

**The President's Budget Request and Funding for Global Health  
Programs  
Kaiser Family Foundation  
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**PENNY DUCKHAM:** Well hello, everybody, and thanks for joining us today when we're going to jump into some of the details presented in the President's fiscal year of 2015 budget request and its implications for global health programs. As you know this is intended exclusively for journalists and intended to give you every opportunity to ask questions of our expert presenters, so please do that on the chat feature.

I am going to turn this over immediately to my colleagues, Jen Kates and Adam Wexler and to Tony Fratto, who are sitting in our Washington office. With that, Jen, take it away.

**JEN KATES:** Thanks so much, Penny. This is Jen Kates. Hi, everyone. I'm here with The Kaiser Family Foundation and we are going to try to give you some information on what the President's budget request for global health means and provide some broader context for that and really looking forward to a dialogue with you about this. We're going to try to present some complex information in a relatively short

and simple fashion and the first section is really just going to focus on the US global health budget in context, give you a sense of what it means to talk about the US global health budget and kind of where the US sits as a donor to global health. Next.

Very briefly, a few things to know, just as background; when we think about the US global health budget, this includes all discretionary funding. So, for those of you who know about budgets you understand what this means but essentially the part of the budget that every year Congress must appropriate money for. If Congress doesn't appropriate money for these things, these things don't have money. These are called discretionary and every year Congress is asked by the President to appropriate money for a range of health programs and the ones that we're focused on are those that are in low and middle-income countries, so really through the US development portfolio.

The programs we're talking about include both bilateral and multilateral funding. And, by that we mean for bilateral efforts, it's US government efforts that are directed to other countries. That could be

funding that's provided directly to another country government. More often than not though, it's funding that's provided by the US to an NGO or an academic institution or some implementer in a country. It could also be technical assistance in those countries, but essentially it's bilateral; it's from the US government to a country.

The multilateral piece is when the US provides a general contribution for global health to a multilateral institution. And, you're probably familiar with the biggest one that we know about and talk about in global health, The Global Fund to Fight AIDS, Tuberculosis, and Malaria and that's a multilateral institution for which the US gives a contribution and the Global Fund in turn gives money to countries.

Then in terms of the programs we're talking about, there's a whole set of program areas that the US includes in thinking about its global health work. We've listed the main ones here. By HIV, think PEPFAR, that's essentially PEPFAR. PEPFAR includes other things as well but it's PEPFAR. TB, malaria, maternal and child health, nutrition efforts, family planning,

efforts to address neglected tropical diseases and a range of other things - these are the big bucket program areas. Next please.

The one thing that we always like to remind people of, we do this with our survey, is we look at what does the public know about foreign aid; what does the public know about global health. One question, and you might have seen this in our polls and others, the public consistently overestimates the share of the federal budget going to foreign aid. This is what the public says, as you can see in this slide, on average the public says, about 28 percent of our budget goes to foreign aid. In reality, about 1 percent goes to foreign aid. This is important because global health for the most part is part of this budget and so it's even less than 1 percent and we show this on the next slide. This is looking at the recent budget request and it gives you a sense of the overall budget that the President has proposed, about \$4 trillion dollars. Global health is a tiny, tiny fraction of that, so what we see is the public is really overestimating how much we're really investing in this area of work. For those

who are interested in this, we do have this survey and we're happy to talk about some of the other perceptions that we find when we get to the chat and Q&A. Next.

The other thing that often comes up is, okay, so we're going to go into the budget of the US but where does the US fit in the context of other donor governments? You know really this is an increasing issue, is the US doing too much, too little? Who's doing what? This is an analysis we do every year and our most recent data show that the US is a little over a third of all donor funding, and that includes donor governments as well as multilateral institutions, all donor governments' funding for global health in low and middle-income countries. Next.

Also, we looked at what share of US development assistance, essentially the money that goes to low and middle-income countries for a range of activities, is for global health. As you can see here the, US relative to other donors, puts a pretty high premium on global health; highest of all of the donors that are the top 10 to global health, so a little over 23 percent of the US development assistance is for

health. What we're not going to show you today, and we have a whole report on this though, is you know the US has the biggest economy in the world and so if you standardize this by the size of the US economy, the US is probably I think number seven. It doesn't rise to the top-top when you do that, but these are just different metrics by which to look at the US role here.

