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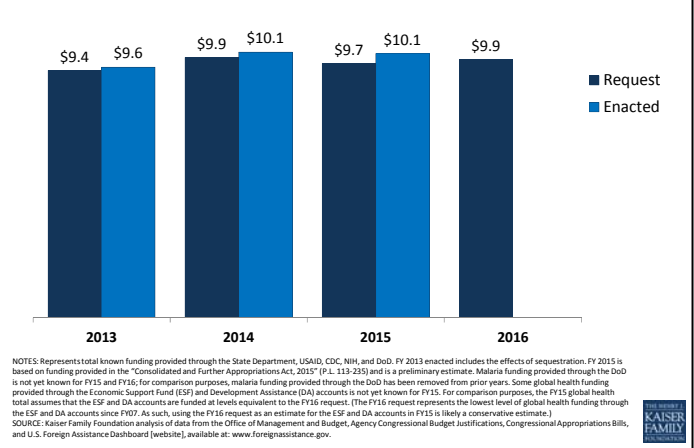
# The U.S. Global Health Budget: Analysis of the Fiscal Year 2016 Budget Request

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## Overview

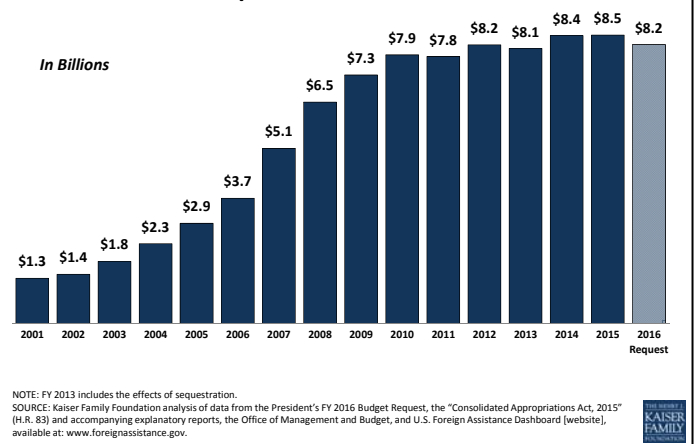
The President's Fiscal Year 2016 (FY16) budget request, which was released on February 2, 2015 and is a key step in the federal budget process, proposed \$9.9 billion in specified funding for global health programs.<sup>1</sup> If enacted by Congress, this would represent a decline from levels set in the FY15 Omnibus Appropriations bill (not including emergency funding for Ebola that was provided in the FY15 Omnibus bill).<sup>2</sup> In each of the past three fiscal years (FY13-FY15), however, Congress has approved higher funding levels for global health than those proposed in the President's budget request (see Figure 1).<sup>3</sup>

**Figure 1: U.S. Global Health Funding, Request and Enacted, FY 2013-FY 2016**



In the FY16 request, the majority of U.S. global health funding is provided as a part of the international affairs budget, which includes programs at the U.S. Agency for International Development (USAID) and the Department of State.<sup>4</sup> Despite the proposed decrease in in global health funding, the international affairs budget increased in the request.<sup>5</sup> As a result, when measured as a share of the international affairs budget, global health would decline from 22% in FY15 to 18% in FY16 (see Table 1).

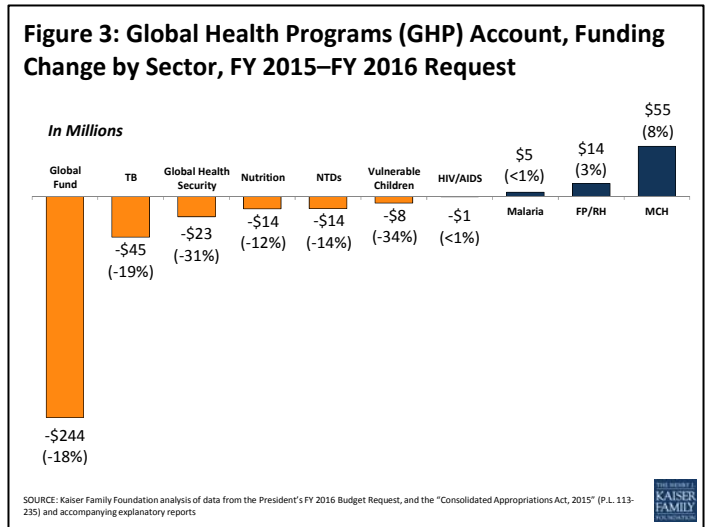
**Figure 2: Global Health Programs (GHP) Account, FY 2001-FY 2016 Request**



