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U.S. GLOBAL HEALTH POLICY

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

April 2009



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

History, Scope, and Role:

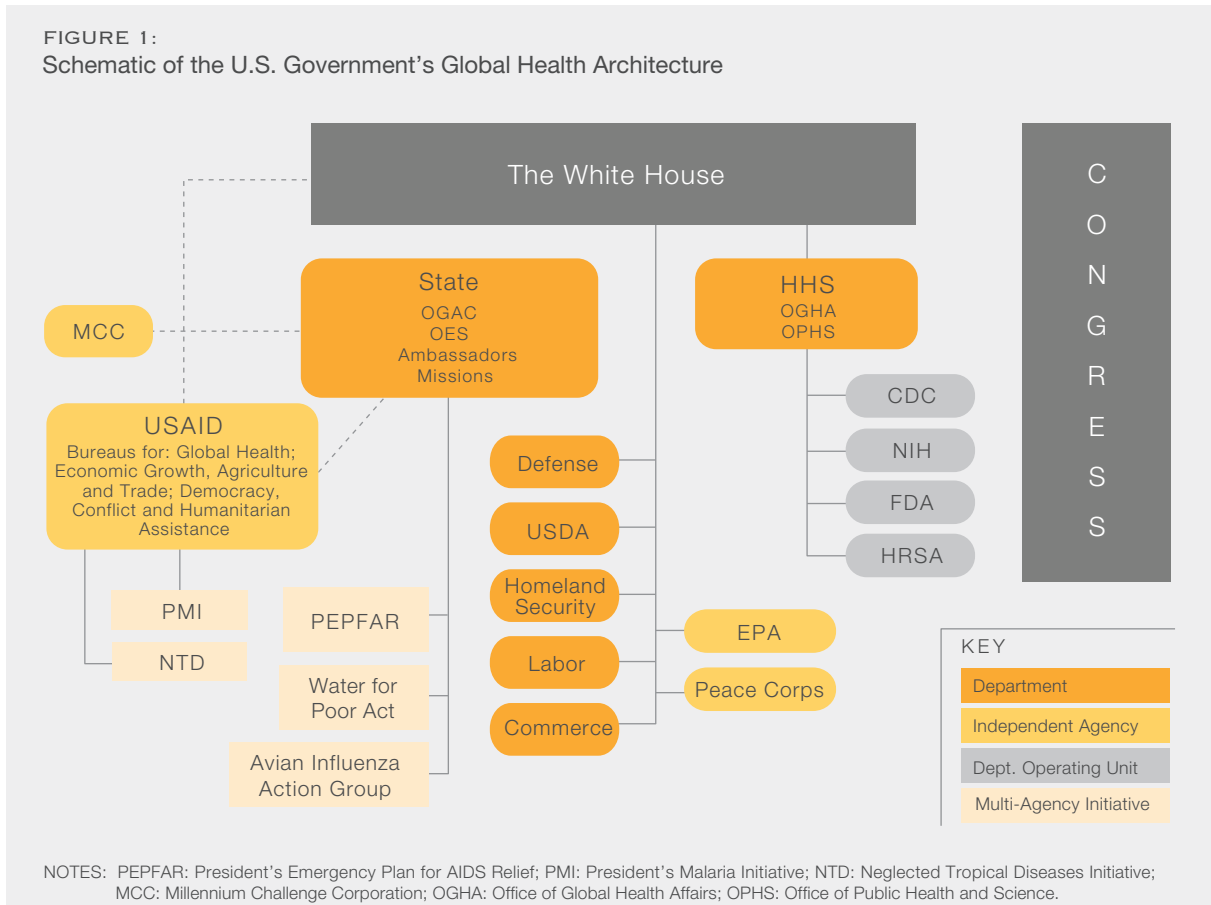
- The U.S. engagement in international health, initially sparked by economic as much as health concerns, has developed within two main structures of the U.S. government: the foreign assistance structure, which is predominantly development-oriented and has close links to foreign policy; and the public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

Funding:

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

The Administration and Congress

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



- 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.

INTRODUCTION

The United States government has been engaged in international health activities for more than a century. Early U.S. efforts stemmed as much from economic interests as public health ones, as the government sought to promote international trade and travel while also protecting shipping ports and other borders from external disease threats brought on by increased mobility.¹ Thus the U.S. joined with other nations to form the first international health organizations, standards, and treaties, which served as pre-cursors to the creation of the World Health Organization (WHO) in 1948. 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.² Multiple, interrelated factors 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,³ 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.⁴

This report provides an overview of the U.S. government's global health architecture. It first defines U.S. global health policy and describes the multiple ways in which the U.S. government plays a role in global health. It then provides a snapshot of U.S. global health funding, followed by descriptions of the main federal departments, agencies, and initiatives involved in global health, Congressional authorities and jurisdictions governing U.S. global health programs, and U.S. participation in international health organizations. Although this report focuses specifically on the U.S. government, it is important to acknowledge the important role played by private sector actors — non-governmental organizations, foundations, corporations, and others — in the global health response.

DEFINING THE SCOPE AND ROLE OF THE U.S. GOVERNMENT'S GLOBAL HEALTH ENGAGEMENT

Despite a growing emphasis on the importance of addressing global health by the international community and the U.S., there is currently no standard, agreed-upon definition for global health, and several different definitions exist.⁵ The Institute of Medicine, in a recent report on the U.S. government's commitment to global health,⁶ and building on its own earlier work,⁷ defines global health as “encompassing health problems, issues, and concerns that transcend national boundaries, and may best be addressed by cooperative actions with the goal of improving health for all people by reducing avoidable disease, disabilities, and deaths.”⁸ The IOM's definition provides a broad framework for considering the U.S. government's specific role in global health, which is defined in this report as follows:

U.S. policy (legislation, regulations, executive orders, guidance, and other relevant policy statements), activities, initiatives, programs, and funding used to address health problems that transcend national boundaries with the goal of improving health by reducing avoidable disease, disabilities, and deaths. Such activities operate primarily across the following broad and interrelated domains:

- *Health services and systems:* Basic and essential health care services, systems, and infrastructure (such as laboratories, hospitals, clinics, personnel);
- *Disease detection and response:* Detection, surveillance, prevention and treatment of diseases including HIV, tuberculosis, malaria, avian influenza, neglected tropical diseases, other infectious diseases, and chronic and non-communicable disease;
- *Population and maternal/child health:* Maternal health promotion; reproductive health and family planning; child nutrition, immunization and other child survival interventions.
- *Nutrition, water, and environmental health:* Non-emergency food aid, dietary supplementation, food security; clean/safe water and sanitation; mitigation of environmental hazards;
- *Research and development:* New technologies, interventions, and strategies, including vaccines, medicines, and diagnostics.

These broad areas are often carried out as part of larger development assistance and poverty alleviation efforts, efforts to enhance access to basic and higher education, and interventions designed to address gender inequalities and empower women and girls. In addition, the U.S. government has a long-standing engagement in providing humanitarian aid and disaster relief, activities which are not directly focused on health, but which can serve to mitigate or prevent adverse health outcomes.

The U.S. role in carrying out these activities, initiatives, and programs is multifaceted and includes:

- Acting as **donor**, providing financial and other health-related development assistance (e.g., commodities) to low- and middle-income countries, through both bilateral and multilateral channels;
- Engaging in **global health diplomacy** through negotiations and agreements with other nations and parties;
- Providing **technical assistance** and **staff expertise** and capacity to other countries and organizations;
- **Operating programs and delivering services** in the field;
- Participating in shared **governance** of and **membership** in major **international health organizations**;
- Leading world **research and development** efforts (basic, clinical, field, social science, etc.); and
- **Partnering** with other governments, non-governmental organizations, and the private sector.

U.S. GOVERNMENT FUNDING FOR GLOBAL HEALTH

While the first U.S. funds for international health efforts were provided more than a century ago in the form of support for the then newly emerging international health organizations, funding was limited throughout most of the 20th century and generally consisted of small-scale or discrete activities. For example, in the late 1950s, an agreement with the government of Brazil enabled the U.S. to provide commodity support for malaria efforts.⁹ In 1966, the Centers for Disease Control and Prevention (CDC), with support from the United States Agency for International Development (USAID), took on a combined measles-control and smallpox eradication effort in West and Central Africa.^{10,11,12} And in 1968, the first Congressional appropriation for international family planning assistance (of less than \$50 million¹³) was provided to USAID.¹⁴ It was two decades later, in 1986, that the first U.S. government funding to address the emerging global HIV epidemic was provided, with a USAID contribution to support the WHO's new Global AIDS Program and its work in Africa.^{15,16}

Funding for global health rose slowly during the 1980s and 1990s. International family planning assistance, for example, averaged \$340 million over these two decades, reaching a peak of \$576 million in 1995 but dipping down after that;^{13,17} HIV funding averaged \$125 million from its inception in 1986 through the end of the 1990s, with a peak of approximately \$200 million in 1999.¹⁸ But by the beginning of the 21st century, largely due to a growing recognition of the global AIDS crisis, U.S. health funding began to increase more significantly, and funding for global AIDS activities alone surpassed \$1 billion in 2002. The advent of the President's Emergency Plan for AIDS Relief (PEPFAR) the following year served to boost global health funding even more, as have other, more recent initiatives, such as the President's Malaria Initiative (PMI) and the Millennium Challenge Corporation (MCC).