Having given you that broad context for where the US fits in the broader global response, as well as what to understand about the budget, Adam Wexler, who's my colleague here at Kaiser, is going to go into the details of the budget request and what we do and don't know; there's some things that we're all going to have to wait to learn and then we'll turn it over to Tony Fratto, who will give us some thoughts on the budget before we get to your questions. Adam?

**ADAM WEXLER:** Great. Thank you very much, Jen. As Jen mentioned I'm going to give an overview of the recent trends in global health funding and then I'll also break it down by program areas. This first slide looks at a very unique window of time. As we're all familiar, in 2013 we experienced sequestration,

which was the mandatory cuts, across-the-board, of federal spending because existing funding levels were above the caps set by Congress. We have that in 2013, and then in 2014, the budget was just passed about two months ago and then now, as of two weeks ago, the President introduced the 2015 budget request. We have a very unique time here where we have sequestration, a recently passed budget, and now a new request.

What this slide shows is that total known global health funding, which includes funding from USAID, State Department and Health and Human Services, is essentially equal to 2013 and slightly below, or about \$400 million below 2014 levels. Next slide.

What we thought was a good analysis next was to look at that global health total and compare it to broader budget trends. What we're looking at here is the global health total compared to the entire International Affairs budget, which includes the majority, the vast majority, of global health funding. We also looked at the broader federal budget excluding the mandatory programs such as Social Security, Medicare, and Medicaid and also excluding defense.



When you compare global health funding to these other areas there are some interesting trends. Between 2015 and 2013 global health remained essentially flat; a small increase. At the same time, the International Affairs budget increased by 7 percent while the non-defense discretionary budget increased by 3 percent. Now if you compare 2015 to 2014, global health declined at approximately the same rate as the discretionary budget but the International Affairs budget remained essentially flat. Next slide.

Okay so now let's look at a broader window of time. What this slide shows is the global health funding since 2001. What we can take away from this is that in the previous decade there were significant increases for global health. These were largely due to the beginning of PEPFAR, the President's Malaria Initiative, and also the creation of the Global Fund. Then we had the economic crisis in 2008 and since 2009 funding has remained essentially flat. We had the slight increase recently in 2014 and now we're looking at a little, a decrease in the President's budget request for 2015. Next slide.

What's in that budget request? Now this slide breaks down the budget request by area. As we can see from this slide, bilateral HIV/AIDS programs account for better than 50 percent of that budget request and it's followed by the Global Fund, which accounts for the next largest share. Maternal and child health programs, malaria, family planning, TB, nutrition, and neglected tropical diseases in that order. Now, how do these different areas fair compared to the prior fiscal year? Next slide.

This shows the differences between 2014 and 2015. Now putting the Global Fund aside for a moment, what we can tell from this slide is that all areas declined with the exception of bilateral HIV/AIDS programs, which has remained essentially flat, and malaria and family planning, which experienced slight increases. Now the Global Fund – well, actually going back, TB was the largest decrease among all the different areas. Now going to the Global Fund, the President's budget request includes \$1.35 billion for the Global Fund. What's important to remember about this is that it's a \$300 million dollar decrease from

last year's problem. However, there are a couple of reasons for this. First, by law, the US can only provide a third of total funding to the Global Fund. With this budget request of \$1.35 billion we are near that cap, but the budget request does include the potential for an additional \$300 million through a new Opportunity, Growth, and Security Initiative. This new initiative would provide \$56 billion dollars in funding across a range of different programs, split evenly between defense and non-defense spending, but it is above existing funding caps that Congress put in place and so would require Congress to make changes to those caps and would be funded through closing of tax loopholes and some reforms to mandatory spending.

If that occurs, there could be this \$300 million in additional funding for the Global Fund, but again it would also be required to have other donors provide increased pledges to the Global Fund. It's a complicated set of scenarios that would result in the Global Fund reaching the prior year levels, but it is a possibility in the budget request. Next slide.

Next, Jen and I are going to highlight a few of the key takeaways from the budget request now that we've covered all the areas and given a background. The first point to make is that compared to 2013, global health funding remained essentially flat while the International Affairs budget and non-defense discretionary spending both increased. Compared to 2014, all program areas declined with the exception of HIV, which remained flat, and malaria and family planning funding, which increased slightly.

