

May 11, 2015

U.S. Global Health Assistance: The FY2016 Budget

Background

The President's FY2016 budget request includes more than \$9 billion for global health assistance, including roughly \$8 billion through State, Foreign Operations appropriation and some \$910 million through Department of Labor, Health and Human Services (HHS), and Education appropriation. This report excludes emergency funding for Ebola responses. For information on Emergency Ebola Appropriations, see CRS Report R43807, *FY2015 Funding to Counter Ebola and the Islamic State (IS)*.

State Foreign Operations Appropriations

Through the State, Foreign Operations appropriation, Congress provides funds to support the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and global health activities implemented by the U.S. Agency for International Development (USAID). The FY2016 budget request includes \$5.4 billion in support of State-managed HIV/AIDS programs and an additional \$2.7 billion for USAID-managed global health programs (**Figure 1**).

Figure 1. Foreign Operations Appropriations: FY2014-FY2016

(current U.S. \$ millions and percent)

Agency/Program	FY2014 Enacted	FY2015 Enacted	FY2016 Request	FY2015- FY2016
State HIV/AIDS	4,020.0	4,275.0	4,319.0	1%
Global Fund	1,650.0	1,350.0	1,107.0	-18%
State-GHP Total	5,670.0	5,625.0	5,426.0	-4%
USAID HIV/AIDS	330.0	330.0	330.0	0%
Tuberculosis	236.0	236.0	191.0	-19%
Malaria	665.0	669.5	674.0	1%
Maternal and Child Health	705.0	715.0	770.0	8%
Nutrition	115.0	115.0	101.0	-12%
Vulnerable Children	22.0	22.0	14.5	-34%
FP/RH	524.0	524.0	538.0	3%
NTDs	100.0	100.0	86.5	-14%
Global Health Security	72.5	72.5	50.0	-31%
USAID-GHP Total	2,769.5	2,784.0	2,755.0	-1%
FOREIGN OPS TOTAL	8,439.5	8,409.0	8,181.0	-3%

Source: Created by CRS from FY2016 State, Foreign Operations Congressional Budget Justification and explanatory notes of the FY2015 Consolidated Appropriations.

Notes: Excludes emergency appropriations for Ebola and global health funds provided through other USAID accounts, such as the International Disaster Assistance (IDA) account.

USAID groups its global health programs into three key areas: saving mothers and children, creating an AIDS-Free

generation, and fighting other infectious diseases. Significant progress has been made in each of these areas, though challenges remain.

Maternal and Child Health

International efforts to improve healthcare during pregnancy and childbirth has resulted in a 45% reduction in maternal deaths from 1990, when 523,000 women died from complications in pregnancy and childbirth. Nonetheless, in 2013, almost 800 women died a day from complications in pregnancy and childbirth, amounting to 289,000 deaths. Roughly one-third of these deaths occurred in Nigeria and India. Human resource constraints continue to complicate efforts to reduce maternal mortality. In many developing countries, especially in sub-Saharan Africa, pregnant women often deliver their babies without the assistance of trained health practitioners who can help to avert deaths caused by hemorrhage. The World Health Organization (WHO) estimates that 27% of all maternal deaths are caused by severe bleeding. Pre-existing conditions like HIV/AIDS and malaria are also key contributors to maternal mortality, accounting for roughly 28% of maternal deaths.

International efforts to improve child health have roughly cut the number of child deaths in half from 12.7 million in 1990 to 6.3 million in 2013. WHO estimates that more than half of the 1,700 child deaths a day that occurred in 2013 could have been avoided through low-cost interventions, such as medicines to treat pneumonia, diarrhea, and malaria, as well as tools that prevent the transmission of malaria and HIV/AIDS from mother to child. Other factors, like inadequate access to nutritious food, also impact child health. WHO estimates that undernutrition contributes to roughly 45% of all child deaths. The risk of a child dying is at its highest within the first month of life, when 44% of all child deaths occur. Children in sub-Saharan Africa are more than 15 times more likely to die before reaching age five than their counterparts in developed countries.

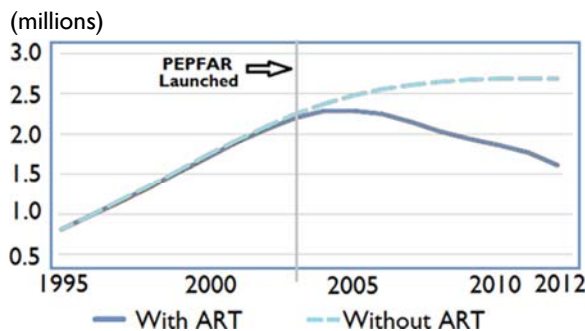
In FY2016, USAID requests an 8% increase in funding for maternal and child health programs. The Administration requests that \$235 million of these funds be provided to Gavi, the Vaccine Alliance to meet the Administration's four year \$1 billion pledge to the multilateral effort, which seeks to expand access to vaccines and introduce new ones.

