



THE U.S. GLOBAL HEALTH INITIATIVE: Overview & Budget Analysis

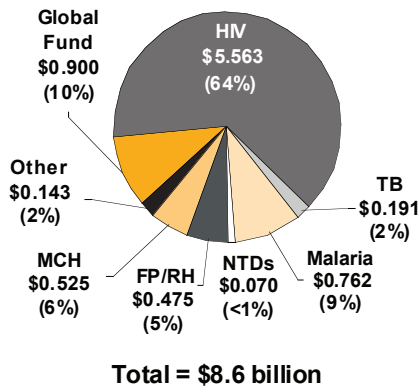
DECEMBER 2009

INTRODUCTION

While the United States government has been engaged in international health activities for more than a century, its involvement has grown considerably over time, particularly in the last decade.¹ This has been marked by a significant increase in funding and a rise in the number of U.S. agencies and Congressional committees involved in the response. Yet, historically, there has been no organizing mechanism across the many governmental structures, programs, and funding streams engaged in these efforts. In addition, much of the U.S. response has been built around “vertical”, or disease-specific initiatives, rather than “horizontal”, or more comprehensive, approaches that seek to address the multiple health challenges that often impact the same populations and communities simultaneously as well as bolster underlying health systems. This has resulted in a U.S. response that has been characterized as fragmented and stove-piped, inhibiting the opportunity to take advantage of synergies, be more strategic, and maximize the U.S investment to best meet the needs of those in the developing world, particularly in tough economic times.^{2,3,4,5,6,7}

The May 5, 2009 announcement by President Obama to launch the U.S. *Global Health Initiative* (GHI),⁸ a new effort to develop a comprehensive U.S. government strategy for global health, was in part a response to this context. Proposing \$63 billion over six years (FY 2009–FY 2014), including \$8.6 billion as part of the FY 2010 budget request to Congress (see Figure 1), the GHI would build on the Bush Administration’s President’s Emergency Plan for AIDS Relief (PEPFAR) to combat HIV, as well as efforts to address TB and malaria, and would broaden and augment the focus on maternal and child health (MCH), family planning and reproductive health (FP/RH), neglected tropical diseases (NTDs) and health systems strengthening (HSS) in low- and middle- income countries. A White House-led Interagency Task Force has been formed to develop the strategy and more information is expected early next year.

Figure 1: U.S. Global Health Initiative, The FY 2010 Budget Request (in billions)



In the interim, a number of important questions remain, including funding, since it serves as a critical indicator for gauging the U.S. government’s global health engagement over time. This is particularly timely now as Congress continues to consider the FY 2010 budget request and, due to the nature of the federal budgeting cycle, the Administration is already preparing the FY 2011 budget request for the GHI, which will be provided to Congress in February 2010. However, understanding the GHI budget is complex – as a new initiative, it brings together several different components (although not all) of the existing U.S. global health portfolio that historically have not been aggregated in a single “global health budget.” This makes it difficult to assess the GHI’s scope or track how proposed funding for FY 2010 and beyond compares to prior U.S. efforts. To help shed light on the GHI budget, this policy brief provides a detailed analysis

of the President’s six-year GHI funding proposal, with particular focus on the FY 2010 budget request. As background, it also provides an analysis of funding trends since FY 2001 for the set of programs now considered part of the GHI.

All data used for this analysis were obtained from official government sources, including the Office of Management and Budget, Congressional Budget Justifications prepared by individual agencies, Congressional appropriations bills, and the White House Statement by the President on the Global Health Initiative. Not included in the analysis are investments by other donor governments or the private sector, including foundations and corporations. Tables with more detailed data are provided at the end of this brief, and an accompanying chartpack includes all charts in this brief as well as supplemental charts.



THE GHI PROPOSAL

Overview

The **\$63 billion**, six-year initiative proposed by the Administration includes funding for FY 2009 to FY 2014 (see Figure 2) and is allocated across this period as follows:⁸

- **\$8.38 billion** for FY 2009, which has already been enacted by Congress. This is higher than the \$8.128 billion originally cited in the White House GHI announcement in May 2009 (the amount enacted at that time) due to additional funding provided by Congress in June 2009 through supplemental appropriations;⁹
- **\$8.64 billion** for FY 2010, which is part of the President's FY 2010 budget request and still under consideration by Congress; and
- **\$46 billion** for the remaining FY 2011-2014 period, or an average of \$11.5 billion per year, which is the difference between the full proposal amount of \$63 billion and combined funding for FY 2009 and FY 2010. Such amounts would need to be part of future annual budget requests to Congress and would be subject to Congressional approval annually.