To provide a more detailed assessment of recent funding trends, U.S. government budget data¹⁹ were analyzed for the FY 2004–FY 2008 period.²⁰ The agencies that directly received identifiable appropriations for global health activities in at least one fiscal year during this period were: the Departments of State (State); Health and Human Services (HHS), including the CDC and the National Institutes of Health (NIH); Defense (DoD); Agriculture (USDA); Labor (DoL); and Homeland Security (DHS); and USAID, the MCC, Peace Corps, and Environmental Protection Agency (EPA). Data represent health-related development assistance provided to low- and middle-income countries in the form of cash transfers (grants or loans); commodities (goods, services, medicines, supplies, and other equipment); and technical assistance. Both bilateral and multilateral assistance were included. All data reflect final Congressional appropriations, including rescissions, or budget lines within appropriations with the exception of DoD and the MCC, for which actual obligations were used.

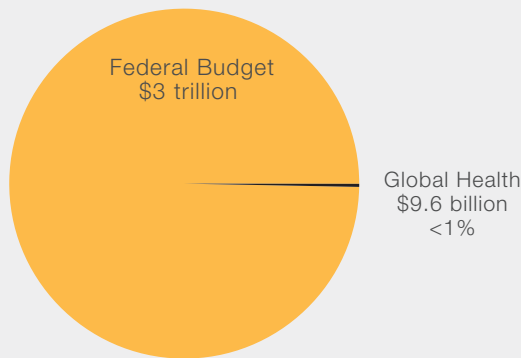
Data were analyzed by budget function²¹ (e.g., international affairs, health, agriculture, etc.), by department (attributing funding to the departments and agencies that receive direct appropriations for global health activities, even if they in turn may transfer or allocate some of these funds to other parts of the government), and by major sub-sector (e.g., HIV, maternal and child health, water, etc.). While the U.S. government typically does not include funding for clean water/sanitation activities as health-related development assistance, such activities are included here given their integral relationship to health and in recognition of the growing policy attention by Congress and the Administration to this linkage.²²

U.S. government funding for global health in this analysis does not reflect spending in Iraq, which was either not programmed as such or not identifiable. Health-related funding in Afghanistan is included.

Key trends between FY 2004 and FY 2008 are as follows:

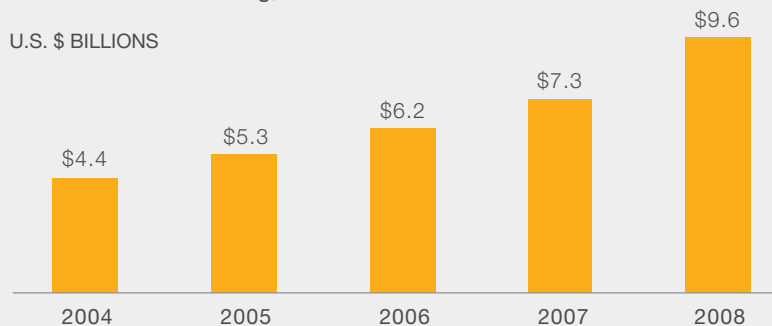
- Total U.S. Government Funding for Global Health More than Doubled:** U.S. assistance for global health rose from \$4.36 billion in FY 2004 to \$9.64 billion in FY 2008, an increase of \$5.3 billion, or 121%. Still, it represents only a small fraction of the overall federal budget (<1%), as does foreign aid in general. See *Figures 2 and 3*.

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



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

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

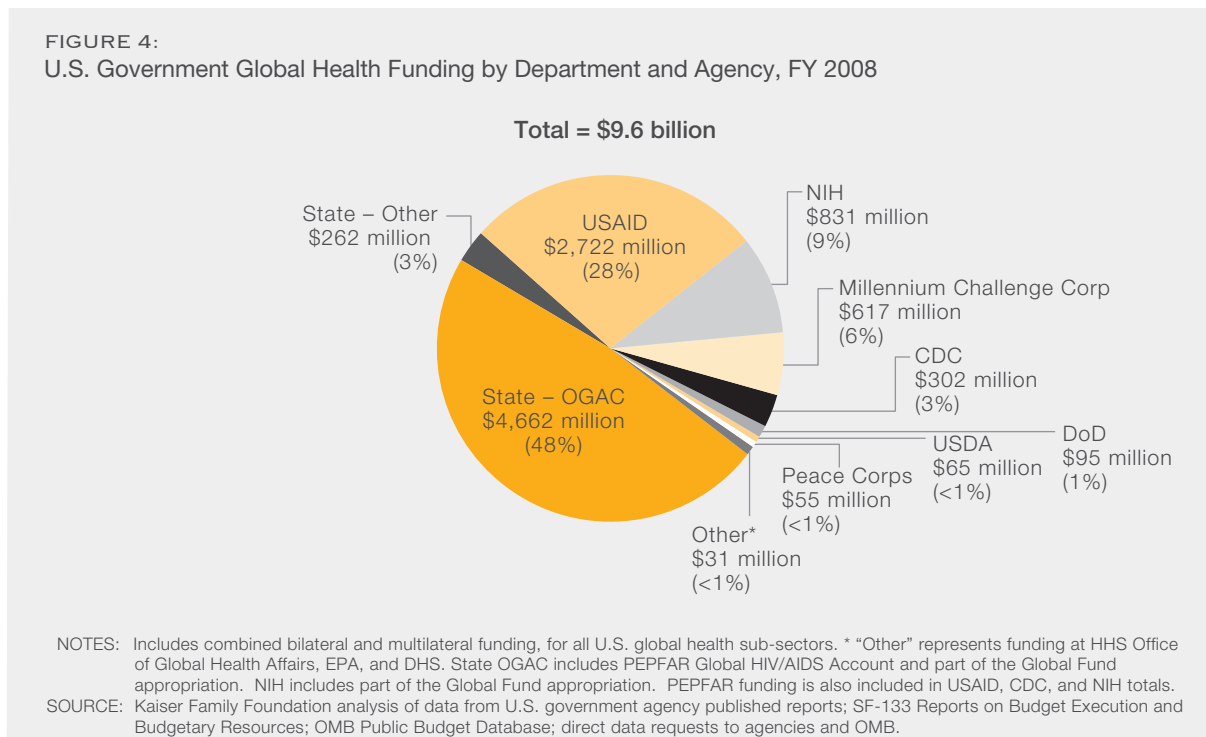


NOTE: Includes combined bilateral and multilateral funding for all U.S. global health sub-sectors.
SOURCE: Kaiser Family Foundation analysis of data from U.S. government agency published reports; SF-133 Reports on Budget Execution and Budgetary Resources; OMB Public Budget Database; direct data requests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

- Most U.S. Global Health Funding is Bilateral:** The majority of U.S. assistance for global health is provided through bilateral programs, a trend that increased over the period; bilateral funding more than doubled, rising from \$3.5 billion in FY 2004 (80% of the total) to \$8.4 billion in FY 2008 (87%), an increase of 143%. At the same time, funding exclusively for health provided through multilateral mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and other international health organizations, increased by just 38%.
- Most U.S. Global Health Funding is Provided Through the International Affairs Budget and Through the State Department:** While assistance for global health is included in multiple U.S. government budget functions (international affairs, health, defense, agriculture, labor, and others), most activities are funded as part of the international affairs budget (“Function 150”) which supports programs at the Department of State, USAID, the

Peace Corps, and the MCC. Function 150 funding for health almost tripled over the period, and rose as a share of the global health budget from 68.4% in FY 2004 to 86.3% in FY 2008. In addition, by FY 2008, the State Department accounted for the largest share of global health funding of any department or agency (51.1%), primarily due to PEPFAR funding that is appropriated by Congress to the State Department's Office of the Global AIDS Coordinator (OGAC). The next largest share of health funding was provided to USAID (28.2%), followed by HHS, primarily through funding at NIH (8.6% of total global health funding) and CDC (3.1%); funding at HHS increased by less than \$80 million over the period, and fell as a share of the global health budget, from 24.5% in FY 2004 to 11.9% in FY 2008. See *Figure 4*.