HIV/AIDS

In 2012, roughly 2.3 million people worldwide contracted HIV, some 33% less than new infections in 2001. Some 70% of new HIV cases occurred in sub-Saharan Africa. While the number of new cases is declining, the number of people living with HIV is rising. In 2012, more than 35

million people were living with HIV globally. Expanded access to anti-retroviral treatments (ART) has decreased the number of people dying from AIDS-related causes. In 2012, 1.6 million people died from HIV/AIDS, down from the peak of 2.3 million in 2005.

Figure 2. AIDS Deaths Worldwide: 1995-2012



Source: Source: Adapted by CRS from the Joint United Nations Program on AIDS (UNAIDS), 2013 Global Report, 2013.

The United States has contributed substantially to improving global access to ART through PEPFAR and its support for the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2012, WHO estimated that 9.7 million people in low- and middle-income countries were receiving ART. At the end of FY2012, PEPFAR was supporting the provision of ART to more than 5.1 million people, thereby supporting treatment for more than half of all HIV-positive people in low- and middle-income countries. By the end of September 30, 2014, PEPFAR was supporting the provision of ART to 7.7 million people. For FY2016, the Administration requests no change for PEPFAR funding through USAID, but proposes a reduction in support to the Global Fund.

Other Infectious Diseases

In recent years, a succession of new and reemerging infectious diseases have caused outbreaks and pandemics that have affected thousands of people worldwide: Severe Acute Respiratory Syndrome (SARS, 2003), Avian Influenza H5N1 (2005), Pandemic Influenza H1N1 (2009), Middle East Respiratory Syndrome coronavirus (MERS-CoV, 2013), and the ongoing Ebola outbreak in West Africa. The incapacity of Guinea, Liberia, and Sierra Leone to contain and end the ongoing Ebola epidemic has revealed the threat that weak health systems pose to the world. The United States plays a leading role in the Global Health Security Agenda, a multilateral effort to improve the capacity of countries worldwide to detect, prevent, and respond to diseases with pandemic potential.

At the same time that the world faces threats from new diseases, long-standing diseases like tuberculosis (TB) continue to pose a threat to global health security. Among infectious diseases, TB is the second most common cause of death worldwide. Multi-drug resistant (MDR)-TB is of growing concern, as it is more expensive and difficult to treat. Less than half of all MDR-TB patients survive. WHO asserts that global funding for addressing MDR-TB is insufficient and weaknesses in health systems complicate efforts to treat the disease and prevent its further spread.

Despite the threat that infectious diseases pose to the world, the FY2016 budget request cuts funding for all USAID infectious disease programs, except malaria.

Labor, HHS Appropriations

The FY2016 budget includes an 8% increase for global health programs implemented by the Centers for Disease Control and Prevention (CDC) and a 2% boost for international HIV/AIDS research conducted by the National Institutes of Health (NIH, **Figure 3**). Budgetary increases were aimed at two key priorities for CDC: eradicating polio and accelerating efforts to improve pandemic preparedness.

Figure 3. Labor-HHS Appropriations: FY2014-FY2016
(current U.S. \$ millions and percent)

Agency/Program	FY2014 Enacted	FY2015 Enacted	FY2016 Request	FY2015- FY2016
HIV/AIDS	128.7	128.4	128.4	0%
Immunizations	200.9	208.6	218.6	5%
Polio	150.9	158.8	168.8	6%
Measles	50.0	49.8	49.8	0%
Parasitic Disease/Malaria	24.4	24.4	24.4	0%
Global Public Health Protection	62.8	55.1	76.7	39%
CDC TOTAL	416.8	416.5	448.1	8%
NIH Global AIDS Research	453.6	451.2	462.2	2%
LABOR-HHS TOTAL	870.4	867.7	910.3	5%

Source: Created by CRS from FY2016 State, Foreign Operations Congressional Budget Justification.

Notes: Excludes appropriations for Ebola.

Eradicating Polio

Expanded access to vaccines has contributed significantly to global declines in child deaths. According to the CDC, 80% of the world is now polio-free and polio cases have declined by more than 99% from 1998 levels. The disease is endemic in only three countries: Afghanistan, Nigeria, and Pakistan. Polio activities are part of broader efforts to expand access to vaccine-preventable illnesses, such as measles. Global vaccine efforts have reduced measles deaths by 75% from 2000 levels.

Pandemic Preparedness and Global Health Security

The largest budgetary increase in the global health request is for improving disease detection, surveillance, and control capacity worldwide. Based on recent trends, CDC anticipates the international community will seek its expertise in responding to at least 100 disease outbreaks in 2016. CDC reports it responded to 268 global disease outbreaks in 2013 and provided assistance to over 145 humanitarian missions in 35 countries, including response to the Syrian Refugee crisis and Typhoon Haiyan in the Philippines. Additional funds are also sought to deepen U.S. engagement in the Global Health Security Agenda. For more information on the Global Health Security Agenda, see CRS In Focus IF10022, The Global Health Security Agenda and International Health Regulations.

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