



U.S. GLOBAL HEALTH POLICY

THE U.S. GOVERNMENT'S GLOBAL
HEALTH POLICY ARCHITECTURE:
Structure, Programs, and Funding

EXECUTIVE SUMMARY

April 2009



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The United States government has been engaged in international health activities for more than a century, beginning with efforts in the late 1800s to join with other nations to form the first international health organizations, standards, and treaties designed to promote growing international trade and travel while protecting borders from external disease threats. Since then, the U.S. engagement in global health has grown considerably, most markedly in the last decade, and today, the achievement of global health has become a stated U.S. policy goal. Multiple, interrelated factors have contributed to this growing engagement, including U.S. successes in identifying ways to eliminate and control many diseases at home and abroad, such as malaria and polio; growing globalization more generally; and the emergence of new infectious disease threats, most notably HIV, SARS, and avian influenza, shattering the belief that such threats were a thing of the past, and leading to increasingly explicit linkages being drawn between national security and global health, particularly in the post-9/11 era. Key features of the U.S. response are as follows:

History, Scope, and Role:

- The U.S. engagement in international health, initially sparked by economic as much as health concerns, has developed within two main structures of the U.S. government: the foreign assistance structure, which is predominantly development-oriented and has close links to foreign policy; and the public health structure, which has its roots in disease control and surveillance efforts. While these domains have very different purposes, cultures, and strategies, they have an increasingly linked history in responding to global health, although most funding for and oversight of global health resides within foreign assistance agencies and programs.
- The scope of the U.S. global health engagement is broad, and includes basic and essential health care services and infrastructure development; disease detection and response; population and maternal/child health; nutrition support through non-emergency food aid and dietary supplementation; clean water/sanitation promotion; and mitigation of environmental hazards.
- The U.S. role is multi-faceted, and includes acting as donor to low- and middle-income countries; engaging in global health diplomacy; providing technical assistance and expertise; operating programs; participating in international health organizations; leading world research and development efforts; and partnering with other government and non-governmental organizations.

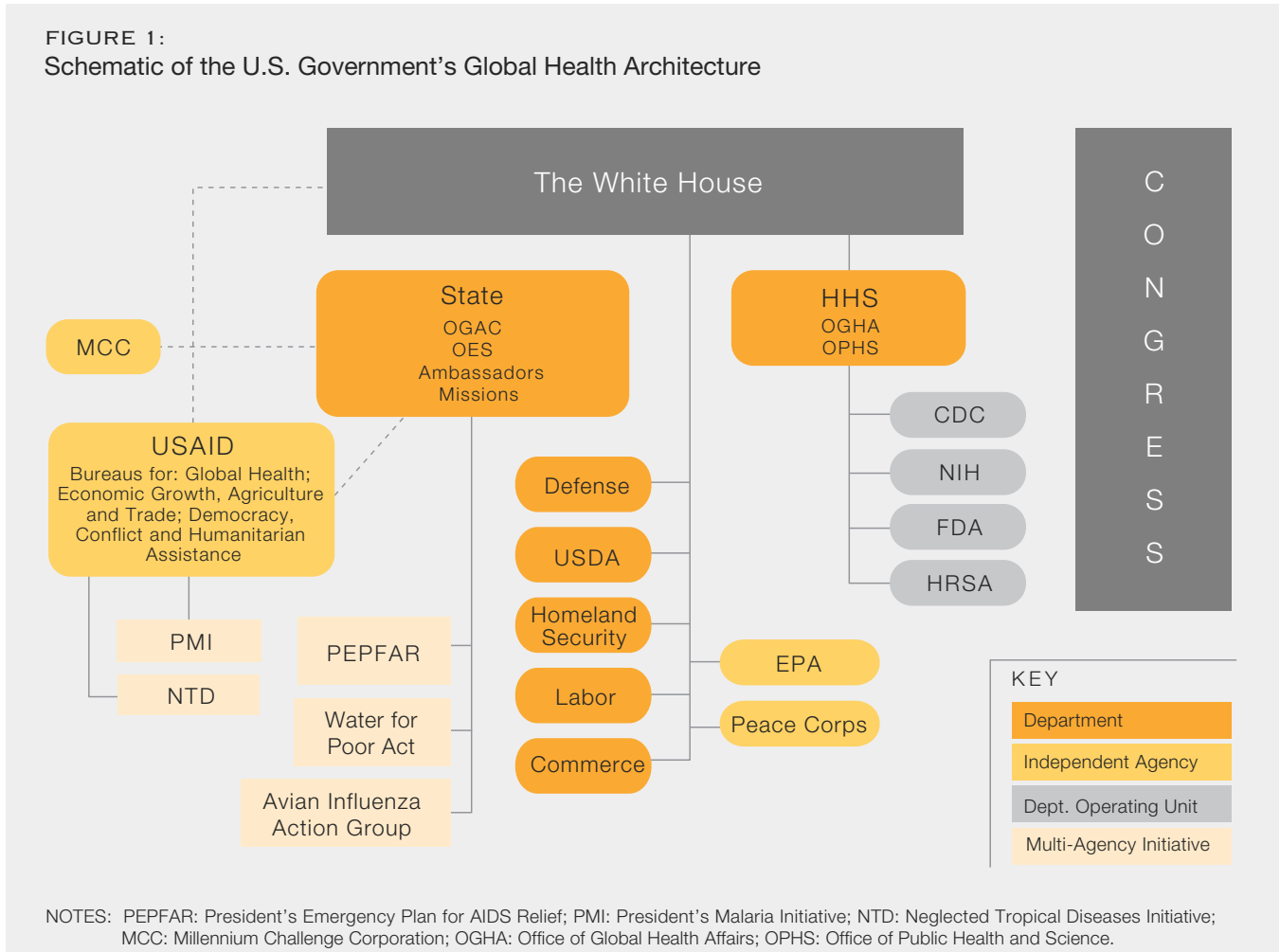
Funding:

- U.S. funding for global health has increased significantly over time, particularly in the last decade; funding more than doubled between FY 2004 and FY 2008, reaching \$9.6 billion in FY 2008. Still, funding for global health represents only a small fraction of the overall U.S. federal budget (as does foreign aid in general).
- Most funding for global health is provided through bilateral channels, and bilateral funding has grown as a share of the U.S. global health budget over time, accounting for 87% of funding in FY 2008. In addition, funding is primarily provided through the international affairs budget (86%) and through the State Department, which receives the largest share of the global health budget (51%), followed by USAID (28%) and the Department of Health and Human Services and its operating divisions (12%).
- While funding for all major global health sub-sectors (HIV, TB, malaria, maternal and child health, family planning, and water) increased between FY 2004 and FY 2008, funding for HIV drove most of the increase and accounted for the largest share of the budget (52% in FY 2008).
- The U.S. approach is best characterized as “vertical” (vs. horizontal), primarily focused on thematic objectives such as a disease or problem (e.g., PEPFAR, water, etc.), rather than more general support. In addition, most funding is provided to large scale-multi agency initiatives (73% of FY 2008 funding), rather than core support to agencies.
- The U.S. is the largest donor to global health efforts in the world, although when measured as a percentage of GDP, it does not rank as high as other donor governments.

The Administration and Congress

- The number of U.S. agencies involved in global health has increased over time. Today, there are seven executive branch departments, four independent, or quasi-independent, federal agencies, numerous departmental agencies/operating units, and several large-scale, multi-agency initiatives that together comprise the U.S. government’s global health “architecture.” See Figure 1.

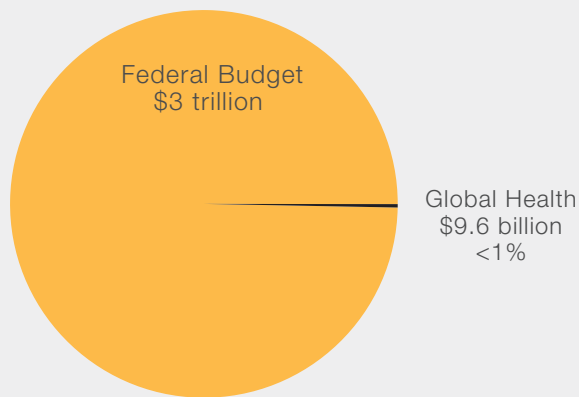
FIGURE 1:
Schematic of the U.S. Government’s Global Health Architecture



- U.S. agencies carry out global health activities in more than 100 countries throughout the world, although most programming is concentrated in a subset of countries that are either hardest hit by health problems (e.g., countries in sub-Saharan Africa hard hit by HIV), have the poorest economies (e.g., Haiti), and/or represent larger U.S. strategic interests (e.g., Afghanistan, Pakistan, China).
- More than fifteen Congressional committees have jurisdiction and oversight over global health programs, particularly those that govern foreign assistance and, to a lesser extent, public health programs.
- Despite the growing engagement of the U.S. government in global health, there is currently no formal, authoritative, coordinating mechanism for the U.S. response.