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



- HIV/AIDS Represents the Largest Share of U.S. Global Health Funding, and Drove Most of the Increase:** All major global health sub-sectors (HIV, TB, malaria, maternal and child health, family planning and water) increased over the period, but HIV grew the most and drove almost two-thirds of the increase in global health funding. Bilateral assistance for HIV rose from 37.8% of funding in FY 2004 to 51.6% in FY 2008. The Global Fund²³ represented the next largest share (8.7% in FY 2008), followed by maternal and child health (8.4%), clean water/sanitation (7.7%), malaria (5.1%) and family planning/reproductive health (4.8%). Funding for TB and avian influenza were each less than 2% of the budget in FY 2008. See *Figure 5*.
- U.S. Global Health Funding is Primarily Provided Via Large-Scale, Multi-Agency Initiatives and Vertical Programs:** Initiatives and vertical (vs. horizontal) programs, organized around thematic objectives or single issues or conditions, most notably PEPFAR but also the President's Malaria Initiative (PMI) and Neglected Tropical Diseases (NTD) Initiative, increasingly characterize the U.S. response, rather than more general or core support to agencies or country recipients. In FY 2008, five initiatives accounted for 73% of the U.S. global health budget, with PEPFAR alone (including the Global Fund) accounting for 60% of the budget.
- The U.S. is the Largest Health Donor in the World:** The U.S. is the single largest donor of international health assistance in low- and middle-income countries, accounting for 25% of all bilateral commitments in 2006; the next largest government donor, the U.K., accounted for 9% of commitments.²⁴ When standardized to the size of donor economies, however (per one million GDP), the U.S. ranked 10th (the Netherlands ranked #1).²⁵

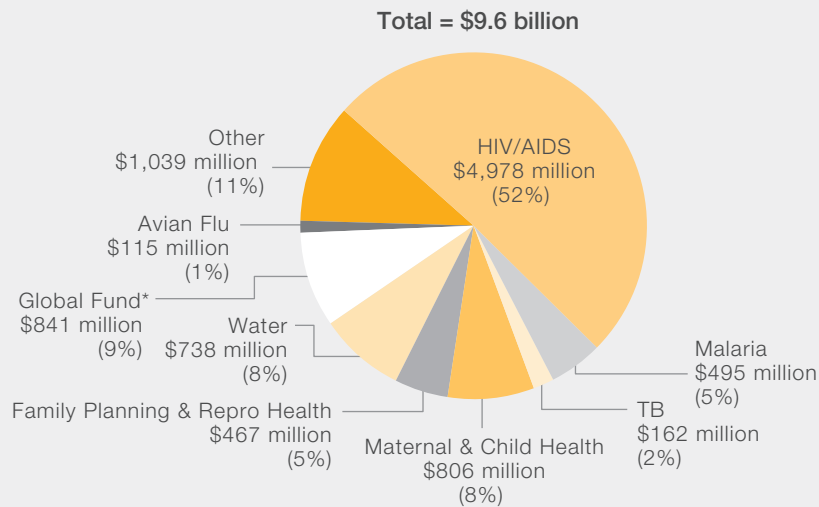
MAJOR GOVERNING STATUTES, AUTHORITIES, AND POLICIES FOR U.S. GLOBAL HEALTH

Numerous governing statutes, authorities, and policy decisions have served to define the U.S. global health response over time, dating back to the 19th century and continuing through to the present, although most legislative and policy activity has occurred in the past decade. Among the many pieces of legislation that play a role in U.S. global health, the response is grounded in two major acts: the Public Health Service Act (PHSA) of 1944 and the Foreign Assistance Act (FAA) of 1961. These two laws established the main agencies that carry out global health activities and specify where and how funds should be directed:

- The Public Health Service Act of 1944 consolidated and revised all existing legislation relating to the Public Health Service (which had been created a few decades earlier), outlined the policy framework for Federal-state cooperation in public health; and established regulatory authorities that transferred with PHS to the Department of Health, Education and Welfare (HEW) and subsequently to the Department of Health and Human Services (HHS).
- The Foreign Assistance Act of 1961 reorganized U.S. foreign assistance programs, including separating military and non-military aid, and mandated the creation of an agency to administer economic assistance programs, which led to the establishment of USAID. While amendments and other changes have been made to the FAA over time, it has only been reauthorized once, in 1985.

In addition to these major pieces of legislation, other acts of Congress, such as the creation of PEPFAR in 2003, have been significant. A timeline of the statutes, authorities, and policies governing U.S. global health is provided in Appendix 1, with major developments indicated in bold.

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



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

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

U.S. GOVERNMENT DEPARTMENTS AND AGENCIES INVOLVED IN GLOBAL HEALTH

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. Still, most funding for and oversight of global health resides within the foreign assistance structure. Thus, the State Department and USAID play the main programmatic and funding roles in the U.S. response, followed by HHS. In addition, a number of other agencies also carry out some global health activities. These are shown in Figure 1. They are also listed below in Table 1 which includes their share of the FY 2008 global health budget and a brief description of their global health role and programming. More detailed descriptions follow. A table listing key positions and officials involved in the U.S. government’s global health response is provided in Appendix 2.

Table 1: U.S. Government Departments, Agencies, and Initiatives Involved in Global Health

Departments/Agencies and Initiatives	FY 2008 Funding as % of U.S. Global Health Budget	Role/ Programming
FOREIGN ASSISTANCE AGENCIES		
Department of State (State)	51%	Lead agency on all matters of foreign policy, including coordinating and supporting international health activities of other U.S. agencies; managing resources for foreign relations; program operations; oversees PEPFAR and Avian Influenza Action Group
*United States Agency for International Development (USAID)	28%	Lead agency for economic development and humanitarian assistance; operates programs in developing countries; oversees PMI
*Millennium Challenge Corporation (MCC)	6%	Provides development assistance funding through country “compacts” to promote health systems strengthening and capacity building and through “threshold” grants, short-term support to enable countries to qualify for compacts
HHS/PUBLIC HEALTH SERVICE AGENCIES		
Department of Health and Human Services (HHS)	<1%	Lead agency on health, overseeing operational divisions that implement global health programs (CDC, NIH, FDA, HRSA); HHS Office of Global Health Affairs represents the U.S. in international health negotiations, operates health attaché program
HHS/Centers for Disease Control and Prevention (CDC)	3%	Focuses on disease control and prevention and health promotion through operations, development assistance, basic and field research, technical assistance, training/exchanges, and capacity building
HHS/National Institutes of Health (NIH)	9%	Conducts biomedical and behavioral science research on diseases and disorders to enhance diagnosis, prevention, and treatment; provides technical assistance and training
HHS/Food & Drug Administration (FDA)	0%	Screens pharmaceutical and biological products for safety and efficacy; expedites review of HIV-related pharmaceuticals under PEPFAR
HHS/Health Resources and Services Administration (HRSA)	0%	Builds human and organizational capacity and promotes health systems strengthening to deliver HIV care in PEPFAR countries
OTHER DEPARTMENTS AND AGENCIES		
Department of Defense (DoD)	1%	Supports humanitarian aid, military-to-military health systems capacity-building, training and exchanges, disease surveillance and field and basic research
Department of Agriculture (USDA)	<1%	Provides food assistance (primarily commodities) to low-income countries
*Peace Corps	<1%	Provides volunteers to communities in developing nations, in support of PEPFAR, maternal/child health, basic health services, and other health areas
*Environmental Protection Agency (EPA)	<1%	Focuses on mitigating environmental hazards that represent inherently transnational threats, and building partnerships to enhance research, policy, and standards development capacity of developing nations

Departments/Agencies and Initiatives	FY 2008 Funding as % of U.S. Global Health Budget	Role/ Programming
OTHER DEPARTMENTS AND AGENCIES (continued)		
	2%	
Department of Homeland Security (DHS)	<1%	Lead agency on all matters of domestic security, facilitating communication among international and domestic partners during crises
Department of Labor (DoL)	0%	Focuses on promoting safe workplaces and preventing child labor and exploitation globally, including through HIV/AIDS workplace education programs
Department of Commerce (Commerce)	0%	Fosters public-private partnerships for HIV/AIDS as part of PEPFAR; compiles and manages country-level data on HIV
National Security Council (NSC)	0%	Located in the Executive Office of the President, serves as the principal forum for considering national security and foreign policy matters, including security issues related to global health threats
Office of the U.S. Trade Representative (USTR)	0%	Located in the Executive Office of the President, promotes, negotiates, and shapes U.S. interests in global free trade, including protection of intellectual property rights
TOTAL	100%	—
MULTI-AGENCY INITIATIVES		
	73%	
President's Emergency Plan for AIDS Relief (PEPFAR)	60%+	U.S. global HIV/AIDS initiative; includes bilateral assistance primarily in 15 focus countries, and Global Fund contributions; also supports TB and malaria efforts (malaria funding counted as part of PMI)
President's Malaria Initiative (PMI)	5%++	U.S. global malaria initiative; includes bilateral assistance primarily in 15 focus countries
President's Neglected Tropical Diseases (NTD) Initiative	<1%	U.S. initiative to control NTDs in subset of countries
Avian Influenza Action Group (AIAG)	<1%	U.S. government's avian influenza and pandemic preparedness activities
Water for Poor Act (WfP Act)	8%	U.S. effort to promote access to safe water and sanitation in developing countries
Non-Initiative/Other	27%	—
TOTAL	100%	—

*Independent or quasi-independent agency

+ Including full Global Fund contribution

++ Not including Global Fund contributions

Foreign Assistance Agencies

The U.S. global health engagement is primarily based in foreign assistance agencies, which contain the bulk of funding received by Congress and operate most programs and activities. In FY 2008, these agencies accounted for 86% of the U.S. global health budget.