**JEN KATES:** One point on the family planning funding, which I think is an important one to think about, every year this becomes sort of a battleground in Congress. There's a request made by the President and then in the budget discussions and appropriations there's a back-and-forth that goes on in the House and the Senate. The House tends to go below the budget request on family planning and reproductive health, the Senate tends to add money back in and then there's some sort of middle ground that's reached. This increase that was proposed for family planning and reproductive health will be important to watch and see how that

plays out, just like the decrease to TB and see how that plays out. Why that decrease happened and what will happen in the Congressional discussions about that.

**ADAM WEXLER:** The next point is that the 2015 budget request included \$45 million in new funding to support a recently announced Global Health Security Initiative. This is an initiative that is being conducted through primarily CDC and that funding would all go to the CDC and that's entirely new funding. I don't know if you have—

**JEN KATES:** No, I think I'll just go into this next point about the additional funding that could be made available, and Adam talked about this, the Opportunity, Growth and Security Initiative and I hope there's some questions about that; it's complicated. A couple of things to think about from the global health budget perspective, one is that it is above the cap so it's sort of outside the budget right now and it's not clear that Congress will approve it. Secondly, even if, from the budget request perspective, if there was a belief that the Global Fund was already kind of getting

to where it could be in terms of the legal requirement, that the US can't provide more than a third of its contribution, that \$300 million that was held back wasn't put into global health. It was put into this other initiative that may or may not come to fruition, but it wasn't put into another part of the global health budget. That's why there actually was a decrease in global health funding in the request; one of the big reasons so just to make that point.

Then lastly, it also has been the case, interestingly, in the last two years, and I hope we have some discussion about this and Tony can certainly speak to this, that Congress did approve a higher level of global health funding than the President requested in the budget.

We are almost done, just a few things about looking ahead and to think about.

**ADAM WEXLER:** Where are we going moving forward? Well right now we're in March and so the House and Senate committees have begun holding hearings to discuss the budgets and so these are the House and Senate Foreign Affairs and Foreign Relations

committees, as well as the various appropriations committees. We're in the thick of that now.

April 15th is the next target date. Congress is scheduled to pass the House and Senate budget resolution, which sets the overall discretionary spending limit, but this is unlikely to occur as a result of the spending cap that has already been put in place resulting from the Senator Murray/Representative Ryan agreement that occurred in 2013.

From May through September, the appropriations committees will draft and enact the various appropriations bills. Then by October 1st, we will have a new fiscal year with all the appropriations bills passed. That doesn't always occur and when Congress does not enact all the appropriations bills we generally get continuing resolutions, which will fund the federal government for a short period of time and allow Congress some additional time to finalize those appropriations bills.

**JEN KATES:** Yes, and just to add one other thing just as an indication of how the dialogue between the administration and the Congress is going to play

out, there was already a hearing in the House on the budget that Secretary Kerry was at last week and Kay Granger, Representative Granger, a Republican who's been very supportive of global health and she's on the appropriations committee, asked him about the global health budget and indicated that she felt it was too low and that this was an area of bipartisan support and wanted to know more about why it was reduced. That just gives you an interesting angle to this and also is a great segue for me to turn to Tony Fratto, who's here and we're really glad he came today. As we indicated, he's a former Deputy Press Secretary to President George Bush and also is just very involved in global health activities and programs when he was with the administration, including PEPFAR and there at the beginning when PEPFAR was set up. I'm going to turn it over to him to maybe get some thoughts about the sort of bipartisan era of global health support. Is it still here and what might be ahead.

**TONY FRATTO:** Thanks, Jen and Adam for the terrific review and first let me say how much I appreciate Kaiser having me join on this call. I've



secretly been stealing a lot of your research and work and passing it off as my own for years. It's really excellent work and so it's a great resource for all of us who work on these issues. Before the White House, I was at Treasury Department for five and a half years and we did a lot of the analytical work and support on the Hill for these programs. And, I think a lot of us within the Bush administration, outside the Bush administration, who worked on the initiation of a lot of these programs, and were able to work with leaders on both parties to get support for the programs, worried about what would happen after the administration when we were in obviously in a deep financial crisis and recession and tight budget scenario.