Most of the global health budget (\$8.2 billion) specified in the FY16 budget request is provided through the Global Health Programs (GHP) account at USAID and the State Department (see Figure 2). Within the GHP account, funding for tuberculosis (TB), neglected tropical diseases (NTDs), global health security (formerly pandemic influenza and emerging threats), nutrition, and vulnerable children would decline

<sup>1</sup> In the FY15 Omnibus bill, Congress provided \$5.4 billion in emergency funding for Ebola, of which \$3.7 billion was designated for international efforts, and stipulated that this funding could be used over a multi-year period.

compared to FY15 enacted levels, while malaria, maternal and child health (MCH), and family planning and reproductive health (FP/RH) funding would increase (see Figure 3 and Table 2). Funding for bilateral HIV, through the President’s Emergency Plan for AIDS Relief (PEPFAR), would remain essentially flat. The base U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) would decrease, although the State and Foreign Operations (SFOPs) Congressional Budget Justification (CBJ) states that this amount would fulfill the existing U.S. pledge to the Global Fund (see Global Fund section below). The proposed decrease for the Global Fund accounts for a significant share of the total decline in global health funding in the FY16 budget request.



When comparing the President’s budget requests over time, several trends emerge (see Table 3). For instance, looking at specific program areas, MCH is the only program with a proposed increase in each budget request over the period between FY13-FY16. During the same period, TB and the Global Fund are the only programs with a proposed decrease from the prior request; all other programs either increased or remained flat. More recently, proposed funding for all programs in the FY16 request matched the levels proposed in the FY15 request, with the exception of MCH, bilateral HIV, and the Global Fund (bilateral HIV and MCH increased, while the Global Fund decreased).

It is important to note that total discretionary funding in the FY16 budget request, which includes global health, exceeds the estimated budget cap instituted by the Budget Control Act of 2011.<sup>6</sup> Therefore, if Congress were to enact the President’s budget request, it would need to adjust the existing cap for FY16, which is essentially equal to the FY15 level. Congress will begin drafting appropriations legislation in the coming months; whether or not Congress provides a higher level of global health funding than proposed in the President’s request, either under an adjusted cap or the existing cap, is unknown.

## Analysis of Global Health Programs

This section provides an overview of global health funding levels by program area as proposed in the FY16 budget request (unless otherwise stated, all comparisons are to FY15 enacted levels).

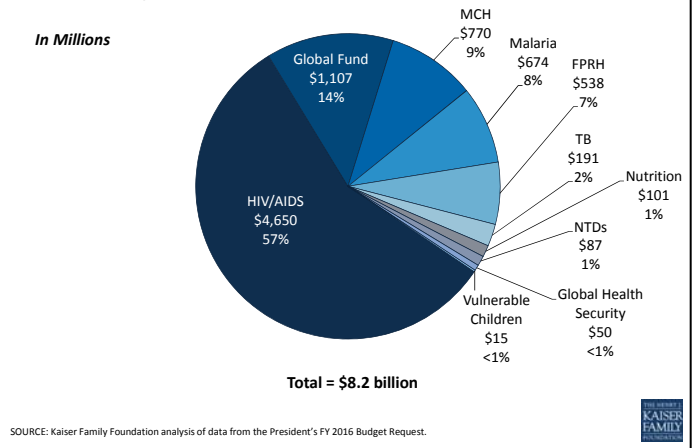
### PEPFAR/BILATERAL HIV

PEPFAR’s bilateral HIV funding through the GHP account totaled \$4,649.5 million (\$330 million at USAID and \$4,319.5 million at the State Department), remaining essentially flat compared to the FY15 enacted level. Bilateral HIV accounts for the largest share (57%) of any program area within the global health portfolio under the GHP account (see Figure 4). Included within this amount is funding for microbicides research (\$45 million) and the U.S. contribution to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (\$45 million). The FY16 request also included \$300 million for a new “PEPFAR Impact Fund,” which would be

provided to countries that work “to realign their national HIV/AIDS programs to focus on the highest-burden areas and sites, leveraging improved site-level data.”