- 1. Department of State (State):** The State Department, established in 1789, was one of government's original cabinet-level departments. It leads the executive branch in all matters related to foreign policy, including relationships with foreign governments and international organizations through U.S. embassies, consulates, and diplomatic missions; negotiating agreements and treaties; coordinating and supporting the international activities of other U.S. agencies and leading interagency coordination; and managing resources for foreign relations. It also has played an increasingly significant role in the U.S. global health response over time. The State Department also provides policy direction to USAID, the lead federal agency for development assistance, which is technically an independent agency but works under the aegis of the Secretary of State. Most of the State Department's global health policy development and coordination activity is overseen by the *Under Secretary for Democracy and Global Affairs* and the *Office of the Global AIDS Coordinator* (OGAC). The Under Secretary for Democracy and Global Affairs oversees the Bureau of Oceans and International Environmental and Scientific Affairs (OES), established in 1973 as the focal point for science and technology issues, and which houses the Office of International Health and Biodefense (OES/IHB), the Department's policy coordination

office for global health activities. OGAC, created in 2003, oversees PEPFAR, the U.S. global AIDS response. OGAC has oversight authority of all funding and activities for global AIDS carried out by multiple departments and agencies, making it one of the strongest and largest funded components of the government's global health response. Initially created as a five-year, \$15 billion initiative primarily targeting funding to 15 focus countries, PEPFAR was reauthorized in 2008 for an additional five years at \$48 billion, and is the largest global health assistance initiative by any nation in the world. Other key efforts of the State Department include coordinating the government's international avian influenza preparedness efforts, through the Avian Influenza Action Group housed within the OES/IHB, and leading the development of the government's clean water and sanitation strategy in developing countries, as charged by the Paul Simon Water for the Poor Act of 2005.

In addition to these centralized efforts, hundreds of U.S. missions and embassies abroad, and their chiefs of mission, play a significant role in coordinating U.S. government global health programs in the field as well as supporting their operations and interactions with host country governments. For example, in any given host country, all agencies working on HIV/AIDS programs under PEPFAR belong to one team, whose designated leader meets routinely with the ambassador or chief of mission and relevant embassy staff.²⁶ While the global health activities under the Department's funding authority (at State and at USAID) operate in more than 100 countries around the world, most funding and programming is concentrated in a subset of countries reflecting targeted disease or condition specific initiatives (e.g., PEPFAR), areas in most need, and/or as U.S. strategic interests.

Congressional Authorizing/Oversight Committees:

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs

Function 150 (International Affairs) of the Federal Budget

- 2. United States Agency for International Development (USAID).** Established in 1961, USAID historically has served as the government's lead agency in providing economic development and humanitarian assistance to people around the world. USAID was first directed to focus specifically on the basic needs of the world's poorest countries in 1973, and in 1986, it provided the first U.S. government funding used to address the emerging global AIDS crisis. While USAID is technically an independent agency of the federal government, it works under the aegis and policy direction of the Secretary of State, and the State Department has statutory authority over the USAID budgeting process. In addition, as of 2006, the USAID Administrator began serving concurrently as the newly created State Department Director of U.S. Foreign Assistance. USAID is organized into programmatic functional bureaus (in economic growth, agriculture and trade; global health; and democracy, conflict prevention and humanitarian assistance) as well as regional bureaus that cover Sub-Saharan Africa and Asia; Latin America and the Caribbean; Europe and Eurasia; and the Middle East. Most USAID global health programs are coordinated through the Bureau of Global Health (BGH), including HIV/AIDS and other infectious diseases, maternal and child health, family planning and reproductive health, nutrition and environmental health. Other bureaus and offices within USAID that address global health issues include the Bureau for Economic Growth, Agriculture, and Trade, which implements clean water and sanitation projects, and the Bureau for Democracy, Conflict, and Humanitarian Assistance, which administers the largest U.S. international food assistance program, the Public Law 480 Title II or "Food for Peace" Program. USAID serves as the lead agency for the President's Malaria Initiative (PMI), a five-year \$1.2 billion interagency initiative targeting 15 focus countries, and implemented with the CDC. The PMI is overseen by a PMI Coordinator and an Interagency Steering Group. USAID also serves as one of the main PEPFAR implementing agencies. USAID operates in more than 100 countries around the world through more than 80 field missions (which carry out much of its on-the-ground work and coordination with other governments and partners), although, as noted above, most programs are concentrated in a subset of countries.

Congressional Authorizing/Oversight Committees:

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs

Function 150 (International Affairs) of the Federal Budget

3. Millennium Challenge Corporation (MCC).²⁷ The MCC, a U.S. corporation established in 2004 that is considered an independent agency, has as its mission to reduce “global poverty through the promotion of sustainable economic growth,” including activities focused on health generally and HIV specifically, although health is not the main focus or purpose of its work. The MCC is responsible for the stewardship of the Millennium Challenge Account (MCA), which receives funds appropriated by Congress every year. Its Board of Directors includes the Secretary of State (the Chair), the Secretary of Treasury, the U.S. Trade Representative, the Administrator of USAID, the CEO of the MCC and four public members appointed by the President of the United States with the advice and consent of the U.S. Senate. The MCC provides funds through competitive, multi-year “compacts” with countries that meet specific political and development criteria. Eighteen countries are currently engaged in MCC compacts, seven of which (El Salvador, Ghana, Georgia, Lesotho, Mongolia, Mozambique, and Tanzania) include health components, including several water and sanitation projects and a project to construct clinics to provide AIDS therapies. The MCC also provides threshold support, short-term grants designed to assist countries that are on the “threshold” of compacts, to improve their performance enabling them to qualify for compact funding. Twenty-two countries have threshold grants, two of which include health components (Indonesia and Peru).

Congressional Authorizing/Oversight Committees:

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs

Function 150 (International Affairs) of the Federal Budget

HHS/Public Health Service Agencies

After foreign assistance, the Department of Health and Human Services and its operating units, particularly the CDC and NIH, account for the next largest share of the U.S. global health budget (12% in FY 2008) and either operate programs directly or in conjunction with foreign assistance agencies, often providing technical assistance or receiving transfer funds from these agencies to assist with program operations.

1. Department of Health and Human Services (HHS). First created as a Cabinet-level department in 1953 (then the “Department of Health, Education and Welfare,” renamed in 1980 as the “Department of Health and Human Services”), HHS has its origins in the passage of a 1798 Congressional act which established a federal network of hospitals for the care of merchant seamen, the forerunner of the U.S. Public Health Service. Today, HHS serves as the U.S. government’s principal agency in all areas of health, supporting activities that range from basic research to financing health care. Among its 11 operating divisions are four that are involved in U.S. global health efforts: the CDC, NIH, the Food and Drug Administration (FDA), and the Health Resources and Services Administration (HRSA). In 2006, international health diplomacy was identified as one of the ten “HHS Priority Activities for America’s Health Care.”²⁸

Over the course of the Department’s history, its primary missions — conducting disease control, prevention, and research activities and promoting public health — have remained intact.²⁹ Since 1945, these functions have included an office explicitly charged with facilitating the Department’s growing role in international health.¹² The Office has been moved within the Department and renamed over time. In 1995, as the Office of International and Refugee Health (OIRH), it was moved to a newly created Office of Public Health and Science.³⁰ As part of a 2001 reorganization, it was renamed the Office of Global Health Affairs (OGHA) and assigned functions previously in the immediate Office of the Secretary, such as: representing HHS to other Federal agencies, international organizations, multilateral institutions, the private sector, and other governments on international health matters; clearing all documents related to international health; reviewing and approving all HHS international travel; and promoting cooperative health programs in other nations.³¹ OGHA also manages the health attaché program, which deploys HHS staff to U.S. missions to serve as part of the country team and represent the U.S. government to host country ministries of health, regional organizations, WHO and other international organizations. Currently, health attachés are posted to (or being selected for) U.S. missions at UNESCO Paris, Guatemala, New Delhi, Baghdad, Abuja, Pretoria, Geneva, Dar es Salaam, Hanoi, Beijing, and Brasilia.³² The CDC country director in Bangkok also fulfills the functions of the health attaché. In 2004, a re-organization elevated OGHA to the level of a division, placing global health on par with the other 26 offices and divisions that report directly to the Secretary, and establishing OGHA as the focal point for HHS global health activities.³³

Because of the key roles played by HHS operating divisions in global health, they are described individually below. Among these operating divisions, only the CDC and NIH receive direct federal appropriations for global health activities. In addition, the State Department and USAID transfer funds to the CDC for global health programming.