And a new administration coming in, who although we knew were supportive of these issues but not necessarily invested in the programs, that they didn't have ownership of the programs and a lot of new members of Congress who were not there for the start of these programs and in a time when the country was really turning inward on a lot of these things. If we

look at those – there was one of the slides that showed the increase in the budget for global health issues, which I think I recall it looks like the funding doubled every three years, roughly, from 2001 to 2010. Although we could look at what happened from 2010 on as essentially flat and I guess one way we could look at that is say that it took a lot of work to keep it even flat and to keep support for it in the environment that we were in, but that's flat in nominal dollars. It's not flat in real dollars. In real dollars these actually are reductions, modest reductions, so just have to keep that in mind also.

Those were substantial increases for really successful programs and to the point that Kay Granger made also about the bipartisan support for these programs, it has proven to be durable for global health. Not necessarily the same for some of the other development programs but for global health it has proven to be durable bipartisan support, and I think we just need to continue to build on that. I think a lot of us are just trying to do everything we can to demonstrate the success of the programs and how

important they are to the country, to our country, and to the countries in which they are being executed.

I want to save a lot of time for questions. I think we're going to open it up to questions next and there's a whole lot of things we can talk about but I think that we still have some work to do. Adam talked about the budget process a little bit, if you haven't been in Washington in a few years like even having something like a budget process seems like a brand new thing. We don't talk about it as a regular thing because it hasn't been regular - we haven't had any kind of real regular order for a number of years so it is actually good to see that there are going to be hearings, there will be really an opportunity to go up and sit in a hearing room and present evidence for the success of these programs and hopefully maintain the support that we've had.

**PENNY DUCKHAM:** I'm going to suggest at this point that anyone on the call who has questions, please start sending them in on the chat function and are you ready to go with questions at this point? I'm going to read the first one from Tom Paulson in Seattle: Obama's

request cuts global health while proposing increases in other areas of foreign assistance. Is this evidence that the Obama administration thinks health has been over-emphasized as a development tool as compared to other categories like education, energy, and so on? Over to you.

**TONY FRATTO:** This is Tony. I think Jen and Adam can explain some of that cut and some of it has to do with the new program and the special – the model for funding for the Global Fund that has a big impact in the health budget. I think there are – I give a lot of credit to the administration for looking at creative ways, in this tight fiscal environment that we've been in, to still look for some creative ways to work on development either from some of the things they're doing on Food for the Future and Power Africa, I think, are fairly innovative even if they're not substantial amounts of new money but they are innovative and I think pointed in the right direction.

The health programs, I know that they have views on the evolution of some of the health programs especially PEPFAR and, Jen, you're really the expert on

that, but I think they still see it as a really valuable tool for development, but they have views on the evolution of the programs.

**JEN KATES:** Yes, this is Jen Kates. I'd say there's a tension there because I think PEPFAR funding for HIV bilateral programs is at a low compared to where – at its lowest level compared to 2009 at this point, and part of that is the rise that we saw before is unlikely to continue at that rate. It was a pretty substantial increase due to unique circumstances and an emergency response prior to an economic downturn, but also a shift in how the administration is thinking about PEPFAR and its role in the future and how it works with other countries. There are planned reductions in spending in some countries, South Africa, for example, and others, so there are planned reductions. The tension is that there are still a lot of unmet needs. There's still big targets and concern on one end that how are those going to be met and reached. There's so much on that need, as we're maybe scaling back in some places and it's unclear how much

scaling back there will be. These are issues that are really difficult to take on.

Tom, to just answer your question, I don't think it's necessarily evidence that the administration doesn't think global health's important. I think the administration has shown that they do think global health is important. I think Congress has also shown that. I think how it fares in this larger context and where you put resources and what's seen as most effective is still causing tension and difficult discussions.

**ADAM WEXLER:** This is Adam Wexler; one thing I would add is that global health is still one of the largest shares of the overall International Affairs budget and that should be an indicator. It has been for some time and its continuing this year, even though the slight decrease, it's still a very significant share of that overall budget.

**PENNY DUCKHAM:** Tony, you commented on the importance of global health to the US and to the countries affected and there's a question, which in a sense leaps off from that from Allyn Gaestel in Philly:

Is there a breakdown of where this funding goes by region or country? I think we might need to address that both in terms of currently, under the current budget, and looking forward, as we think about the budget proposed for 2015.