The FY16 request also included \$462.2 million for HIV research activities at the National Institutes of Health (NIH) and \$128.4 million in HIV funding through the Centers for Disease Control and Prevention (CDC); NIH funding is a slight increase (\$11 million), while the CDC amount matches the FY15 enacted levels. The FY16 request did not include any funding for HIV programs at the Department of Defense (DoD) (the FY15 enacted level was \$8 million).

**Figure 4: Global Health Programs (GHP) Account, By Sector, FY 2016 Request**



## GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

The FY16 budget request included \$1,106.5 million for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), a \$243.5 million (-18%) decrease compared to the FY15 enacted level. The FY16 budget request states that the \$1,106.5 million would fulfill "President Obama's pledge to provide \$1 for every \$2 pledged by other donors to the Global Fund and completing the U.S. commitment to the 2014-2016 replenishment," which was made at the Global Fund's 4th Replenishment Conference held in December 2013.<sup>7</sup>

## TUBERCULOSIS

Funding for tuberculosis (TB) programs through the GHP account totaled \$191 million, which is \$45 million (-19%) below the FY15 enacted level. Tuberculosis funding is also provided through the Economic Support Fund (ESF) account and totaled \$4.0 million in the FY16 request (tuberculosis funding provided through the ESF account in FY15 is not yet known; in FY14, it was \$6.5 million).<sup>8</sup> Additional support for TB programs is provided through bilateral HIV programs (GHP account) at the State Department to address TB/HIV co-infection.<sup>9</sup>

## MALARIA

Malaria funding totaled \$674 million through the GHP account in the FY16 budget request and was one of only three program areas under the GHP account that increased above the FY15 enacted level (by \$4.5 million or 1%). The budget request also included \$173.0 million for malaria research activities at NIH and \$10.7 million in malaria funding through the CDC; NIH funding is a slight increase (\$4 million), while the CDC amount matched the FY15 enacted level (\$10.7 million). Additional malaria funding through DoD is not yet known (in FY14, it was \$17.2 million).

## FAMILY PLANNING & REPRODUCTIVE HEALTH

Family planning and reproductive health (FP/RH) funding through the GHP account totaled \$538 million and was one of only three program areas under the GHP account that increased (by \$14.1 million or 3%) from the FY15 enacted level. Additional FP/RH funding provided through the ESF account totaled \$39.6 million, which

is \$11.4 million (-22%) below the FY15 enacted level. The FY16 budget request also included \$35 million for the U.S. contribution to the United Nations Population Fund (UNFPA), matching the FY15 enacted level.

## MATERNAL & CHILD HEALTH

Funding for maternal and child health (MCH) through the GHP account totaled \$770 and was one of only three program areas under the GHP account that increased (by \$55 million or 8%) from the FY15 enacted level. This includes \$535 million in funding for bilateral programs and a \$235 million contribution to Gavi, the Vaccine Alliance (Gavi). Additional MCH funding provided through the ESF account totaled \$87.5 million (MCH funding provided through the ESF account in FY15 is not yet known; in FY14, it was \$114.2 million). Specific components of MCH funding include:

- **Gavi, the Vaccine Alliance:** During the Gavi pledging conference held in January 2015, the U.S. government committed \$1 billion for the FY15-FY18 period. The U.S. contribution to Gavi in the FY16 budget request, which is included under MCH funding in the GHP account, is \$235 million, a \$35 million (18%) increase above the FY15 enacted level.
- **Polio:** U.S. funding for polio programs is provided through USAID (as part of MCH funding via the GHP and ESF accounts) and CDC. Polio funding through USAID totaled \$50 million (\$43.5 million through the GHP account and \$6.5 million through the ESF account), a \$9.0 million (-15%) decrease from the FY15 enacted level. Polio funding through the CDC totaled \$168.8, a \$10 million (6%) increase above the FY15 enacted level.
- **United Nations Children's Fund (UNICEF):** The U.S. contribution to UNICEF, which is provided through the International Organizations and Programs (IO&P) account, totaled \$132 million in the FY16 budget request, matching the FY15 enacted level.<sup>10</sup>

## NUTRITION

Nutrition funding in the request through the GHP account totaled \$101 million, a \$14 million (-12%) decrease below the FY15 enacted level. Additional nutrition funding in the FY16 request totaled \$31.5 million through the ESF account and \$8.5 million through the Development Assistance (DA) account (nutrition funding provided through these accounts in FY15 is not yet known; in FY14, there was no nutrition funding provided through the DA account, while \$23.7 million was provided through the ESF account).<sup>11</sup>

## VULNERABLE CHILDREN

Funding for vulnerable children, which is provided via the Displaced Children and Orphans Fund (DCOF), totaled \$14.5 million in the GHP account, a \$7.5 million (-34%) decrease below the FY15 enacted level. The decrease in funding for vulnerable children was the largest percentage decrease among all areas under the GHP account.

