involvement of the State Department in global health programs threatens the ability of USAID to conduct its work. Supporters of State Department participation in global health assert that PEPFAR has been successful, in part, because the U.S. Global AIDS Coordinator was appointed as an Ambassador. Proponents contend that this elevated status helped to engender partnerships and commitments from foreign governments that other global health programs have yet to secure. While there is little question that PEPFAR has been one of the United States' most successful public diplomacy initiatives, some health experts have concerns about the political implications of expanding the State Department's participation in global development and health programs. Some argue that further integrating global health programs into the State Department might lead to a level of politicization that health programs, in particular, have been largely protected from under the current structure. Furthermore, some critics are concerned that further integration might result in diplomatic concerns outweighing global health concerns or the use of health assistance as a political tool.

Some observers maintain that USAID should become completely independent from the State Department. Former USAID Administrator Andrew Natsios supports this idea, in large part because development and diplomacy have different emphases. In a prepared statement for the Senate hearing on USAID in the 21st Century, Mr. Natsios asserted that "the current gradual absorption of USAID by stealth into the State Department through the merging of the agency's budgeting system, procurement, electronic mail system, its logistics, office space, motor pool, reduction in USAID field presence, and warehousing capability in the field, is gradually eroding the Agency's capacity to carry out its mission."[25]

In addition to making USAID more independent, some advocate expanding USAID's authority to include oversight over PEPFAR, the Millennium Challenge Corporation, and U.S. activities related to multilateral lending institutions (which are currently led by the U.S. Treasury Department). Others suggest empowering USAID by giving it a seat on the National Security Council.[26] One opponent to this idea maintains that USAID needs to be better funded and staffed before it could assume greater leadership.[27]

[25] Senate Foreign Relations Committee hearing, *USAID in the 21st Century*, Official Testimony, Carol Lancaster, April 1, 2009

[26] In addition to the witnesses at the April 2009 Senate Foreign Relations Committee hearing on USAID, Sheila Herring of the Center for Global Development proposed that the USAID Administrator be added to the National Security Council, see http://blogs.cgdev.org/globaldevelopment/2009/03/dear-general-jones-add-the-usaid-administrator-to-the-national-security-council.php.

[27] See Amy Frumin, "Diagnosing USAID," *Foreign Affairs*, March/April 2009, Volume 4, Number 88, http://www.foreignaffairs.com/articles/64663/amy-b-frumin/diagnosing-usaid.

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