The GHI budget brings together several different funding streams, many of which are earmarked by Congress for a variety of purposes, that historically have not been aggregated in a single "global health budget" or necessarily coordinated across programs or in the field. This includes funding for several disease-specific initiatives and, while such efforts also benefit women and children, it also includes funding specifically earmarked to address their health challenges and needs. GHI programs span activities across five different federal departments or agencies – the Department of State (State), the U.S. Agency for International Development (USAID), the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Department of Defense.

The broad areas of the GHI proposal include:

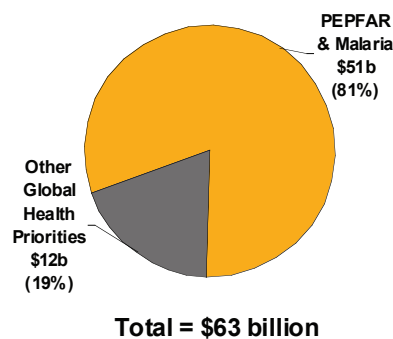
- **PEPFAR:**¹⁰ includes bilateral funding for HIV and TB as well as contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), a multilateral financing entity that pools donor resources and in turn provides grants to low- and middle- income countries to combat HIV, TB, and malaria, and contributions to UNAIDS;
- **Malaria:** includes bilateral funding for the President's Malaria Initiative (PMI) and for other non-PMI activities; and
- **Other Global Health Priorities:** includes funding for maternal and child health (MCH), family planning/reproductive health (FP/RH), neglected tropical diseases (NTDs), avian influenza, and other programs in the Global Health and Child Survival (GHCS) USAID Account [formerly the Child Survival and Health (CSH) Program Fund].

The importance of **health systems strengthening (HSS)** is also emphasized in the GHI proposal. While the Administration has noted that several GHI programs already include activities that strengthen health systems (such as PEPFAR and NTD programs), it has also stated that starting in FY 2011, there will be a direct investment in HSS as part of the GHI.¹¹

THE U.S. GLOBAL HEALTH INITIATIVE

- Announced by President Obama on May 5, 2009
- Proposes \$63 billion over 6 years (FY 2009-2014)
- Integrated approach, government-wide strategy
- Continued commitment to PEPFAR and the PMI; PEPFAR to represent about 70% of funding
- Expanded focus to broader global health challenges, particularly maternal and child health, family planning, neglected tropical diseases
- Emphasis on health system strengthening;
- Move from process to outcomes, invest where significant returns can be achieved
- Includes: HIV, TB, malaria, Global Fund, MCH, FP/RH, NTDs, Avian Influenza/Other Public Health Threats

Figure 2: U.S. Global Health Initiative, Proposed Funding for PEPFAR, Malaria, & Other Global Health Priorities, FY 2009-2014 (in billions)



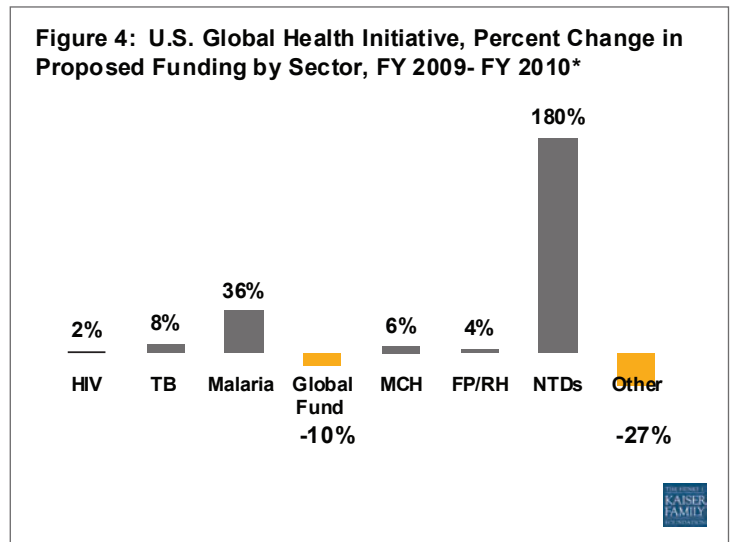
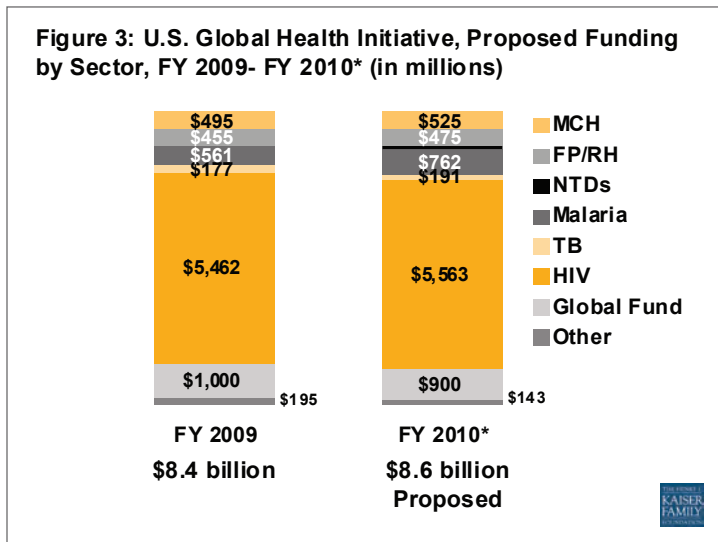
The FY 2010 Budget Request