## GLOBAL HEALTH SECURITY AGENDA

The Global Health Security Agenda, an effort launched in February 2014 aimed at improving global capabilities to prevent, detect, and respond to epidemics and other emerging public health threats,

includes funding from multiple agencies. At USAID, funding for global health security (formerly pandemic influenza and other emerging threats) is provided through the GHP account and totaled \$50 million in the FY16 budget request, a decrease of \$22.5 million (-31%) below the FY15 enacted level. Funding for Global Public Health Protection at CDC, which includes funding for Global Disease Detection and Emergency Response as well as Global Public Health Capacity Development, totaled \$76.7 million in the FY16 budget request, a \$21.6 million (39%) increase over the FY15 enacted level.

## OTHER GLOBAL HEALTH FUNDING

The U.S. provides additional global health funding in support of water, sanitation, and hygiene (WASH) activities, for international global health research efforts conducted through the Fogarty International Center (FIC) at NIH, and for multilateral organizations, such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO), that play an important role in addressing global issues. The FY16 request included \$228.0 million in funding for WASH activities provided through multiple accounts and programs (since WASH is considered a cross-cutting issue supported through direct funding as well as funding provided through other programs, such as HIV and MCH, it is not included within the overall global health total in order to prevent double-counting). The FY16 request also included \$69.5 for FIC, a slight increase above the FY15 enacted level, as well as a \$114.0 million contribution to WHO and a \$66.1 million contribution to PAHO, both of which essentially match FY15 enacted levels.

## Analysis of Other International Development Programs

The FY16 budget request also proposed funding for areas and agencies that are not directly focused on U.S. global health, but are related and may impact these efforts including: the Millennium Challenge Corporation (MCC), Feed the Future (FTF), which is the U.S. Government's global hunger and food security initiative, broader food assistance through Food for Peace (FFP)<sup>12</sup> and McGovern-Dole International Food for Education and Child Nutrition Program (McGovern-Dole), and other funding through the State & Foreign Operations Development Assistance (DA) and ESF accounts (see Table 4). Within the budget request, funding for the MCC (\$1,250 million) increased by more than \$350 million (39%) above the FY15 enacted level, while funding for McGovern-Dole remained flat and FFP declined (-\$66 million or -4.5%). The FY16 budget request included \$978.0 million for FTF (\$900.3 million through the DA account and \$77.7 million through the ESF account), which is \$22.6 million (-2%) below the FY15 enacted level.

**Table 1: Share of Global Health Funding in the International Affairs Budget (Base Funding),  
FY 2012 - FY 2016 Request**

	FY12 (million)*	FY13 (million)**	FY14 (million)***	FY15 Omnibus (millions)	FY16 Request (millions)
Global Health****	\$9,792	\$9,562	\$10,130	\$10,085	\$9,853
<i>of which International Affairs</i>	\$8,793	\$8,607	\$9,019	\$8,972	\$8,700
International Affairs*****	\$54,368	\$51,906	\$50,885	\$50,886	\$54,814
<i>of which Base (Enduring)</i>	\$43,165	\$41,084	\$44,365	\$41,628	\$47,766
<i>of which Overseas Contingency Operations (OCO)</i>	\$11,203	\$10,822	\$6,520	\$9,258	\$7,047
<b>Global Health share of International Affairs Budget (Base Funding)</b>	<b>20.4%</b>	<b>20.9%</b>	<b>20.3%</b>	<b>21.6%</b>	<b>18.2%</b>

NOTES:

\*FY12 totals are final funding amounts (see FY14 State and Foreign Operations Congressional Budget Justification).

\*\*FY13 totals are final funding amounts and include the effects of sequestration (see FY15 State and Foreign Operations Congressional Budget Justification).

\*\*\*FY14 totals are final funding amounts (see FY16 State and Foreign Operations Congressional Budget Justification).