Congressional Authorizing/Oversight Committees:

House Committee on Energy and Commerce

Senate Committee on Health, Education, Labor, and Pensions

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Function 550 (Health) of the Federal Budget; some funding from the International Affairs account is transferred by State and USAID to HHS for global health activities

- a. **HHS/Centers for Disease Control and Prevention (CDC).** From its roots as a domestic malaria control organization during and immediately after World War II, CDC had emerged by the 1950s as a national resource to serve state and local health departments in controlling the introduction and spread of infectious diseases.³⁴ CDC's successes in domestic malaria eradication and high-profile outbreak investigations related to smallpox and cholera led to increasing international requests for technical assistance from the WHO and others. In 1958, the agency dispatched a team to investigate an overseas outbreak for the first time.^{35,36} In 1966, CDC formally accepted key roles in two worldwide health efforts coordinated by the WHO — what had been USAID's malaria eradication program and the smallpox campaign in Central and West Africa.¹¹ CDC has since engaged continuously in international health efforts as an extension of its mandate to protect U.S. health and safety, although most funding provided to the agency for global health has been recent. A strategic framework adopted in 2007 explicitly includes global health promotion among CDC's overarching goals. The agency has two key components reporting to the Director that coordinate global health activities. The Coordinating Office for Global Health (COGH) oversees the Global Disease Detection (GDD) Program, Field Epidemiology (& Laboratory) Training Program [FE(L)TP], and the Sustainable Management Development Program (SMDP), and supports the overseas activities of CDC's twelve "national centers" that focus on specific diseases, conditions, or public health needs. The Coordinating Center for Infectious Diseases (CCID) includes four national centers that account for most of CDC's global disease-control efforts, and house the Global AIDS Program (GAP) which works under the aegis of PEPFAR; the Global Immunization Program; the Global Malaria Program, now coordinated as part of the President's Malaria Initiative (PMI); and the Influenza Division. Today, the agency has the largest public health workforce in the world, with approximately 15,000 employees and contractors.
- b. **HHS/National Institutes of Health (NIH).** The NIH is one of the world's leading research entities on global health, including efforts to prevent, treat, and cure diseases and conditions such as HIV, malaria, tuberculosis, neglected tropical diseases and other related issues. The National Institute of Allergy and Infectious Diseases (NIAID) is a key institute of the agency that carries out global health research. NIH also operates the Fogarty International Center which works to build partnerships between health research institutions in the U.S. and abroad and train research scientists. NIH is a PEPFAR implementing agency. In addition, a portion of USG funding for the Global Fund is provided as a pass through to NIH via NIH appropriations (the remainder is provided through foreign operations appropriations).
- c. **HHS/Food and Drug Administration (FDA).** FDA leads U.S. government efforts to ensure access to safe and effective drugs, biological products (including blood), medical and radiation-emitting devices, cosmetics, and a safe and nutritious food supply. FDA acts as a PEPFAR implementing agency, and is charged with expediting the review of pharmaceuticals to ensure that the U.S. Global AIDS Coordinator can buy safe and effective antiretroviral drugs at the lowest possible prices. FDA is also increasingly reaching out to nations that export food and drugs to the U.S. to help them build capacity for good manufacturing processes and quality assurance systems.
- d. **HHS/Health Resources and Services Administration (HRSA).** While primarily a domestic agency, leading federal efforts to improve access to healthcare services for underserved and medically vulnerable people within the U.S., HRSA does conduct some coordinating work and technical assistance related to global health. Its Office of International Affairs reports to the HRSA Administrator and works to develop "strategies to maximize HRSA's participation in efforts to improve health care for vulnerable populations worldwide." The office also coordinates international health policy within the agency, and with other federal agencies and international organizations. HRSA's HIV/AIDS Bureau includes a Global HIV/AIDS Program that works to strengthen clinical systems, design care and support models, and support workforce training efforts under PEPFAR as a PEPFAR implementing agency.

Other Departments and Agencies Involved in Global Health

The remainder of U.S. global health activities, accounting for approximately 2% of funding in FY 2008, is carried out by programs at several other federal departments and agencies.

- 1. Department of Defense (DoD).** DoD has been operating health assistance and research programs in Africa and other parts of the world for many years, including efforts related to HIV/AIDS, malaria and other tropical diseases. The U.S. military health system has historically treated local populations abroad during and after complex emergencies such as disasters and conflicts. Legislation passed in 1986 extended the scope of DoD's humanitarian assistance portfolio, allowing the services to engage host nations in non-crisis projects (including providing health services, technical assistance, and training) in the context of military exercises and operations.³⁷ In addition to responding to international humanitarian crises, DoD operates military-to-military health systems capacity-building programs and conducts research into diseases of significance in low- and middle-income nations. DoD conducts disease surveillance through a network of overseas laboratories and programs, and supports military health systems in building disease care and treatment capacities. In response to a 1996 Presidential directive addressing the threat of emerging infectious diseases, DoD established the Global Emerging Infections Surveillance and Response System (GEIS).³⁸ GEIS integrates the existing overseas research laboratories, aspects of the Military Health System, and the humanitarian assistance programs,³⁹ and enhances laboratories' diagnostic capabilities by facilitating information-sharing and supporting disease surveillance and research programs, concentrating on respiratory diseases (particularly influenza), food-borne illnesses, dengue fever, malaria, antimicrobial resistance, and sexually transmitted diseases.⁴⁰ In addition to research conducted in overseas laboratories, each of the services, including the Army and Navy, maintains U.S.-based research programs and laboratories that focus on infectious diseases (including HIV/AIDS and malaria) and occupational and environmental health.

In 1999, as part of President Clinton's LIFE (Leadership and Investment in Fighting an Epidemic) Initiative, the Department created the DoD HIV/AIDS Prevention Program (DHAPP). DHAPP's mission is to "reduce the incidence of HIV/AIDS among uniformed personnel in selected African nations and beyond." DoD is now a PEPFAR implementing agency. The new United States Africa Command (AFRICOM) partners with DHAPP in an effort to prevent HIV among partner nation militaries. In addition to global HIV/AIDS activities, DoD also provides humanitarian assistance through the DOD Humanitarian Assistance Program (HAP) and its Foreign Disaster Relief and Emergency Response.

Congressional Authorizing/Oversight Committees:

House Committee on Armed Services
Senate Committee on Armed Services

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Defense
Function 050 (Defense) of the Federal Budget

- 2. Department of Agriculture (USDA).** USDA was first created in 1862, and given cabinet-level status in 1889. With passage of the Agricultural Trade Development Assistance Act of 1954 (renamed The Food for Peace Act in 1961, and also known simply as "P.L. 480"), the U.S. foreign assistance framework explicitly encompassed delivery of food aid in the context of development. Food aid policies continue to evolve; P.L. 480, which originally authorized USDA to sell U.S. commodities to developing country governments on credit or grant terms, was revised in 2008 to emphasize food security rather than market development. Funding for P.L. 480 Title II, the largest U.S. food aid program, and one which provides U.S. commodities for emergency and non-emergency (development) projects overseas, is provided by Congress to USAID (not USDA) and USAID also administers the program.⁴¹ USDA administers: The McGovern-Dole International Food for Education (FFE) Program, which provides U.S. agricultural products and associated financial and technical assistance for maternal and child nutrition projects to governments and nongovernmental organizations in low-income countries; The Food for Progress Program, which allows the donation or credit sale of U.S. commodities to developing countries committed to supporting democracy and free enterprise in agricultural markets; and the Bill Emerson Humanitarian Trust, a food (or cash) reserve that can be mobilized rapidly to address humanitarian food crises in developing countries.

Congressional Authorizing/Oversight Committees:

House Committee on Agriculture
Senate Committee on Agriculture, Nutrition, and Forestry

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies
Function 350 (Agriculture) of the Federal Budget

- 3. The Peace Corps.** Founded in 1961 by President Kennedy, the Peace Corps is an independent agency devoted to three main goals: (1) to help the people of interested countries in meeting their need for trained men and women; (2) to help promote a better understanding of Americans on the part of the peoples served; (3) to help promote a better understanding of other peoples on the part of Americans. To accomplish these goals, the Peace Corps sends U.S. citizens to act as volunteers in communities across the globe, including on health projects. Approximately 20% of all Peace Corps volunteers are engaged in HIV and other public health activities, particularly through PEPFAR.⁴² HIV policy at the Peace Corps is coordinated by the Office of AIDS Relief. The Peace Corps is a PEPFAR implementing agency.

Congressional Authorizing/Oversight Committees:

House Committee on Foreign Affairs
Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs
Function 150 (International Affairs) of the Federal Budget

- 4. Environmental Protection Agency (EPA).** Created in 1970 to consolidate within a single agency various research, monitoring, and regulatory activities regarding the environment, as part of a mission to protect human health, the EPA operates as an independent agency. Its international programs focus primarily upon addressing environmental hazards (such as airborne contaminants) that represent inherently transnational threats. Although ultimately aimed at limiting environmental introduction of contaminants that might affect health within the U.S., the agency's Office of International Affairs helps facilitate a relatively small number of bilateral and multilateral partnerships that seek to build capacity for research, policy, and standards development in developing nations that also have a local impact on health (e.g., air quality monitoring related to public health and water quality projects).