The FY 2010 budget request represents the first of the Obama Administration and as such, provides an indication of its initial priorities for the GHI (although Congress ultimately decides final funding levels each year). The \$8.64 billion requested is a 3% increase over final FY 2009 funding levels and would represent the highest level of funding to date for those programs now considered part of the GHI (although funding for global health represents less than 1% of the U.S. federal budget).

PEPFAR (HIV, TB, and the Global Fund) totals \$6.6 billion in the GHI budget request, or 77%. HIV alone accounts for \$5.6 billion, or 64%, the largest share of any one area, followed by the Global Fund (10% or \$900 million); funding for TB is \$191.4 million, or 2% of the GHI budget. Funding for malaria totals \$762 million (9%), of which \$585 million is for the President’s Malaria Initiative (PMI).

Funding for those programs that are part of “other global health priorities” together totals \$1.23 billion or 14% of the GHI budget; among these programs, MCH represents the largest at \$525¹² million or 6% of the GHI budget, followed by FP/RH at \$475 million or 5%. All other areas, including funding for neglected tropical diseases, account for less than 1% of the budget.

Despite representing a small share of the budget, funding for NTDs would experience the biggest percent increase over FY 2009 (180% increase). The next biggest increase is for malaria (36%), followed by TB (8%), MCH (6%), and FP/RH (4%). HIV increases by 2%. The Global Fund was initially flat funded in the FY 2010 budget request over FY 2009; since Congress subsequently provided additional funding to the Global Fund for FY 2009, through supplemental appropriations, the FY 2010 request represents a decrease (see Figures 3-4).



Most of the FY 2010 GHI budget request (88% or \$7.6 billion) is part of foreign operations funding (the International Affairs “150 Account”), with the State Department receiving the greatest share of GHI funding (61%), followed by USAID (27%). The Department of Health and Human Services (HHS), through activities at NIH and CDC, accounts for 12% of the GHI, including the portion of funding provided to the Global Fund through NIH, without which, HHS accounts for 8% of the GHI budget.

Most funding is bilateral (88%), with the main exception being the Global Fund (10%). Other smaller amounts (2%) would be provided to the Global Alliance for Vaccines and Immunisation (GAVI) and UNAIDS.

Future Years of the GHI

While funding for future years of the GHI will depend on Presidential budget requests and Congressional approval each year, the Administration’s proposal includes some broad parameters across the major areas of the GHI. According to the proposal, combined funding for PEPFAR and malaria over the six-year period would total \$51 billion or 81% of cumulative funding. PEPFAR alone (HIV, TB, and the Global Fund) is slated to receive more than 70% of cumulative GHI

funding. Other global health priorities would receive \$12 billion, or 19% of cumulative GHI funding. By our estimates, if future funding were to follow these guidelines, funding for other global health priorities would increase at a faster rate while combined PEPFAR and malaria funding increases would need to slow (See Table 1).

Foreign assistance agencies, particularly the State Department but also USAID, would likely have at least the same, if not increasing, level of oversight over GHI funding and programs, given that the bulk of funding is already provided to them directly and those programs targeted for the biggest funding increases already operate under their purview.

As noted above, funding for the GHI in FY 2010 is primarily bilateral. While the Administration has placed a new emphasis on the importance of multilateral organizations and international cooperation,^{13,14} the proposal does not provide additional detail on future allocations and it is unclear whether the funding balance will shift further.

Table 1: GHI Proposed Budget and Projections, FY 2009 – FY 2014¹

\$ in billions	FY 2009* Enacted		FY 2010 Budget		FY09-FY10 Subtotal		FY09-FY14 Proposed Total		FY11-FY14 (Difference)	
	\$	%	\$	%	\$	%	\$	%	\$	%
PEPFAR (HIV, TB, Global Fund)	\$6.64	79%	\$6.65	77%	\$13.29	78%	>\$44.1**	--	<\$31	--
Malaria	\$0.56	7%	\$0.76	9%	\$1.32	8%	<\$6.9**	--	>\$5.6	--
PEPFAR & Malaria	\$7.20	86%	\$7.42	86%	\$14.62	86%	\$51	81%	\$36.38	79%
Other Global Health Priorities	\$1.19	14%	\$1.23	14%	\$2.41	14%	\$12	19%	\$9.59	21%
GLOBAL HEALTH INITIATIVE TOTAL	\$8.38	100%	\$8.64	100%	\$17.03	100%	\$63	100%	\$45.97	100%