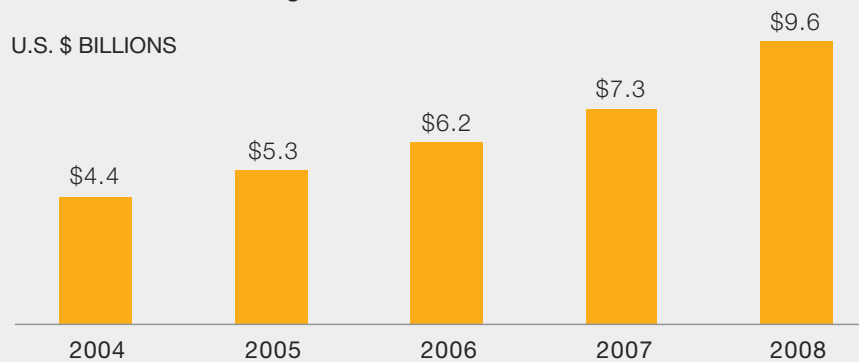
Additional figures from the full report follow.

FIGURE 2:
U.S. Government Funding for Global Health as Share of Federal Budget, FY 2008



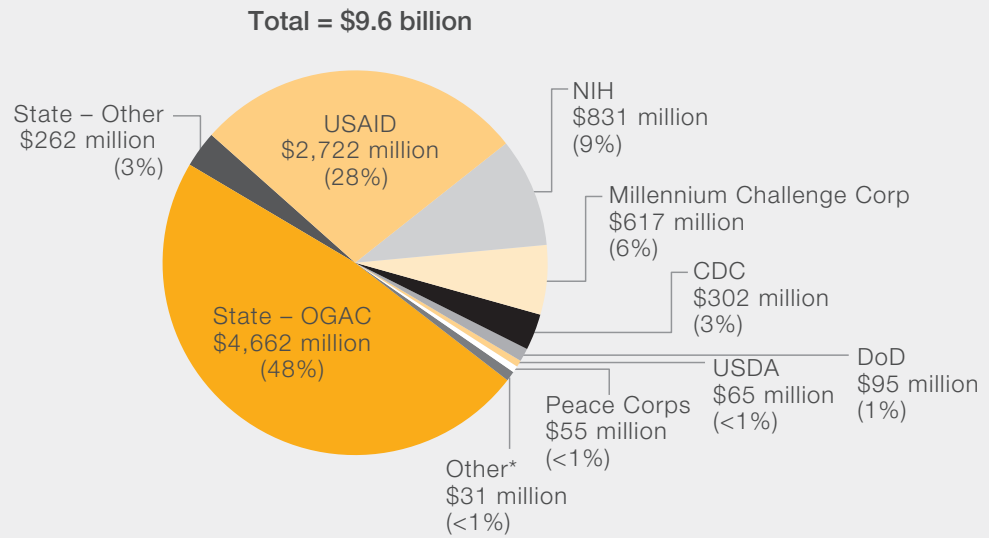
NOTES: Global health funding includes combined bilateral and multilateral funding for all U.S. global health sub-sectors.
SOURCE: Kaiser Family Foundation analysis of data from U.S. government agency published reports; SF-133 Reports on Budget Execution and Budgetary Resources; OMB Public Budget Database; OMB, *Budget of the United States Government, Fiscal Year 2009, Historical Tables*; direct data requests to agencies and OMB.

FIGURE 3:
U.S. Government Global Health Funding, FY 2004 – FY 2008



NOTE: Includes combined bilateral and multilateral funding for all U.S. global health sub-sectors.
SOURCE: Kaiser Family Foundation analysis of data from U.S. government agency published reports; SF-133 Reports on Budget Execution and Budgetary Resources; OMB Public Budget Database; direct data requests to agencies and OMB.