Congressional Authorizing/Oversight Committees:

House Committee on Energy and Commerce
House Committee Science and Technology
House Committee on Transportation and Infrastructure
Senate Committee on The Environment and Public Works

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Interior, Environment, and Related Agencies
Function 300 (Natural Resources and Environment) of the Federal Budget

- 5. Department of Homeland Security (DHS).** Created in 2002 with a mission of preventing terrorist attacks within the U.S., the DHS mission has since expanded to include mitigation of and preparedness for natural disasters and health crises. The DHS Office of Health Affairs (OHA) includes an office for International Affairs and Global Health Security (IAGHS) which plays an advisory and coordinating role in the Department. The OHA/IAGHS facilitates communication among international and domestic partners during crises, and serves as a liaison to USG agencies that implement global health programs, directly and through the Avian Influenza Action Group. DHS received its first appropriation for global health activities in FY 2008.

Congressional Authorizing/Oversight Committees:

House Committee on Homeland Security
Senate Committee Homeland Security & Governmental Affairs

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Homeland Security
Function 450 (Community and Regional Development) of the Federal Budget,
one of four functions that funds most non-defense homeland security activities

- 6. Department of Labor (DoL).** The DoL, a cabinet-level department, was created in 1913. It serves as the lead U.S. government agency on workforce issues, developing a framework for workplace safety and non-discrimination policies, wage and benefit issues, and tracking employment trends.⁴³ Internationally, DoL focuses on preventing child labor and exploitation. The International Labor Affairs Bureau (ILAB) carries out the international responsibilities of the Department,

and works with other U.S. government agencies to “create a more stable, secure, and prosperous international economic system in which all workers can achieve greater economic security, share in the benefits of increased international trade, and have safer and healthier workplaces where the basic rights of workers and children are respected and protected.” DoL operates an international HIV/AIDS Workplace Program which focuses on addressing the impact of the epidemic on the productivity of the workforce in developing countries, and includes workplace education efforts. DoL is a PEPFAR implementing agency. The ILAB’s Office of Child Labor, Forced Labor and Human Trafficking has funded technical cooperation projects that aim to prevent child labor and exploitation in more than 75 developing nations in Africa, Asia, the Middle East, Latin America and the Caribbean, and through 35 global or multi-region projects.⁴⁴

Congressional Authorizing/Oversight Committees:

House Committee on Education and Labor

Senate Committee on Health, Education, Labor, and Pensions

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Function 500 (Education, Training, Employment, and Social Services) of the Federal Budget

Note: DoL did not receive any direct appropriation for international health activities in FY 2008, but has in prior years.

- 7. Department of Commerce (Commerce).** The Department of Commerce and Labor was created in 1903 and re-designated as the Department of Commerce in 1913. It serves as the U.S. government’s lead agency on economic development, coordinating U.S. efforts to promote international trade.⁴⁵ In authorizing the PEPFAR program, Congress encouraged the exploration of public-private partnerships as a potentially cost-effective path to sustainable programs. Commerce fosters public-private partnerships for HIV/AIDS as part of PEPFAR.⁴⁶ The Department’s Bureau of the Census compiles and manages country-level data on demographics and HIV, supporting mapping of country-level activities and health indicators.⁴⁷ Commerce is a PEPFAR implementing agency.

Congressional Authorizing/Oversight Committees:

House Committee on Energy and Commerce

Senate Committee on Commerce, Science, and Transportation

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Commerce, Justice, Science, and Related Agencies

Subcommittee on State, Foreign Operations, and Related Programs

Functions 150 (International Affairs), 300 (Natural Resources & Environment),

and 370 (Commerce & Housing Credit) of the Federal Budget

Note: Commerce does not receive any direct appropriation for international health activities.

- 8. National Security Council (NSC).** The NSC, located within the Executive Office of the President, serves as the President’s principal forum for considering national security and foreign policy matters. The NSC was established by the National Security Act of 1947 and in 1949, it was placed in the Executive Office of the President. At different times in its history, the NSC has included a special advisor for health issues and has played a role in examining the national security implications of health crises, particularly HIV/AIDS. For example, in April 2000, when the Clinton Administration declared AIDS to be a threat to U.S. national security, it directed the NSC to re-examine U.S. global HIV/AIDS efforts.

Congressional Authorizing/Oversight Committees:

House Committee on Ways and Means

Senate Finance Committee

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on Financial Services and General Government

Subcommittee on State, Foreign Operations, and Related Programs

Functions 150 (International Affairs) and 800 (General Government) of the Federal Budget

Note: NSC does not receive any direct appropriation for international health activities.

9. Office of the U.S. Trade Representative (USTR). USTR, located within the Executive Office of the President, serves as the president's principal trade advisor, negotiator, and spokesperson on trade issues, negotiating directly with foreign governments to create trade agreements, resolve disputes, and participate in global trade policy organizations. USTR is also responsible for promoting U.S. interests and protecting the intellectual property rights of U.S. citizens through bilateral, regional, and multilateral trade fora, including the United Nations Conference on Trade and Development and the World Trade Organization (WTO).⁴⁸ USTR implements Section 301 of the Trade Act of 1974,⁴⁹ which requires the U.S. to impose trade sanctions against foreign countries found to violate U.S. rights or benefits, including intellectual property rights of U.S. citizens (such as patent protections).⁵⁰

Congressional Authorizing/Oversight Committees:

House Committee on Ways and Means

Senate Finance Committee

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs

Subcommittee on Financial Services and General Government

Functions 150 (International Affairs) and 800 (General Government) of the Federal Budget

Note: USTR does not receive any direct appropriation for international health activities.

MAJOR U.S. GOVERNMENT GLOBAL HEALTH INITIATIVES

The U.S. government has launched several major global health initiatives in recent years. These initiatives are primarily disease or issue specific, heavily target a subset of countries, and are led by either the State Department or USAID, while relying on several other agencies for implementation and coordination. They also increasingly dominate the U.S. approach to global health, rather than more general or core support to agencies or country recipients — in FY 2008, five major initiatives of the U.S. government accounted for 73% of the U.S. global health budget. These are listed in Table 2, followed by brief descriptions.

Table 2: U.S. Multi-Agency Global Health Initiatives

Initiative	Implementing Departments/Agencies <i>*Lead Agency</i>
President's Emergency Plan for AIDS Relief (PEPFAR), 2003 and 2008	State*, USAID, HHS, CDC, NIH, HRSA, DoL, Commerce, Peace Corps, DoD
President's Malaria Initiative (PMI), 2005	USAID*, CDC, State, DoD, NSC, OMB
President's Neglected Tropical Diseases (NTD) Initiative, 2008	USAID*, CDC
Avian Influenza Action Group (AIAG), 2006	State*, USAID, HHS, CDC, USDA, DoD, DHS
Water for Poor Act (WfP Act), 2005	State*, USAID*, MCC, DoD, CDC, EPA, USDA, Peace Corps

1. President's Emergency Plan for AIDS Relief (PEPFAR).⁵¹ Originally announced in 2003 by President Bush, PEPFAR is the largest commitment by any nation to combat a single disease in history. Its first five-year authorization was for \$15 billion (Congress appropriated more over this period) with the goal of preventing 7 million new HIV infections; treating 2 million people with HIV/AIDS; and providing care for 10 million people, including orphans and vulnerable children. PEPFAR was reauthorized for an additional five years starting in 2008, with a \$48 billion authorization level for HIV, TB, and malaria efforts and expanded goals. PEPFAR's original authorization established an Office of the Global AIDS Coordinator (OGAC) at State, headed by a Coordinator with the rank of Ambassador who reports directly to the Secretary. OGAC is responsible for coordinating all programs, activities, and funding for global HIV/AIDS efforts, including those appropriated under bills that are not part of foreign affairs appropriations. USAID and CDC are main PEPFAR implementing agencies and receive direct funding from Congress for PEPFAR. Along with OGAC, as well as the White House and National Security Council (NSC), they are involved in policy development for PEPFAR. Other implementing agencies include: NIH, HRSA, and FDA at HHS; DoL; Commerce; the Peace Corps; and DoD. PEPFAR funding is provided bilaterally to more than 80 countries, but largely targets 15 focus countries (Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia). It also includes funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Congressional Authorizing Committees:

House Committee on Foreign Affairs
 House Committee on Energy and Commerce
 Senate Committee on Foreign Relations
 Senate Committee on Health, Education, Labor, and Pensions

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs
 Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
 Functions 150 (International Affairs) and 550 (Health)

2. President's Malaria Initiative (PMI).⁵² The PMI, announced by President Bush in 2005, is a five-year expansion of existing U.S. government efforts to address malaria in hard hit countries, with an additional \$1.2 billion commitment. The PMI's goal is to reduce malaria-related deaths by 50% in 15 focus countries (Angola, Benin, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Mali, Malawi, Mozambique, Rwanda, Senegal, Tanzania, Uganda, and Zambia) by expanding coverage of malaria prevention and treatment measures to 85% of the most vulnerable populations (children and pregnant women). The PMI is an interagency initiative led by USAID, and implemented in partnership with the CDC. It is overseen by a PMI Coordinator and an Interagency Steering Group made up of representatives of USAID, CDC, State, DoD, the National Security Council, and the Office of Management and Budget. The PMI Coordinator reports to the USAID administrator, and has direct authority over both the PMI and USAID malaria programs.