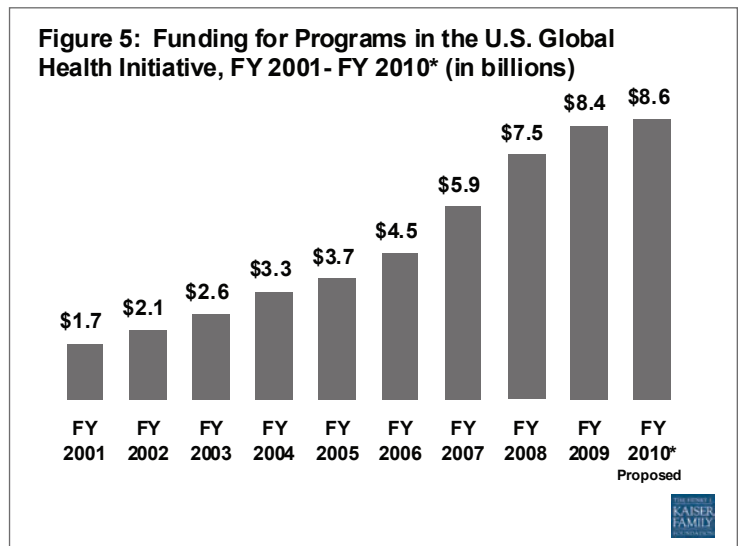
Source: Kaiser Family Foundation analysis of data from White House May 2009 Fact Sheet. *FY 2009 total is greater than figure initially reported by the White House in May 2009 due to additional funding provided by Congress through a June 2009 supplemental appropriations bill. **KFF estimate based on White House May 2009 Fact Sheet indicating that PEPFAR will constitute more than 70% of cumulative funding.

HISTORICAL FUNDING TRENDS FOR GHI BUDGET COMPONENTS SINCE FY 2001

Although the GHI did not exist as a U.S. initiative prior to FY 2009, its individual components represent several existing funding streams, most of which have been separately earmarked by Congress each year or identified by agencies within specific program line items. Therefore, analysis of budget data for each component over the last decade can serve to identify key trends for consideration as the GHI develops, particularly if any rebalancing and/or scale-up might occur. This period is an important one to examine because it includes the creation of the Global Fund, in which the U.S. played a key role, and the Bush Administration’s launch of PEPFAR and the PMI, efforts that reflect a growing recognition by the global community and the U.S. government of the need to fight HIV, TB, and malaria and the scale-up of resources to do so.

Analysis over this period indicates that funding for those programs now considered part of the GHI grew almost five-fold between FY 2001 (\$1.7 billion) and FY 2009 (\$8.4 billion), and would increase another 3% in the President’s FY 2010 budget request (\$8.6 billion) (see Tables 3-4 and Figure 5). Funding increases have largely been driven by disease-specific initiatives, which also account for the largest share of the budget (see Figure 6). Specific trends include the following:

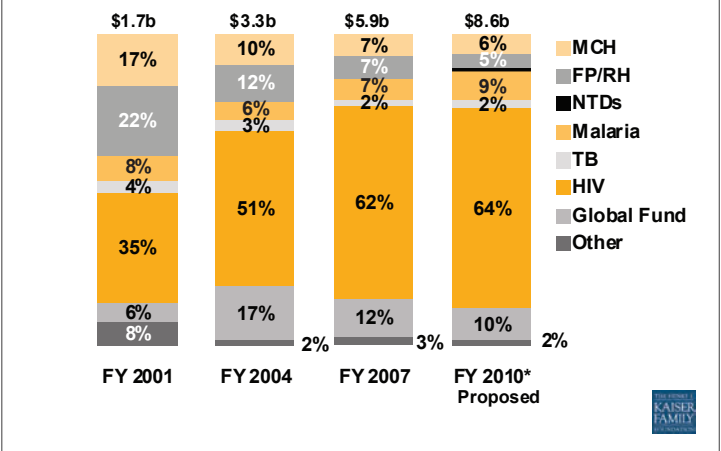
- **HIV** has accounted for the largest share of funding over time compared to any area, rising from about a third (35%) of funding in FY 2001 to almost two thirds (64%) in the FY 2010 budget request; it rose the fastest and drove most of the increase in the budget for almost the entire period, largely a function of



the creation of PEPFAR. The FY 2010 budget request includes a 2% increase for HIV over FY 2009, which would represent its smallest annual percent increase throughout the 10-year period.