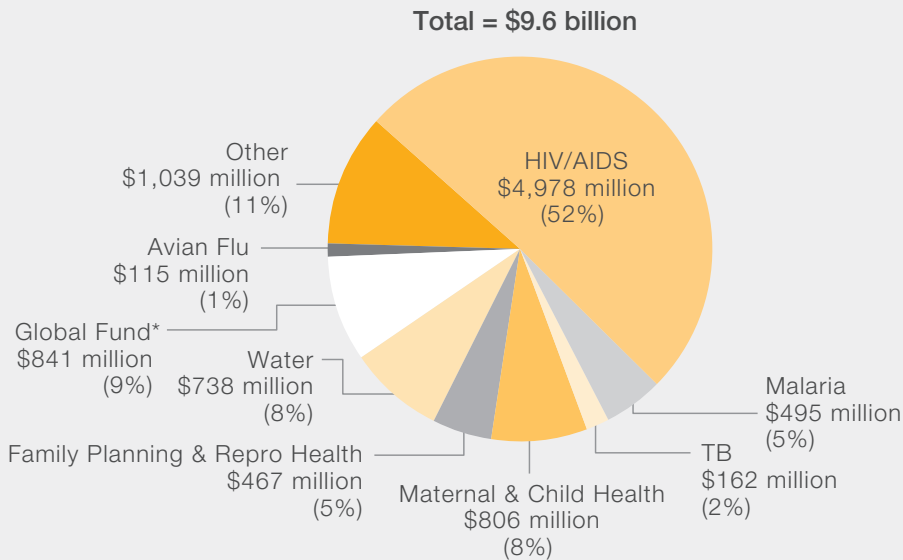
FIGURE 4:
U.S. Government Global Health Funding by Department and Agency, FY 2008



NOTES: Includes combined bilateral and multilateral funding, for all U.S. global health sub-sectors. * "Other" represents funding at HHS Office of Global Health Affairs, EPA, and DHS. State OGAC includes PEPFAR Global HIV/AIDS Account and part of the Global Fund appropriation. NIH includes part of the Global Fund appropriation. PEPFAR funding is also included in USAID, CDC, and NIH totals.

SOURCE: Kaiser Family Foundation analysis of data from U.S. government agency published reports; SF-133 Reports on Budget Execution and Budgetary Resources; OMB Public Budget Database; direct data requests to agencies and OMB.

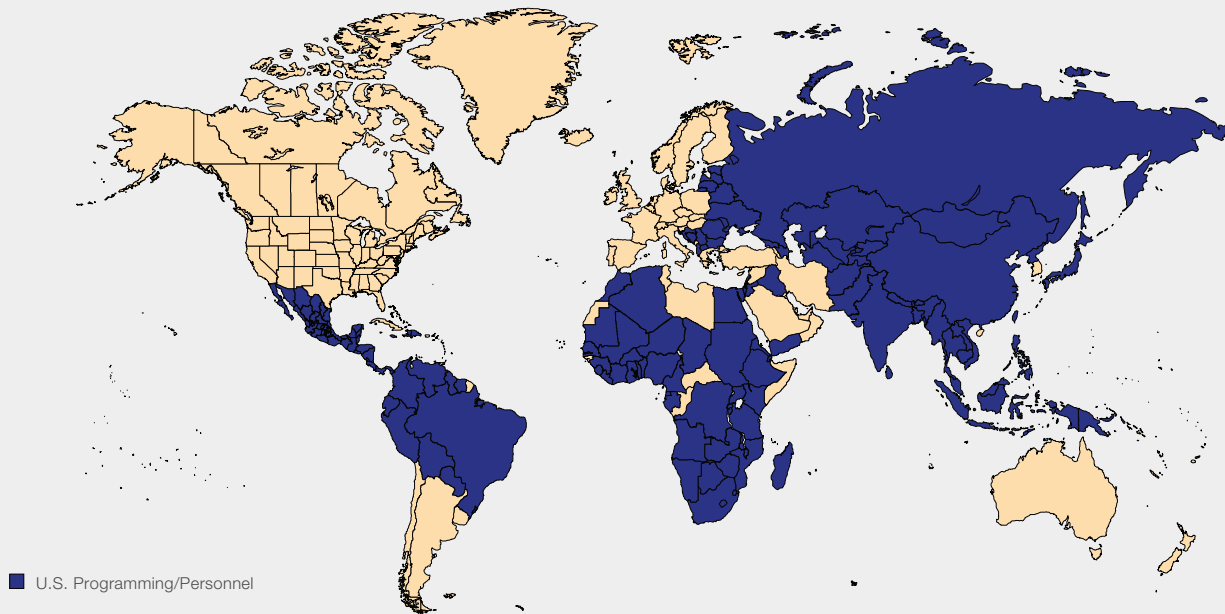
FIGURE 5:
U.S. Government Funding for Global Health by Major Sub-Sector and for the Global Fund, FY 2008



NOTE: U.S. contributions to the *Global Fund are part of PEPFAR, and are provided to the Global Fund without a specified disease allocation. As such, they are included above as a stand-alone category. The Global Fund pools U.S. government and other donor contributions and provides grants to low- and middle-income countries for HIV, TB, and/or malaria activities. To date, the Global Fund reports distributing 62% of funding to HIV programs, 25% to malaria, and 14% to TB (see <http://www.theglobalfund.org/en/distributionfunding/?lang=en#disease>).