Congressional Authorizing Committees:

House Committee on Foreign Affairs
 House Committee on Energy and Commerce
 Senate Committee on Foreign Relations
 Senate Committee on Health, Education, Labor, and Pensions

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs
 Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
 Functions 150 (International Affairs) and 550 (Health)

- 3. President's Neglected Tropical Diseases (NTD) Initiative.**⁵³ Announced in 2008, this five-year, \$350 million initiative seeks to control seven neglected tropical diseases through integrated mass drug administration in Africa, Asia, and Latin America. It leverages an existing program at USAID which began in 2006, focused on five countries in Africa — Burkina Faso, Ghana, Mali, Niger, and Uganda — with planned expansions adding Bangladesh, Haiti, Nepal, Sierra Leone, Southern Sudan in 2008 and the Democratic Republic of Congo and Tanzania by 2009. The NTD seeks to expand to 30 countries by 2013. The CDC also works with USAID on this effort.

Congressional Authorizing Committees:

House Committee on Foreign Affairs
 Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs
 Function 150 (International Affairs)

- 4. Avian Influenza Action Group (AIAG).**⁵⁴ The U.S. National Strategy for Pandemic Influenza, published by the Homeland Security Council in 2005, called for efforts to build “host nation laboratory capacity and diagnostic reagents in affected regions and domestically, to provide rapid confirmation of cases in animals or humans,” and to contain outbreaks before they reach the U.S. In May 2006, the State Department announced creation of a new Avian Influenza Action Group, now located within IHB at State to coordinate international USG avian influenza and pandemic preparedness activities. The AIAG, headed by a Special Representative for Avian and Pandemic Influenza, works with several other implementing agencies, including HHS, USDA, Homeland Security, DoD, USAID, HHS OGHA, and CDC. As of the end of last year, AIAG placed the cumulative USG commitment to international avian influenza control and pandemic preparedness at almost \$1 billion in more than 100 countries.

Congressional Authorizing Committees:

House Committee on Foreign Affairs
 Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs
 Function 150 (International Affairs)

Note: To date, funding for international avian and human influenza preparedness and capacity building activities has derived from emergency supplemental appropriations in FY 2005 and FY 2006 (with two-year or no-year flexibility to allocate the funds), and not from regular appropriations bills.

- 5. Water for Poor Act.**⁵⁵ The Senator Paul Simon Water for the Poor Act of 2005 (P.L. 109-121; the WfP Act), passed in 2005, builds on existing U.S. international water and sanitation programs. The WfP Act requires the Secretary of State, in consultation with USAID, the main implementing agency, and other agencies, to develop and implement a strategy “to provide affordable and equitable access to safe water and sanitation in developing countries.” Among the key objectives of the WfP is to increase access to, and effective use of, safe drinking water and sanitation to improve human health. The Initiative includes the need to identify priority water countries (36 in FY 2008) and provides assistance through capacity building activities, institutional strengthening, and policy/regulatory reform; diplomatic engagement; direct investment; investments in science and technology; and through partnerships. Funding for the WfP Act is provided through foreign assistance appropriations at USAID and MCC (DoD also receives some funding for international water activities), and

USAID operates most bilateral water programs. Several other agencies provide technical and other support, including CDC, EPA, Peace Corps, Commerce, USDA, and the National Oceanic and Atmospheric Administration (NOAA). In March 2009, Senator Durbin, the original sponsor of the WfP Act, introduced The Paul Simon Water for the World Act of 2009 to build on the efforts of the WfP of 2005, with the goal of reaching 100 million people around the world with sustainable access to clean water and sanitation by 2015.

Congressional Authorizing Committees:

House Committee on Foreign Affairs

Senate Committee on Foreign Relations

Congressional Appropriations Committees/Federal Budget Account:

Subcommittee on State, Foreign Operations, and Related Programs

Function 150 (International Affairs).

COUNTRIES WITH U.S. BILATERAL PROGRAMS AND FUNDING FOR GLOBAL HEALTH

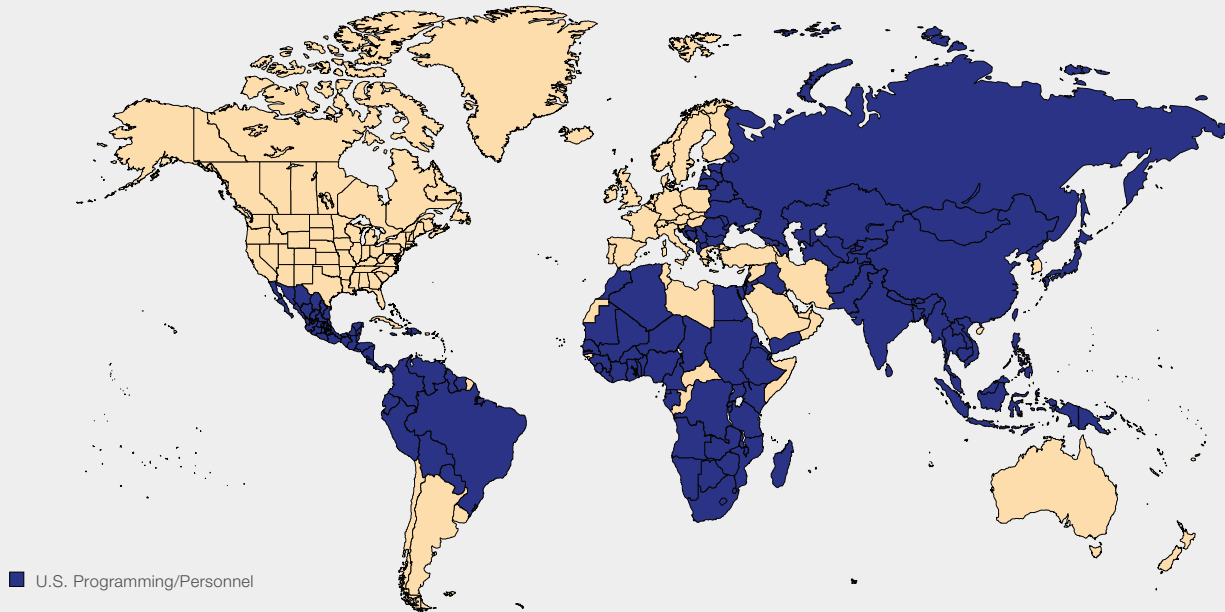
The U.S. government provides bilateral assistance (e.g., as cash transfers, commodities, personnel, and equipment) for health-related programming in more than 100 countries, but most funding is concentrated in a subset of focus or target countries that are either hardest hit by health problems (e.g., 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). Table 3 provides a list of focus countries for major U.S. government health efforts. Figure 6 provides a map of all countries in which the U.S. has a direct presence, ranging from at least one locally stationed U.S. field personnel to large-scale programs with correspondingly large amounts of funding. To get a better sense of how U.S. funding is distributed, the map in Figure 7 shows funding ranges for combined U.S. bilateral funding across all areas (not including funding for regional initiatives that may also be provided to these countries or U.S. contributions to multilateral organizations, such as the Global Fund, which may in turn be provided to some of these same countries as well).