- Funding for **malaria** has increased more steeply than other areas in recent years, since the creation of the PMI, and the FY 2010 request is a 36% increase over FY 2009, driving most of the proposed increase in overall GHI funding between FY 2009 and FY 2010. Despite these increases, malaria funding has fluctuated as a share of the budget over time, including dropping from 8% in FY 2001 to 6% in FY 2004; it is 9% in the FY 2010 budget request.
- Funding for the **Global Fund** over the 10-year period, which has been funded as part of PEPFAR since FY 2004, rose about as fast as HIV and the Global Fund has represented the second largest share of the budget for the last 5 years.
- Not all funding for disease-specific programs has increased significantly or represents significant shares of the budget. Even though funding for **TB** is part of PEPFAR, it has only been on the rise since FY 2008, and has decreased as a share of the budget over time (from 4% in FY 2001 to 2% in FY 2010); funding for **NTDs** was only first earmarked by Congress in FY 2006 and while it has recently increased, represents <1% of the GHI budget.
- Funding for **MCH** was relatively stable in the earlier part of the decade, beginning to rise in the last few years. It fell as a share of the global health budget, from 17% in FY 2001, to 10% in FY 2004, and 6% in FY 2010. Its funding in FY 2009 represented a 10% increase over FY 2008; it increases by 6% in the FY 2010 budget request.
- Funding for **FP/RH**, which was more than a fifth (22%) of the budget in FY 2001, remained fairly stagnant over most of the period, including decreasing in some years. By FY 2008, it had dropped to 5% of funding, where it has remained, although it began to receive funding increases in FY 2009 (16% over FY 2008) and increases by 4% in the FY 2010 budget, over FY 2009.

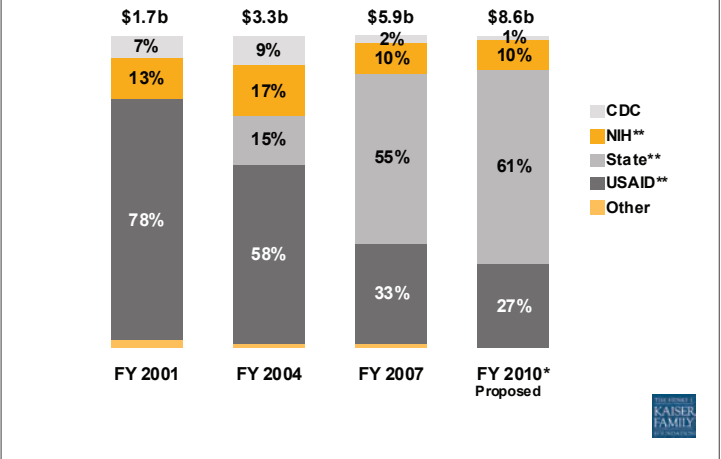
Figure 6: Distribution of Funding for Programs in the U.S. Global Health Initiative, by Sector, FY 2001- FY 2010*



The distribution of funding by agency has also shifted over time, reflecting the increasing role of foreign assistance agencies, particularly the State Department, in global health and the decreasing role of public health agencies (see Figure 7):

- Funding to the State Department and USAID combined rose from 78% of the GHI budget in FY 2001 to 88% today. It represents a growing share of the government's overall international affairs budget, rising from 6% of the "150 account" in FY 2001 to 14% in FY 2010.
- In addition, funding has shifted from USAID to State – whereas in FY 2001, most funding for the programs that comprise the GHI was provided directly to USAID (78%), and none to State, by FY 2010, State accounted for 61% of the GHI budget, followed by USAID at 27%. This is primarily due to the creation of PEPFAR, for which funding and oversight was located within the State Department and under the auspices of the Secretary of State.

Figure 7: Distribution of Funding for Programs in the U.S. Global Health Initiative, by Agency, FY 2001- FY 2010*



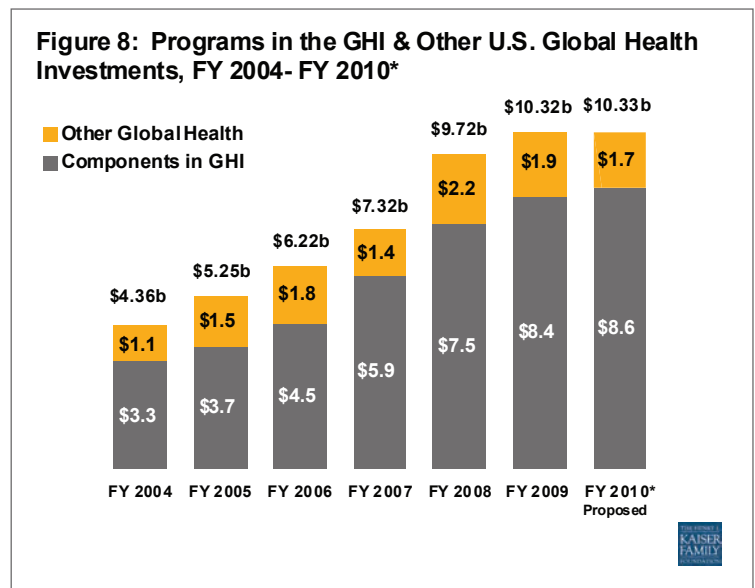
- By contrast, funding provided to DHHS agencies has declined as a share of the budget over time. After representing one fifth (20%) of GHI programs in FY 2001, rising to 28% in FY 2002, it has fallen over time, to 12% of the FY 2010 request.