\*\*\*\*Global Health represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. Malaria funding through the DoD is not yet known for FY15 and FY16; for comparison purposes, this funding has been removed from prior years. Some global health funding provided through the Economic Support Fund (ESF) and Development Assistance (DA) accounts is not yet known for FY15. For comparison purposes, the FY15 global health total assumes that the ESF and DA accounts are funded at levels equivalent to the FY16 request. (The FY16 request represents the lowest level of global health funding through the ESF and DA accounts since FY07. As such, using the FY16 request as an estimate for the ESF and DA accounts in FY15 is likely a conservative estimate.)

\*\*\*\*\*International Affairs is Function 150 Account only and includes both base (enduring) and Overseas Contingency Operations (OCO) funding. OCO has historically included some funding for global health programs, but this amount is not yet known for the FY16 Budget Request. The majority of U.S. global health funding is provided as part of base (enduring) funding.

Table 2: U.S. Funding for Global Health Programs, FY 2015 Omnibus - FY 2016 Request			
Department / Agency / Area	FY15 Omnibus (millions)	FY16 Request (millions)	Difference (millions, %)
<b>USAID - Global Health Programs (GHP)</b>			
HIV/AIDS	\$330.0	\$330.0	\$0 (0%)
Tuberculosis	\$236.0	\$191.0	\$-45 (-19.1%)
Malaria	\$669.5	\$674.0	\$4.5 (0.7%)
Neglected Tropical Diseases (NTDS)	\$100.0	\$86.5	\$-13.5 (-13.5%)
Global Health Security*	\$72.5	\$50.0	\$-22.5 (-31%)
Maternal & Child Health (MCH)	\$715.0	\$770.0	\$55 (7.7%)
<i>of which GAVI</i>	\$200.0	\$235.0	\$35 (17.5%)
<i>of which Polio</i>	\$51.5	\$43.5	\$-8 (-15.5%)
Nutrition	\$115.0	\$101.0	\$-14 (-12.2%)
Vulnerable Children	\$22.0	\$14.5	\$-7.5 (-34.1%)
Family Planning & Reproductive Health (FP/RH)**	\$524.0	\$538.0	\$14.1 (2.7%)
<b>Total USAID:</b>	<b>\$2,784.0</b>	<b>\$2,755.0</b>	<b>\$-28.9 (-1%)</b>
<b>State - Global Health Programs (GHP)</b>			
HIV/AIDS Bilateral	\$4,320.0	\$4,319.5	\$-0.5 (0%)
<i>of which UNAIDS</i>	\$45.0	\$45.0	\$0 (0%)
Global Fund***	\$1,350.0	\$1,106.5	\$-243.5 (-18%)
<b>Total State:</b>	<b>\$5,670.0</b>	<b>\$5,426.0</b>	<b>\$-244 (-4.3%)</b>
<b>Total GHP - State &amp; USAID</b>			
<b>Total USAID &amp; State GHP:</b>	<b>\$8,454.0</b>	<b>\$8,181.0</b>	<b>\$-273 (-3.2%)</b>
<b>State &amp; Foreign Operations - Economic Support Fund (ESF)****</b>			
Tuberculosis	Not Yet Known	\$4.0	-
Maternal & Child Health (MCH)	Not Yet Known	\$87.5	-
<i>of which Polio</i>	\$7.5	\$6.5	\$-1 (-13.3%)
HIV	Not Yet Known	\$0.2	-
Nutrition	Not Yet Known	\$31.5	-
Family Planning & Reproductive Health (FP/RH)**	\$51.1	\$39.6	\$-11.4 (-22.4%)
<b>State &amp; Foreign Operations - Development Assistance (DA)****</b>			
Nutrition	Not Yet Known	\$8.9	-
<b>State &amp; Foreign Operations - International Organizations &amp; Programs (IO&amp;P)</b>			
United Nations Children's Fund (UNICEF)	\$132.0	\$132.0	\$0 (0%)
United Nations Population Fund (UNFPA)**	\$35.0	\$35.0	\$0 (0%)
<b>State &amp; Foreign Operations - Contributions to International Organizations (CIO)</b>			
World Health Organization (WHO)	\$113.7	\$114.0	\$0.3 (0.3%)
Pan American Health Organization (PAHO)	\$65.7	\$66.1	\$0.4 (0.6%)

