EXECUTIVE SUMMARY

April 2009
THE U.S. GOVERNMENT’S GLOBAL HEALTH POLICY ARCHITECTURE:
Structure, Programs, and Funding

EXECUTIVE SUMMARY

April 2009

Jen Kates
Kaiser Family Foundation

Julie Fischer
Stimson Center

Eric Lief
Stimson Center
Acknowledgments

The development of this report was informed by discussions with several individuals, including an ongoing dialogue with J. Stephen Morrison of the Center for Strategic & International Studies (CSIS) regarding the formation of the CSIS Commission on Smart Global Health Policy; Phillip Nieburg, Centers for Strategic & International Studies; Ruth Levine, Center for Global Development; and Erin Thornton, ONE Campaign.

In addition, much of the data used in this analysis were collected through a contract with the Stimson Center, under the direction of Julie Fischer and Eric Lief, with their colleague, Vidal Seegobin.

This report was supported in part by a grant from the Bill & Melinda Gates Foundation.
Executive Summary

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

History, Scope, and Role:

- The U.S. engagement in international health, initially sparked by economic as much as health concerns, has developed within two main structures of the U.S. government: the foreign assistance structure, which is predominantly development-oriented and has close links to foreign policy; and the public health structure, which has its roots in disease control and surveillance efforts. While these domains have very different purposes, cultures, and strategies, they have an increasingly linked history in responding to global health, although most funding for and oversight of global health resides within foreign assistance agencies and programs.

- The scope of the U.S. global health engagement is broad, and includes basic and essential health care services and infrastructure development; disease detection and response; population and maternal/child health; nutrition support through non-emergency food aid and dietary supplementation; clean water/sanitation promotion; and mitigation of environmental hazards.

- The U.S. role is multi-faceted, and includes acting as donor to low- and middle-income countries; engaging in global health diplomacy; providing technical assistance and expertise; operating programs; participating in international health organizations; leading world research and development efforts; and partnering with other government and non-governmental organizations.

Funding:

- U.S. funding for global health has increased significantly over time, particularly in the last decade; funding more than doubled between FY 2004 and FY 2008, reaching $9.6 billion in FY 2008. Still, funding for global health represents only a small fraction of the overall U.S. federal budget (as does foreign aid in general).

- Most funding for global health is provided through bilateral channels, and bilateral funding has grown as a share of the U.S. global health budget over time, accounting for 87% of funding in FY 2008. In addition, funding is primarily provided through the international affairs budget (86%) and through the State Department, which receives the largest share of the global health budget (51%), followed by USAID (28%) and the Department of Health and Human Services and its operating divisions (12%).

- While funding for all major global health sub-sectors (HIV, TB, malaria, maternal and child health, family planning, and water) increased between FY 2004 and FY 2008, funding for HIV drove most of the increase and accounted for the largest share of the budget (52% in FY 2008).

- The U.S. approach is best characterized as “vertical” (vs. horizontal), primarily focused on thematic objectives such as a disease or problem (e.g., PEPFAR, water, etc.), rather than more general support. In addition, most funding is provided to large scale-multi agency initiatives (73% of FY 2008 funding), rather than core support to agencies.

- The U.S. is the largest donor to global health efforts in the world, although when measured as a percentage of GDP, it does not rank as high as other donor governments.
The Administration and Congress

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

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

- U.S. agencies carry out global health activities in more than 100 countries throughout the world, although most programming is concentrated in a subset of countries that are either hardest hit by health problems (e.g., countries in sub-Saharan Africa hard hit by HIV), have the poorest economies (e.g., Haiti), and/or represent larger U.S. strategic interests (e.g., Afghanistan, Pakistan, China).

- More than fifteen Congressional committees have jurisdiction and oversight over global health programs, particularly those that govern foreign assistance and, to a lesser extent, public health programs.

- Despite the growing engagement of the U.S. government in global health, there is currently no formal, authoritative, coordinating mechanism for the U.S. response.

Additional figures from the full report follow.
Executive Summary

The U.S. Government’s Global Health Policy Architecture: Structure, Programs, and Funding

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

Federal Budget
$3 trillion

Global Health
$9.6 billion
<1%

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

FIGURE 3:

U.S. $ BILLIONS

2004 $4.4  2005 $5.3  2006 $6.2  2007 $7.3  2008 $9.6

NOTE: Includes combined bilateral and multilateral funding for all U.S. global health sub-sectors.
SOURCE: Kaiser Family Foundation analysis of data from U.S. government agency published reports; SF-133 Reports on Budget Execution and Budgetary Resources; OMB Public Budget Database; direct data requests to agencies and OMB.
FIGURE 4:
U.S. Government Global Health Funding by Department and Agency, FY 2008

Total = $9.6 billion

- USAID: $2,722 million (28%)
- NIH: $831 million (9%)
- Millennium Challenge Corp: $617 million (6%)
- CDC: $302 million (3%)
- USDA: $65 million (<1%)
- DoD: $95 million (1%)
- State – OGAC: $4,662 million (48%)
- Other*: $31 million (<1%)
- State – Other: $262 million (3%)
- USAID: $2,722 million (28%)
- NIH: $831 million (9%)
- Millennium Challenge Corp: $617 million (6%)
- CDC: $302 million (3%)
- USDA: $65 million (<1%)
- DoD: $95 million (1%)
- State – OGAC: $4,662 million (48%)
- Other*: $31 million (<1%)
- State – Other: $262 million (3%)

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

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

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

Total = $9.6 billion

- HIV/AIDS: $4,978 million (52%)
- Maternal & Child Health: $806 million (8%)
- Water: $738 million (8%)
- Family Planning & Repro Health: $467 million (5%)
- Global Fund*: $841 million (9%)
- Avian Flu: $115 million (1%)
- Other: $1,039 million (11%)
- Malaria: $495 million (5%)
- TB: $162 million (2%)

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

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

The U.S. Government’s Global Health Policy Architecture: Structure, Programs, and Funding

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

NOTE: Does not necessarily reflect U.S. regional programming or U.S. assistance provided to multilateral organizations that may reach countries.

FIGURE 7:

NOTE: Represents bilateral assistance only and does not necessarily reflect U.S. regional program funding or U.S. assistance provided to multilateral organizations that in turn may be provided to countries.
THE HENRY J. KAISER FAMILY FOUNDATION

Headquarters
2400 Sand Hill Road
Menlo Park, CA 94025
Phone 650-854-9400  Fax 650-854-4800

Washington Offices and
Barbara Jordan Conference Center
1330 G Street, NW
Washington, DC 20005
Phone 202-347-5270  Fax 202-347-5274

www.kff.org

This report (#7881) is available on the Kaiser Family Foundation's website at www.kff.org.

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