Finally, most funding over the period has been for bilateral programs, with the Global Fund being the main exception – it has accounted for an average of 11% of funding for GHI programs over the period. Other amounts provided to multilateral organizations have been much smaller.

It is also important to note that while the GHI represents a comprehensive new approach to global health by the U.S. government, its budget does not currently include all components of the U.S. global health investment, some of which are not earmarked by Congress for global health specifically but used to support health-related activities (and therefore more difficult to measure) and others which may expand beyond the stated goals of the GHI at this time (e.g., water and sanitation activities). Areas not included in the current GHI budget but which are part of the larger U.S. global health investment are:

- USAID health programs that are not part of the GHCS USAID Account. For example, USAID’s Economic Support Fund (ESF), providing aid to countries transitioning to democracy, includes funding for MCH and FP/RH activities. These accounts are not always earmarked by Congress to these areas, but are categorized as such in agency Congressional Budget Justifications or project reports;
- The Millennium Challenge Corporation (MCC), which funds development projects in low- and middle-income countries includes several health and water/sanitation projects;
- Water/sanitation activities (in addition to those funded by the MCC and those that may occur within other areas of the GHI but are not identified as such), as part of the Paul Simon Water for Poor Act, overseen by State and funded through USAID;
- Food aid used for nutrition activities, primarily through PL 480 Title II, the U.S. food aid program managed by USAID which provides micronutrients and other nutrition support to mothers, children, and newborns, and the McGovern-Dole International Food for Education and Child Nutrition Program at USDA which also supports maternal and child nutrition projects;
- Additional funding provided by Congress to other agencies that is then used to carry out global health activities, including to CDC, the Department of Defense, and the Peace Corps; and
- U.S. contributions to multilateral organizations that are health-related but not otherwise captured in the GHI. These include contributions to UNFPA and UNICEF, for example.

We estimate that such investments accounted for an additional one to two billion dollars per year between FY 2004 and FY 2010. With these additional investments, total estimated U.S. global health funding, including the GHI, was \$4.4 billion in FY 2004. It reached an estimated \$9.7 billion in FY 2008, and preliminary estimates, based on currently available data, indicate that it would reach \$10.3 billion in FY 2010 (See Figure 8).



CONCLUSION

The Global Health Initiative would represent the first broad strategy developed by the U.S. government to guide its global health response, integrating several different existing programs, and the amount of funding it receives over time will be one of the most visible markers of the U.S. government's engagement in global health. At this point, final funding levels for FY 2010 and beyond are unknown, as are many other aspects of the GHI, including how it will be structured to ensure coordination across multiple federal agencies with assets in global health and on the ground at the country-level, who will lead it and where it will be based (e.g., the White House, State Department, or some other agency), and how it will be measured and assessed over time. As these decisions are still being made, analysis of proposed funding for the GHI, as well as historical funding trends, offers a critical starting point and guidepost for assessing future efforts.

Moving forward, areas that will be important to track include: the balance of funding between disease-specific efforts and other areas, such as maternal and child health, family planning, and health systems strengthening; funding allocations to multilateral organizations, relative to U.S. bilateral programs; the future role of U.S. public health agencies and expertise as an increasing share of funding and oversight of GHI programs is channeled to foreign assistance agencies; and the way in which discrete funding streams will best be coordinated and integrated to ensure the most effective outcomes in the field.

Also important to consider will be the implications of several other, broader reviews of U.S. development and foreign aid policy that are currently underway in the Administration and Congress, as well as related initiatives, including:

- A White House *Presidential Study Directive (PSD)*, initiated in August, requiring a government-wide review of all U.S. global development policy;¹⁵
- The State Department's *Quadrennial Diplomacy and Development Review (QDDR)*, a new process begun in July to develop a blueprint for and ongoing review of U.S. diplomatic and development efforts at the State Department and USAID;¹⁶
- Congressional legislation that has been introduced in both the House and the Senate to reform the foreign aid structure of the U.S. government;¹⁷ and
- The *U.S. Global Hunger and Food Security Initiative*, a new initiative launched in September to comprehensively address the underlying causes of hunger and under-nutrition.¹⁸

Finally, beyond these specific questions, is the backdrop of the global economic crisis and its impact on the U.S. economy, which has raised concerns about future spending for global health and development at the same time that it has exacerbated the needs of those in low and middle income countries.