Table 2 Cont'd: U.S. Funding for Global Health Programs, FY 2015 Omnibus - FY 2016 Request			
Department / Agency / Area	FY15 Omnibus (millions)	FY16 Request (millions)	Difference (millions, %)
<b>National Institutes of Health (NIH)</b>			
HIV Research	\$451.2	\$462.2	\$11 (2.4%)
Malaria Research	\$169.3	\$173.0	\$3.7 (2.2%)
Fogarty International Center (FIC)	\$67.8	\$69.5	\$1.7 (2.5%)
<b>Centers for Disease Control and Prevention (CDC)</b>			
Global HIV/AIDS	\$128.4	\$128.4	\$0 (0%)
Global Immunization	\$208.6	\$218.6	\$10 (4.8%)
<i>Polio Eradication</i>	<i>\$158.8</i>	<i>\$168.8</i>	<i>\$10 (6.3%)</i>
<i>Other Global/Measles</i>	<i>\$49.8</i>	<i>\$49.8</i>	<i>\$0 (0%)</i>
Parasitic Disease and Malaria	\$24.4	\$24.4	\$0 (0%)
Global Public Health Protection	\$55.1	\$76.7	\$21.6 (39.1%)
<b>Total CDC:</b>	<b>\$416.5</b>	<b>\$448.1</b>	<b>\$31.6 (7.6%)</b>
<b>Department of Defense (DoD)*****</b>			
HIV/AIDS	\$8.0	\$0.0	\$-8 (-100%)
<b>Total Global Health Funding</b>			
<b>Total Global Health Funding:</b>	<b>\$10,084.6</b>	<b>\$9,852.6</b>	<b>\$-232 (-2.3%)</b>

NOTES:

\*Formerly Pandemic Influenza and Other Emerging Threats.

\*\*The FY15 Omnibus (P.L. 113-235) states that, of the funding appropriated for bilateral assistance, "not less than \$575,000,000 should be made available for family planning/reproductive health." The bill also provides an additional \$35 million as the U.S. contribution to the United Nations Population Fund (UNFPA).

\*\*\*The FY16 Department of State, Foreign Operations, and Related Programs Congressional Budget Justification (CBJ) states that the \$1,107 million for the Global Fund included in the FY16 Budget Request would fulfill "President Obama's pledge to provide \$1 for every \$2 pledged by other donors to the Global Fund and completing the U.S. commitment to the 2014-2016 replenishment."

\*\*\*\*Some global health funding provided through the Economic Support Fund (ESF) and Development Assistance (DA) accounts is not yet known for FY15. For comparison purposes, the FY15 global health total assumes that the ESF and DA accounts are funded at levels equivalent to the FY16 request. (The FY16 request represents the lowest level of global health funding through the ESF and DA accounts since FY07. As such, using the FY16 request as an estimate for the ESF and DA accounts in FY15 is likely a conservative estimate.)

\*\*\*\*\*Malaria funding provided through the DoD is not yet known for FY15 and FY16.



Table 3: Comparison of U.S. Funding for Global Health Programs, FY 2013 Request - FY 2016 Request				
Department / Agency / Area	FY13 Request (millions)	FY14 Request (millions)	FY15 Request (millions)	FY16 Request (millions)
<b>USAID - Global Health Programs (GHP)</b>				
HIV/AIDS	\$330.0	\$330.0	\$330.0	\$330.0
Tuberculosis	\$224.0	\$191.0	\$191.0	\$191.0
Malaria	\$619.0	\$670.0	\$674.0	\$674.0
Neglected Tropical Diseases (NTDS)	\$67.0	\$85.0	\$86.5	\$86.5
Global Health Security*	\$53.0	\$47.0	\$50.0	\$50.0
Maternal & Child Health (MCH)	\$578.0	\$680.0	\$695.0	\$770.0
<i>of which GAVI</i>	\$145.0	\$175.0	\$200.0	\$235.0
Nutrition	\$90.0	\$95.0	\$101.0	\$101.0
Vulnerable Children	\$13.0	\$13.0	\$14.5	\$14.5
Family Planning & Reproductive Health (FP/RH)	\$530.0	\$534.0	\$538.0	\$538.0
<b>Total USAID:</b>	<b>\$2,504.0</b>	<b>\$2,645.0</b>	<b>\$2,680.0</b>	<b>\$2,755.0</b>
<b>State - Global Health Programs (GHP)</b>				
HIV/AIDS Bilateral	\$3,700.0	\$4,020.0	\$4,020.0	\$4,319.5
<i>of which UNAIDS</i>	\$45.0	\$45.0	\$45.0	\$45.0
Global Fund**	\$1,650.0	\$1,650.0	\$1,350.0	\$1,106.5
<b>Total State:</b>	<b>\$5,350.0</b>	<b>\$5,670.0</b>	<b>\$5,370.0</b>	<b>\$5,426.0</b>
<b>Total GHP - State &amp; USAID</b>				
<b>Total USAID &amp; State GHP:</b>	<b>\$7,854.0</b>	<b>\$8,315.0</b>	<b>\$8,050.0</b>	<b>\$8,181.0</b>

NOTES:

\*Formerly Pandemic Influenza and Other Emerging Threats.