**JEN KATES:** Yes, hi, this is Jen Kates. For the current, for the proposed budget the full breakdowns aren't completely available yet; we have some of that. We do track this at Kaiser. We do have the global health budget overall broken down by region, by country, and just to sort of top line is Africa in terms of the area of the world that's getting the most resources. In countries, we have the top 10 and we also have the budget from programs. So, generally, countries in sub-Saharan Africa are getting the most money in large part because of the HIV epidemics and PEPFAR being the largest part of the budget.

We can provide where we have the current information, I believe, is fiscal year '13 for the final detail that's been made available and we're happy to get that out to folks. It'll be a resource link off of this presentation as well.

**PENNY DUCKHAM:** Tony, do you want to just pick up though on that more philosophical point, about what is the importance to the US and perhaps also to the countries affected, how important is the global budget to this country and why is this global health budget, why is it still a bipartisan topic?

**TONY FRATTO:** It's a great question and I think it underpins a lot of where we get support for these programs and it's for different reasons. Some people see it as a security issue and it's stemming from – coming out of 9/11 that this is a way to prevent failed states and where there are sources for terrorism. I'm not a believer in that view. I don't think there's a lot of evidence for that but that is one area where some members see it as a reason to support it.

There's a large number of members on both sides of the aisle that see it really as a moral issue and I think President Bush saw it as moral issue more than anything else, that if people are dying, and it's one of the biggest obstacles to development also, and we have the means to do it and do it effectively, then



we have an obligation to do it. I think a lot of members felt that way, still do and I know President Bush felt that way as well. I've heard President Obama speak to it in the same way.

There's a lot of evidence, in fact, there's some recent evidence, too, that's just from a diplomacy standpoint that we're trying to improve the image of the United States. You look at countries that are recipients of US development assistance and in particular from the global health programs and almost nowhere in the world is the United States more popular than in those countries. It's pretty significant. There's another recent study, which -

**JEN KATES:** Yes, they just came out, some researchers at Dartmouth that looked at this and they found this very strong correlation that supported some earlier studies that looked at this. Essentially, where there was large amounts of US assistance for health, there was much more supportive and friendly views towards the US government. It's hard to know the direction of all of those but it's really interesting

evidence that people are looking at and trying to understand.

**TONY FRATTO:** There's value in it but understand there's one other thing that the programs have done very, very well and it is counter to the views of a lot of critics of overseas development assistance is that one of the general criticisms of overseas development assistance is that you can't see evidence of success and there's this general view that the money's being wasted. It's lost on corruption, it's lost on administration expenses but depending on who's administering the funding. What all of these programs have done very, very well is show success down to being able to count the number of people being serviced, the number of lives being saved, being able to show the reductions in the incidents of mother-to-child transmission of HIV. All of these kinds of things are really rigorous numbers and metrics for success have been really, really helpful and it's harder to show those same kind of metrics with some of the other development programs also.

**PENNY DUCKHAM:** Really moving on from here, Marissa Miley at Global Post is asking how did the trends towards country ownership and work with the private sector play into this budget request? We haven't really touched on that here because we've been focusing on the US government commitment but could you talk about country ownership and the role and input from the private sector.

**JEN KATES:** Yes, this is Jen Kates. This is a really critical piece to think about and its implications in the budget request. Country ownership, which is a broad concept that means different things to different audiences, but essentially the way the US government is using that concept is as a way to work differently with traditionally recipient countries - those countries that the US has been providing health assistance to. How can it work with those countries in a different way so that the countries themselves become owners, have more ownership in the design of the global health programs that they have in their countries and carrying out those programs and implementing them and ultimately in financing them.

That's an ultimate goal and by country ownership the US has said it means the recipient country governments as well as civil society. So, it's about changing the sort of traditional donor and recipient relationship as well as shifting over time to less, frankly less, direct support from the US going to other countries and having their budget support more over time. And that's just sort of the general concept.

In reality, that is a lot harder to do. There have been several studies that have come out talking about this. We've done analysis in this area and the idea that most of the countries that we are providing assistance to will be able to finance in any significant way the global health response in their countries; it's going to be a very, very long time before that has occurred in a significant way. Now, there are some exceptions to that. I mentioned South Africa earlier and this is what I was alluding to. The US and South Africa are probably the furthest along in terms of this discussion around PEPFAR and there's a planned reduction because of country ownership and because of South Africa being in a position to be able

to take on more of the funding of its own HIV response. You can see that in the budget over time. That is part of what's happening to some extent in this budget.