Table 2. HISTORICAL FUNDING BY SECTOR & AGENCY FOR COMPONENTS OF THE GLOBAL HEALTH INITIATIVE, FY 2001 – FY 2010 (in millions)*

SECTOR/AGENCY	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009**	FY 2010***
1. HIV/AIDS Subtotal	\$614.0	\$821.0	\$1,114.8	\$1,676.9	\$2,277.5	\$2,653.7	\$3,699.2	\$5,027.8	\$5,461.5	\$5,563.5
State HIV/AIDS	--	--	--	\$488.1	\$1,373.9	\$1,777.1	\$2,869.0	\$4,116.4	\$4,559.0	\$4,659.0
State GHCS (non-add)	--	--	--	\$488.1	\$1,373.9	\$1,777.1	\$2,869.0	\$4,116.4	\$4,559.0	\$4,659.0
USAID HIV/AIDS	\$305.0	\$395.0	\$587.0	\$513.5	\$347.2	\$346.5	\$325.0	\$347.2	\$350.0	\$350.0
USAID GHCS (non-add)	\$305.0	\$395.0	\$587.0	\$513.5	\$347.2	\$346.5	\$325.0	\$347.2	\$350.0	\$350.0
Other USAID (non-add)	\$13.0	\$29.0	\$35.8	\$42.0	\$37.5	\$27.3	\$20.9	\$24.7	--	--
HHS HIV/AIDS	\$276.0	\$373.0	\$473.0	\$617.6	\$507.4	\$495.6	\$482.7	\$530.5	\$544.5	\$554.5
CDC (non-add)	\$116.0	\$155.0	\$194.0	\$300.6	\$137.8	\$122.6	\$121.0	\$118.9	\$118.9	\$119.0
NIH Research (non-add)	\$160.0	\$218.0	\$279.0	\$317.0	\$369.6	\$373.0	\$361.7	\$411.7	\$425.7	\$435.5
Other Agencies HIV/AIDS	\$20.0	\$24.0	\$18.9	\$15.7	\$11.5	\$7.2	\$1.6	\$9.0	\$8.0	--
2. TB Subtotal	\$64.0	\$74.0	\$78.6	\$87.1	\$94.0	\$91.5	\$94.9	\$163.1	\$176.6	\$191.4
USAID TB	\$62.0	\$72.0	\$76.6	\$85.1	\$92.0	\$91.5	\$94.9	\$163.1	\$176.6	\$191.4
GHCS (non-add)	\$50.0	\$60.0	\$64.2	\$74.7	\$79.4	\$79.2	\$80.8	\$148.0	\$162.5	\$173.0
Other USAID	\$12.0	\$12.0	\$12.4	\$10.4	\$12.6	\$12.3	\$14.1	\$15.2	\$14.1	\$18.4
HHS TB	\$2.0	\$2.0	\$2.0	\$2.0	\$2.0	--	--	--	--	--
CDC (non-add)	\$2.0	\$2.0	\$2.0	\$2.0	\$2.0	--	--	--	--	--
3. Malaria Subtotal	\$146.2	\$170.5	\$165.2	\$198.2	\$214.1	\$220.9	\$397.8	\$521.0	\$561.0	\$762.0
USAID Malaria	\$55.0	\$65.0	\$64.6	\$79.6	\$79.4	\$95.9	\$248.0	\$349.2	\$385.0	\$585.0
GHCS (non-add)	\$55.0	\$65.0	\$64.6	\$79.6	\$79.4	\$95.9	\$248.0	\$347.2	\$382.5	\$585.0
ESF (non-add)	--	--	--	--	--	--	--	\$2.0	\$2.5	--
HHS Malaria	\$71.0	\$83.0	\$81.0	\$97.6	\$112.8	\$107.0	\$120.8	\$140.8	\$145.4	\$150.7
CDC (non-add)	\$9.0	\$9.0	\$9.0	\$9.0	\$9.0	\$9.0	\$9.0	\$8.4	\$9.4	\$9.4
NIH Research (non-add)	\$62.0	\$74.0	\$72.0	\$88.6	\$103.8	\$98.0	\$111.8	\$132.5	\$136.0	\$141.2
DoD Malaria	\$20.2	\$22.5	\$19.6	\$21.0	\$22.0	\$18.0	\$29.0	\$31.0	\$30.6	\$26.4
4. Global Fund Subtotal	\$100.0	\$175.0	\$347.4	\$546.6	\$347.2	\$544.5	\$724.0	\$840.3	\$1,000.0	\$900.0
State GHCS	--	--	--	--	--	\$198.0	\$377.5	\$545.6	\$600.0	\$600.0
USAID GHCS	\$100.0	\$50.0	\$248.4	\$397.6	\$248.0	\$247.5	\$247.5	--	\$100.0	--
NIH	--	\$125.0	\$99.0	\$149.0	\$99.2	\$99.0	\$99.0	\$294.8	\$300.0	\$300.0
5. Other Global Health Priorities****										
Subtotal	\$815.0	\$868.5	\$859.3	\$783.5	\$808.5	\$946.6	\$1,022.4	\$990.0	\$1,185.0	\$1,228.0
Maternal & Child Health*****	\$295.3	\$320.0	\$321.9	\$328.1	\$347.5	\$367.2	\$404.1	\$451.4	\$495.0	\$525.0
Vulnerable Children	\$14.9	\$25.0	\$26.8	\$27.8	\$24.5	\$12.6	\$6.5	\$14.9	\$15.0	\$15.0
Family Planning/ Reproductive Health	\$376.2	\$368.5	\$366.1	\$398.1	\$396.8	\$418.3	\$411.5	\$393.9	\$455.0	\$475.0
Neglected Tropical Diseases	--	--	--	--	--	\$14.9	\$14.9	\$14.9	\$25.0	\$70.0
Avian Influenza/Other	\$128.5	\$155.0	\$144.5	\$29.6	\$39.8	\$133.7	\$185.5	\$115.0	\$195.0	\$143.0
PEPFAR Subtotal (1+2+4)	\$778.0	\$1,070.0	\$1,540.8	\$2,310.6	\$2,718.6	\$3,289.6	\$4,518.0	\$6,031.2	\$6,638.1	\$6,654.9
PEPFAR & Malaria Subtotal (1+2+3+4)	\$924.2	\$1,240.5	\$1,706.0	\$2,508.8	\$2,932.7	\$3,510.5	\$4,915.8	\$6,552.2	\$7,199.1	\$7,416.9
GLOBAL HEALTH INITIATIVE TOTAL (1+2+3+4+5)	\$1,739.2	\$2,109.0	\$2,565.3	\$3,292.3	\$3,741.2	\$4,457.2	\$5,938.3	\$7,542.2	\$8,384.1	\$8,644.9