\*\*The FY16 Department of State, Foreign Operations, and Related Programs Congressional Budget Justification (CBJ) states that the \$1,107 million for the Global Fund included in the FY16 Budget Request would fulfill "President Obama's pledge to provide \$1 for every \$2 pledged by other donors to the Global Fund and completing the U.S. commitment to the 2014-2016 replenishment."

Table 4: Other Related Non-Global Health Funding, FY 2015 Omnibus - FY 2016 Request			
Department / Agency / Area	FY15 Omnibus (millions)	FY16 Request (millions)	Difference (millions, %)
Development Assistance (DA) account (SFOPs)	\$2,507.0	\$2,999.7	\$492.7 (19.7%)
Economic Support Fund (ESF) account*	\$4,746.8	\$6,135.5	\$1388.7 (29.3%)
<i>of which Overseas Contingency Operations (OCO)</i>	\$2,114.3	\$2,183.3	\$69.1 (3.3%)
Feed the Future (FtF) Initiative**	\$1,000.6	\$978.0	\$-22.6 (-2.3%)
Global Agriculture and Food Security Program (GAFSP)***	-	\$43.0	-
McGovern-Dole International Food for Education and Child Nutrition Program	\$191.6	\$191.6	\$0 (0%)
Food for Peace (FFP-Title II)	\$1,466.0	\$1,400.0	\$-66 (-4.5%)
Millennium Challenge Corporation (MCC)	\$899.5	\$1,250.0	\$350.5 (39%)

NOTES:

\*The FY16 Department of State, Foreign Operations, and Related Programs Congressional Budget Justification (CBJ) states that the FY15 funding level includes an estimated transfer of \$29.9m in accordance with the FY15 Omnibus bill.

\*\*The FY15 Omnibus bill states that, of the funds appropriated for bilateral assistance, "not less than \$1,000,600,000 should be made available for food security and agricultural development programs."

\*\*\*The FY15 Omnibus bill states that, of the funding appropriated for bilateral assistance programs, a portion "may be made available as a contribution to the Global Agriculture and Food Security Program if such contribution will not cause the United States to exceed 33 percent of the total amount of funds contributed to such program." The FY16 Department of State, Foreign Operations, and Related Programs Congressional Budget Justification (CBJ) states that the \$43 million for GAFSP "is enough to match \$86 million in new commitments from other donors, in line with the United States' pledge to provide \$1 for every \$2 provided by other donors."

# Endnotes

<sup>1</sup> This total represents data obtained from the Department of State, Foreign Operations, and Related Programs FY 2015 Congressional Budget Justification, the National Institutes of Health FY 2015 Congressional Justification, the Centers for Disease Control and Prevention FY 2015 Congressional Justification, and through direct communication with the White House Office of Management and Budget. Some global health funding provided through the Department of Defense (DoD) is not yet known for FY16. Global health totals do not include MCH and nutrition funding provided through the Food for Peace (FFP-Title II) program; funding through the FFP-Title II program is provided in the form of food aid and is not included due to the unique design of the program.

<sup>2</sup> The “Consolidated and Further Continuing Appropriations Act, 2015” (P.L. 113-235) specified global health funding through the State Department, USAID, CDC, and DoD. NIH research totals for HIV in FY15 was obtained from the NIH FY16 Congressional Justification and the malaria research amount was obtained from the NIH Research, Condition, and Disease Categorization (RCDC) database. Some global health funding provided through the Department of Defense (DoD) is not yet known for FY15 and FY16. Some global health funding provided through the Economic Support Fund (ESF) and Development Assistance (DA) accounts is not yet known for FY15. For comparison purposes, the FY15 global health total assumes that the ESF and DA accounts are funded at levels equivalent to the FY16 request. (The FY16 request represents the lowest level of global health funding through the ESF and DA accounts since FY07. As such, using the FY16 request as an estimate for the ESF and DA accounts in FY15 is likely a conservative estimate.)