I think the flipside is that many studies are starting to show that the – again, that the idea that most of the countries that are getting funding from the US government will be able to provide significant shares of their own domestic resources to global health, that's going to be a very long time and down the road. To the extent we see a little bit of that happening in this budget, yes, but I think it's going to play out over many, many years. I don't know if you want to add anything Tony or Adam.

**PENNY DUCKHAM:** Maybe you could touch on the private sector and I suppose that would include major philanthropies and religious-based groups that obviously play a role here too.

**JEN KATES:** Yes, the private sector is really critical and it's been identified by the US government and others as critical to global health response in a couple of ways and, just lumping the private sector together for a second as "the private sector," it's

both in terms of the funding that that sector can provide, which most think will never be at the same level as donor governments, but it's significant in some cases, and the type of expertise and comparative advantage that the private sector often brings to delivery of services, to innovation, to partnering. And, so the private sector has become – it actually has been a pretty important partner for PEPFAR since its beginning, but is really becoming an increasing partner of USG global health and development programs for those reasons; both to co-invest, but also really for a different approach, sometimes faster approach, sometimes able to do things in the case of foundations that the government can't do. That is really, I'd say going forward, the private sector is going to be looked to for more and more. Not sure the private sector will ever make up a financial, a huge financial response like a government but I think it's increasing – I'll let Tony fill in but very clearly and important sector.

**TONY FRATTO:** Yes, no question about it. Just from a funding standpoint they'll never be that but I'm real excited by what I'm seeing from a lot of really

creative thinking on the private sector and it's everything from companies like GE Foundation is trying to be really innovative in the way they're thinking about how to do more and then a lot of technology firms looking at ways to apply their knowledge on data and systems and how that could be helpful to making the delivery of health services much more efficient and targeted and thinking about prevention. It's happening in a lot of different ways.

In Africa where I'm most familiar with where there's such a huge opportunity for productivity gains in the delivery of healthcare and some of that is just building on the backbone of things that have already been put in place by bilateral/multilateral donors things like some of the backbone that has been created by PEPFAR and the Global Fund for example. What's the best way to maximize the use of that backbone? What's the best way to improve both the quantity and quality of health servicers, of nurses and doctors? There's so many different ways that the private sector can sort of plug-in and to have a really big impact and not as a

replacement but really additive to what the official sector is doing and creating.

**JEN KATES:** Yes, one thing to add, this is Jen again, the Global Fund has done – has been really key in this in mobilizing the private sector both for direct contributions to the Global Fund as well as playing a role, innovative role, partnering with the Fund and partnering in countries to do exactly what Tony was talking about. Very important point raised by the question.

**PENNY DUCKHAM:** Jen and actually Tony, you talked a little bit about the American public and, of course, Jen you focused on the general overestimate of people's guess about what part of the budget does go on global health let alone on foreign aid. Can you talk about when people really focus on it, when they hear about the budget in any detail? What's the sense then about support for global health?

**TONY FRATTO:** I'm both a personal and professional advocate, I think, for these programs so I feel like I'm out talking about them a lot and it goes back to my days in the administration and even since



then whether it's some of the things that Gates has tried to do with the Living Proof program that they have done and others – breaking down the myth of foreign assistance and global health in particular, is just the first step. Helping people understand just what the size of our commitment is, exactly how much money is being spent, and what a small share it is of overall spending is just the first step to try to get support. You then have to answer that second question, which I just touched on a little bit, which is, is our financing being put to good use? Is it effective and is it doing good and we always felt, and when we were out fighting for these programs that if we could show real outputs, real success on measuring outputs not just measuring inputs but really measuring outputs and showing success and you present that to the American people or present it to their representatives in Congress, that they will be generous if you can arm them with really, really good evidence.

We tried to just do the best job we could with pictures and video and really rigorous data showing that the programs were successful and to me that's what

needs to be done more than anything. I tried to do it in the small ways that I can but just really, really good data out there showing that it's being effective. You're still going to have some people who don't think we should be involved overseas. You're going to have some people who don't want to be convinced that it's effective and important to the country but there are a lot of people who want to be persuaded and their only objection is, is that they would support it if they knew that it was being – that these were good solid programs and effective programs and so we need to show them that.