*The GHI was created as an initiative in FY 2009; funding before this time is not considered part of the GHI.

**FY 2009 includes supplemental appropriations provided by Congress in June 2009, after the release of the FY 2010 budget request and White House Fact Sheet on the Global Health Initiative.

***FY 2010 represents the President's budget request only.

****From the GHCS USAID Account only.

*****Includes funding for polio and GAVI.

Sector	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010**
HIV/AIDS	35%	39%	43%	51%	61%	60%	62%	67%	65%	64%
TB	4%	4%	3%	3%	3%	2%	2%	2%	2%	2%
Malaria	8%	8%	6%	6%	6%	5%	7%	7%	7%	9%
Global Fund	6%	8%	14%	17%	9%	12%	12%	11%	12%	10%
Maternal and Child Health	17%	15%	13%	10%	9%	8%	7%	6%	6%	6%
Family Planning/Reproductive Health	22%	17%	14%	12%	11%	9%	7%	5%	5%	5%
Neglected Tropical Diseases	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Other***	8%	9%	7%	2%	2%	3%	3%	2%	3%	2%
PEPFAR Subtotal	45%	51%	60%	70%	73%	74%	76%	80%	79%	77%
PEPFAR & Malaria Subtotal	53%	59%	67%	76%	78%	79%	83%	87%	86%	86%
Other Global Health Priorities Subtotal****	47%	41%	33%	24%	22%	21%	17%	13%	14%	14%
GLOBAL HEALTH INITIATIVE TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*The GHI was created as an initiative in FY 2009; funding before this time is not considered part of the GHI.

**FY 2010 represents the President's budget request only.

***Includes funding for vulnerable children, avian influenza, and other public health threats.

Agency	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010**
USAID***	78%	70%	73%	58%	43%	39%	33%	25%	26%	27%
State***	0%	0%	0%	15%	37%	44%	55%	62%	62%	61%
CDC	7%	8%	8%	9%	4%	3%	2%	2%	2%	1%
NIH***	13%	20%	18%	17%	15%	13%	10%	11%	10%	10%
Other	2%	2%	2%	1%	1%	1%	1%	1%	0%	0%
GLOBAL HEALTH INITIATIVE TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*The GHI was created as an initiative in FY 2009; funding before this time is not considered part of the GHI.

**FY 2010 represents the President's budget request only.

***Includes pass through to the Global Fund in some years.

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This publication (#8009) and an accompanying Chartpack (#8009-C) are available on the Kaiser Family Foundation's website at www.kff.org.