<sup>3</sup> Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: [www.foreignassistance.gov](http://www.foreignassistance.gov). Some global health funding provided through the Department of Defense (DoD) is not yet known for FY15 and FY16; for comparison purposes, funding provided through the DoD has been removed from prior years. Some global health funding provided through the Economic Support Fund (ESF) and Development Assistance (DA) accounts is not yet known for FY15. For comparison purposes, the FY15 global health total assumes that the ESF and DA accounts are funded at levels equivalent to the FY16 request. (The FY16 request represents the lowest level of global health funding through the ESF and DA accounts since FY07. As such, using the FY16 request as an estimate for the ESF and DA accounts in FY15 is likely a conservative estimate.)

<sup>4</sup> The international affairs budget (also known as the Function 150 account) includes funding provided through multiple appropriations bills including: Department of State, Foreign Operations, and Related Programs; Agriculture; and Commerce, Justice, and Science (see Congressional Research Service, *State, Foreign Operations, and Related Programs: FY2015 Budget and Appropriations*, December 8, 2014).

<sup>5</sup> The international affairs budget is comprised of base funding, which supports enduring programs, and funding for Overseas Contingency Operations (OCO), which has been defined by the Administration as “extraordinary, but temporary” funding supporting efforts in Iraq, Afghanistan, and Pakistan (see Congressional Research Service, *State, Foreign Operations, and Related Programs: FY2015 Budget and Appropriations*, December 8, 2014). The global health funding from USAID and the State Department detailed in this analysis is part of base funding in the international affairs budget. In the FY16 request, the total international affairs budget (base and OCO) was \$54.8 billion, an increase of approximately \$3.9 billion from FY15 enacted level. Base funding was \$47.8 billion in the FY16 request, an increase of \$6.1 billion from the FY15 enacted level, while OCO funding totaled \$7.0 billion in the FY16 request, a \$2.2 billion decrease from the FY15 enacted level.

<sup>6</sup> The Budget Control Act (BCA) of 2011 (P.L. 112-25) implemented caps on total discretionary spending, which was divided into two categories – defense and non-defense – for FY13 through FY21. The BCA also established the Joint Select Committee on Deficit Reduction (Super Committee), which was tasked with creating a plan to achieve an additional \$1.2 trillion in savings. The failure of the Super Committee to agree to a plan resulted in forced cuts to the existing budget caps (sequestration). The non-defense discretionary (NDD) spending total, including the effects of sequestration, is estimated to be \$493 billion for FY16. See Congressional Budget Office (CBO), *Final Sequestration Report for Fiscal Year 2015*, January 2015, and Congressional Research Service (CRS), *The Budget Control Act and Trends in Discretionary Spending*, November 26, 2014.

<sup>7</sup> Congress has stipulated that total U.S. contributions to the Global Fund may not exceed 33% of total contributions from all donors; a requirement that has been in place since the original authorization of PEPFAR in 2003.

<sup>8</sup> The Economic Support Fund (ESF) account provides funding for both health and non-health programs as part of the overall U.S. foreign policy efforts (see Congressional Research Service, *State, Foreign Operations Appropriations: A Guide to Component Accounts*, January 13, 2015).

<sup>9</sup> The FY16 request included \$153.0 million in TB funding provided through bilateral HIV programs (GHP account) at the State Department (see U.S. Department of State, *Congressional Budget Justification, Foreign Operations, Appendix 2*, February 27, 2015). TB funding provided through bilateral HIV programs (GHP account) at the State Department is not known for prior years.

<sup>10</sup> The International Organizations and Programs (IO&P) account “provides voluntary donations through the Department of State to support the programs of international agencies involved in a range of development, humanitarian, and scientific activities, including the U.N. Development Program (UNDP), U.N. Environment Program (UNEP), U.N. Children’s Fund (UNICEF), and U.N. Population Fund (UNFPA)” (see Congressional Research Service, *State, Foreign Operations Appropriations: A Guide to Component Accounts*, January 13, 2015).

<sup>11</sup> The Development Assistance (DA) account provides funding for both health and non-health programs as part of the overall U.S. foreign policy efforts (see Congressional Research Service, *State, Foreign Operations Appropriations: A Guide to Component Accounts*, January 13, 2015).

<sup>12</sup> Funding for Food for Peace (FFP-Title II) supports the provision of food aid to address both emergency and non-emergency needs.