**JEN KATES:** Yes, just to add – thanks so much, Tony. From our survey work with the American public, what we find generally is that when we start to ask people more specific questions like, "Do you support HIV programs, or programs for maternal and child health," the more specific you can be the more support there seems to be. I should also point out that when we ask people, they say that they have the support for moral reasons and they think it's the right thing to do, that the US should be doing this. Of course, when

you ask people how would this – do you still have the same level of support if it means you're having tough times at home and we have to choose between our budget at home - people get a little less supportive. In general, we find a growing trend towards globalization. Younger people see this; younger people have support so it is a changing environment in that regard.

**PENNY DUCKHAM:** Tom Paulson, always a good critique expected from Tom, in Seattle, is really asking here how is the budget request not evidence of the current administration's relative lack of interest in global health, if you think that most of the major push for funding came before the current Obama administration? He points out that many in the global health community feel that the current administration doesn't seem to have a coherent global health policy if you look at the rise and fall of interest and other issues. How would you respond to that?

**TONY FRATTO:** Sometimes I feel like when I'm critical of the Obama administration, it sounds very self-serving because we all feel like parents of these programs and so we're very protective of them and would

love to see them grow and expand. Don't get me wrong, Tom, I would have loved to see much more aggressive work on further developing some of the programs and certainly on funding levels, would love to see much higher funding levels than what we've ended up with. I am also cognizant of the fact that we've been in a really tough environment and if you have to go to Congress and ask for funding for these programs – if you go back seven, eight years ago, and say who were the champions of these program in Congress? Almost all of them are gone. Almost every single one of them and I don't think it's a correlation. I don't think they're gone because they supported these programs but they're not there anymore and so we've had to try to build more support on the Hill for these programs.

Lindsey Graham in the Senate – when we talk about looking for real strong support for these programs we're generally looking on the Republican side because that's where most of the critics are. Lindsey Graham has been really strong in support of these programs and has been an advocate with other members. He's taken members on trips to see the evidence of

these programs. He's being primaried because he's seen as sort of a soft member of Congress. That's a lesson that a lot of members get, so I would really like to see the administration be a lot stronger and push a lot more for these programs. I think there's so much more that can be done and when I see the level of spending that we've seen over the past five years, when I see it leveled it off, I can't help but look at it and say, if we had continued the trend of increases how many more lives would be saved, right, if you can count it that way. If the trend lines had continued and you look at the delta over what funding could have been versus what it is, I see lives that aren't saved. That's what I would really prefer to see but it is a tough political environment to get more support here for these programs.

**PENNY DUCKHAM:** With due respect to all the terrific reporters on this webinar, one could also say where are the active journalists covering global health who were actively engaged X years ago too? I'm afraid that's another whole set of challenges, which we won't get into now. Before we wrap up, I was just going to

ask you to go back to the Global Health Security Initiative that you mentioned, which is proposed new funding. Could you just give a bit more information on that and then we're going to wrap this up.

**ADAM WEXLER:** This is a new initiative announced a month and a half ago that is focused on providing funding to detect, prevent, and address emerging threats. CDC is taking the lead on this. They have a number of programs abroad already in place to address these kind of emerging issues that could be a threat to populations worldwide. This new initiative is in partnership with a number of other countries to increase that capability and that \$45 million in new funding would be through CDC and would be focused on building up that capability and addressing these emerging threat issues. Whether or not that amount proceeds through Congress remains to be seen, this is part of the debate that will continue, but it is an area that the Administration has pointed out is a priority through this announcement and through this announcement of \$45 million in new funding.

**PENNY DUCKHAM:** Well thank you and with that we're going to wrap up this webinar. All the slides that were presented will be available on the Kaiser website fairly shortly. We'll have a transcript and we do, of course, have a number of other global health-related events and if at any time we can help, we've got expertise in-house as you can tell. I'm just going to put in a plug for World TB Day on Monday, March the 24<sup>th</sup>, and we'll be having an event with FRONTLINE on Tuesday the 25th to focus on the particular challenges with TB, which as was mentioned it looks like the budget will be cut for TB, which will be an interesting set of questions to address too.

Thank you to Tony Fratto for joining us today. Again, thank you to all of you and please get in touch if you can think of other topics that might be good for us to address through a webinar, if not in person. Thank you again. I'm going to wrap this up.

[END RECORDING]