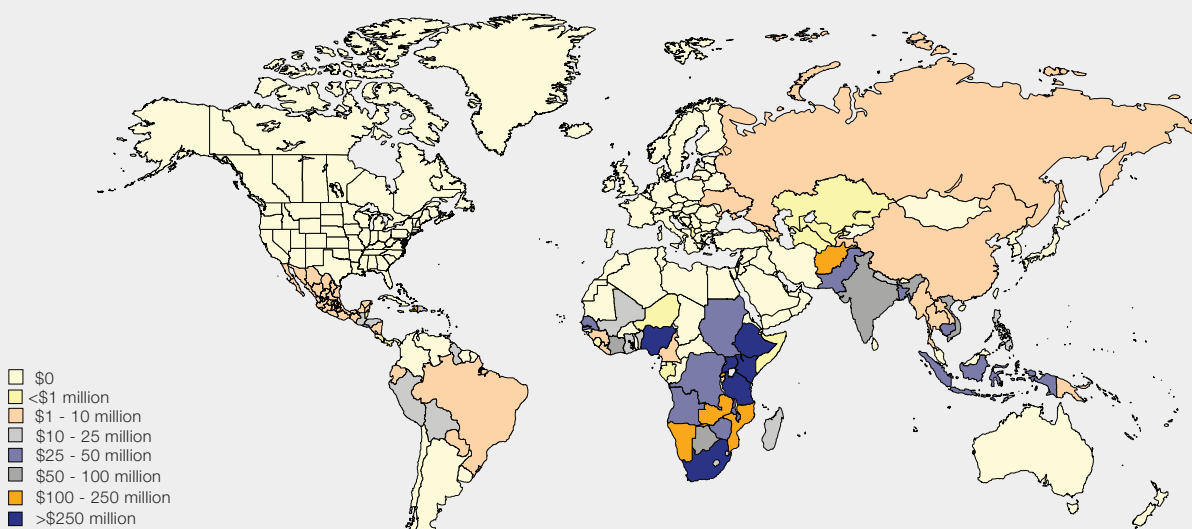
SOURCE: Kaiser Family Foundation analysis of data from U.S. government agency published reports; SF-133 Reports on Budget Execution and Budgetary Resources; OMB Public Budget Database; direct data requests to agencies and OMB.

FIGURE 6:
Developing Countries with U.S. Government Global Health Programming or Personnel, FY 2007



NOTE: Does not necessarily reflect U.S. regional programming or U.S. assistance provided to multilateral organizations that may reach countries.
 SOURCE: Kaiser Family Foundation analysis of data from: CDC Coordinating Office for Global Health: www.cdc.gov/cogh/presence.htm; CDC Global AIDS Program: www.cdc.gov/globalaids/countries/default.html; PEPFAR FY 2008 Operational Plan: www.pepfar.gov/about/c19388.htm; President's Malaria Initiative country operational plans: www.fightingmalaria.gov/countries/mops/index.html; USAID Health: Countries: www.usaid.gov/our_work/global_health/home/Countries/index.html.

FIGURE 7:
U.S. Government Bilateral Program Funding for Global Health, FY 2007



NOTE: Represents bilateral assistance only and does not necessarily reflect U.S. regional program funding or U.S. assistance provided to multilateral organizations that in turn may be provided to countries.
 SOURCE: Kaiser Family Foundation analysis of data from: State Department, FY 2009 International Affairs (Function 150) Congressional Budget Justification, Summary Tables, Country/Account Summaries FY 2006, FY 2007, and FY 2008: www.state.gov/f/leases/iab/fy2009cbj/; PEPFAR FY 2008 Operational Plan: www.pepfar.gov/about/c19388.htm.



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The Kaiser Family Foundation is a non-profit private operating foundation, based in Menlo Park, California, dedicated to producing and communicating the best possible information, research and analysis on health issues.