Table 3: Focus/Target Countries for Major U.S. Global Health Initiatives

PEPFAR ⁵⁶ 15 Focus Countries	President's Malaria Initiative (PMI) ⁵⁷ 15 Focus Countries	Tuberculosis ⁵⁸ 20 Tier 1 Countries	Water ⁵⁹ 36 Priority Countries	Neglected Tropical Diseases (NTD) Initiative ⁶⁰ 12 Countries
Botswana	Angola	Afghanistan	DR of Congo	Burkina Faso
Cote d'Ivoire	Benin	Bangladesh	Ethiopia	Ghana
Ethiopia	Ethiopia	Brazil	Ghana	Mali
Guyana	Ghana	Cambodia	Kenya	Niger
Haiti	Kenya	DR of Congo	Liberia	Uganda
Kenya	Liberia	Ethiopia	Madagascar	
Mozambique	Madagascar	India	Mali	Bangladesh*
Namibia	Mali	Indonesia	Mozambique	DR of Congo**
Nigeria	Malawi	Kenya	Niger	Haiti*
Rwanda	Mozambique	Mozambique	Nigeria	Nepal*
South Africa	Rwanda	Nigeria	Senegal	Sierra Leone*
Tanzania	Senegal	Pakistan	Somalia	Southern Sudan*
Uganda	Tanzania	Philippines	Sudan	Tanzania**
Vietnam	Uganda	Russia	Tanzania	
Zambia	Zambia	South Africa	Uganda	
		Tanzania	Zambia	
		Uganda	Bangladesh	
		Ukraine	Cambodia	
		Zambia	India	
		Zimbabwe	Indonesia	
			Laos	
			Pakistan	
			Philippines	
			Sri Lanka	
			Tajikistan	
			Timor-Leste	
			Vietnam	
			Armenia	
			Georgia	
			Kosovo	
			Haiti	
			Egypt	
			Iraq	
			Jordan	
			Lebanon	
			West Bank/Gaza	

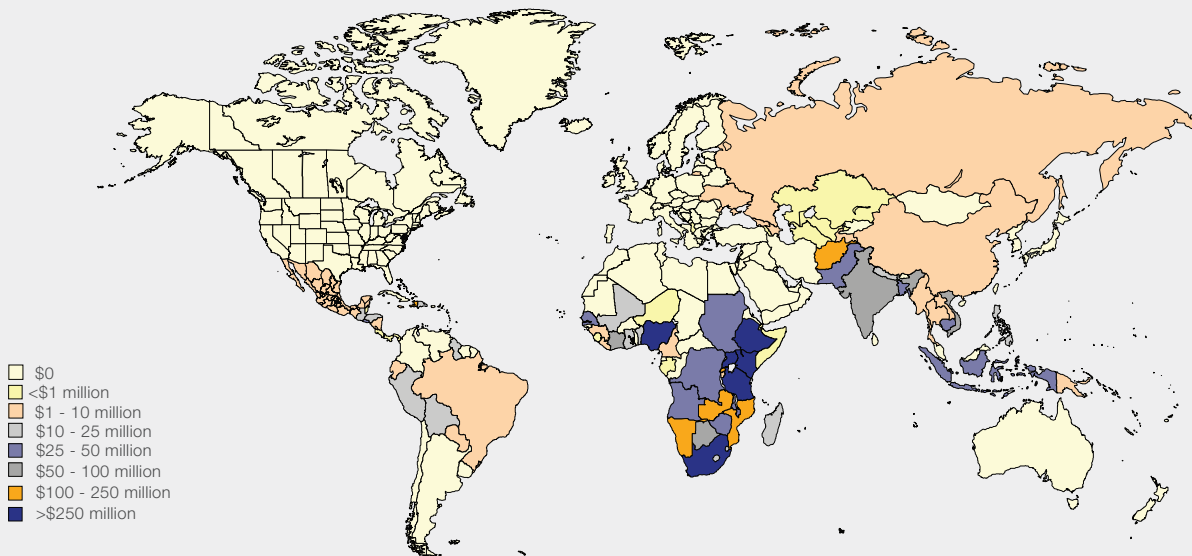
*NTD 2008 planned expansion; **NTD 2009 planned expansion

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



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

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



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

CONGRESSIONAL JURISDICTION OF U.S. GOVERNMENT GLOBAL HEALTH PROGRAMS

Congress plays an ongoing and fundamental role in defining, directing, and funding U.S. global health programs through authorizing and appropriations legislation. Congressional committees act to create, shape, and oversee programs, recommend overall funding levels, specify how funds should or should not be spent, and appropriate funds to programs. More than 15 Congressional committees have jurisdiction and oversight over U.S. global health programs although the main committees are those with jurisdiction over foreign assistance programs (House Foreign Affairs, Senate Foreign Relations, and the Appropriations Subcommittee on State, Foreign Operations, and Related Programs) and discretionary health programs (House Energy and Commerce, Senate Health, Education, Labor, and Pensions, and the Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies). Table 4 lists Congressional committees with jurisdiction over global health, by department, agency, and initiative.

Table 4: Congressional Jurisdiction of U.S. Global Health Programs

Departments/Agencies	House	Senate
Department of State (State) *United States Agency for International Development (USAID) *Millennium Challenge Corporation (MCC)	<ul style="list-style-type: none"> • Foreign Affairs • Subcommittee on State, Foreign Operations, and Related Programs 	<ul style="list-style-type: none"> • Foreign Relations • Subcommittee on State, Foreign Operations, and Related Programs
Department of Health and Human Services (HHS) HHS/Centers for Disease Control and Prevention (CDC) HHS/National Institutes of Health (NIH) HHS/Food & Drug Administration (FDA) HHS/Health Resources and Services Administration (HRSA)	<ul style="list-style-type: none"> • Energy and Commerce • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies 	<ul style="list-style-type: none"> • Health, Education, Labor, and Pensions • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Department of Defense (DoD)	<ul style="list-style-type: none"> • Armed Services • Subcommittee on Defense 	<ul style="list-style-type: none"> • Armed Services • Subcommittee on Defense
Department of Agriculture (USDA)	<ul style="list-style-type: none"> • Agriculture • Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies 	<ul style="list-style-type: none"> • Agriculture, Nutrition, and Forestry • Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies
*Peace Corps	<ul style="list-style-type: none"> • Foreign Affairs • Subcommittee on State, Foreign Operations, and Related Programs 	<ul style="list-style-type: none"> • Foreign Relations • Subcommittee on State, Foreign Operations, and Related Programs
*Environmental Protection Agency (EPA)	<ul style="list-style-type: none"> • Energy and Commerce • Science and Technology • Transportation and Infrastructure • Subcommittee on Interior, Environment, and Related Agencies 	<ul style="list-style-type: none"> • Environment and Public Works • Subcommittee on Interior, Environment, and Related Agencies
Department of Homeland Security (DHS)	<ul style="list-style-type: none"> • Homeland Security • Subcommittee on Homeland Security 	<ul style="list-style-type: none"> • Homeland Security & Governmental Affairs • Subcommittee on Homeland Security
Department of Labor (DoL)	<ul style="list-style-type: none"> • Education and Labor • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies 	<ul style="list-style-type: none"> • Health, Education, Labor, and Pensions • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Department of Commerce (Commerce)	<ul style="list-style-type: none"> • Energy and Commerce • Foreign Affairs • Subcommittee on Commerce, Justice, Science, and Related Agencies • Subcommittee on State, Foreign Operations, and Related Programs 	<ul style="list-style-type: none"> • Commerce, Science, and Transportation • Foreign Relations • Subcommittee on Commerce, Justice, Science, and Related Agencies • Subcommittee on State, Foreign Operations, and Related Programs

Departments/Agencies	House	Senate
National Security Council (NSC)	<ul style="list-style-type: none"> • Foreign Affairs • Ways and Means • Subcommittee on State, Foreign Operations, and Related Programs • Subcommittee on Financial Services and General Government 	<ul style="list-style-type: none"> • Foreign Relations • Finance • Subcommittee on State, Foreign Operations, and Related Programs • Subcommittee on Financial Services and General Government
*Office of the U.S. Trade Representative (USTR)	<ul style="list-style-type: none"> • Foreign Affairs • Ways and Means • Subcommittee on State, Foreign Operations, and Related Programs • Subcommittee on Financial Services and General Government 	<ul style="list-style-type: none"> • Foreign Relations • Finance • Subcommittee on State, Foreign Operations, and Related Programs • Subcommittee on Financial Services and General Government
Multi-Agency Initiatives	House	Senate
President’s Emergency Plan for AIDS Relief (PEPFAR)	<ul style="list-style-type: none"> • Foreign Affairs • Energy and Commerce • Subcommittee on State, Foreign Operations, and Related Programs • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies 	<ul style="list-style-type: none"> • Foreign Relations • Health, Education, Labor, and Pensions • Subcommittee on State, Foreign Operations, and Related Programs; • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
President’s Malaria Initiative (PMI)	<ul style="list-style-type: none"> • Foreign Affairs • Energy and Commerce • Subcommittee on State, Foreign Operations, and Related Programs • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies 	<ul style="list-style-type: none"> • Foreign Relations • Health, Education, Labor, and Pensions • Subcommittee on State, Foreign Operations, and Related Programs; • Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
President’s Neglected Tropical Diseases (NTD) Initiative	<ul style="list-style-type: none"> • Foreign Affairs • Subcommittee on State, Foreign Operations, and Related Programs 	<ul style="list-style-type: none"> • Foreign Relations • Subcommittee on State, Foreign Operations, and Related Programs
Avian Influenza Action Group (AIAG)	<ul style="list-style-type: none"> • Foreign Affairs • Subcommittee on State, Foreign Operations, and Related Programs 	<ul style="list-style-type: none"> • Foreign Relations • Subcommittee on State, Foreign Operations, and Related Programs
Water for Poor Act (WfP Act)	<ul style="list-style-type: none"> • Foreign Affairs • Subcommittee on State, Foreign Operations, and Related Programs 	<ul style="list-style-type: none"> • Foreign Relations • Subcommittee on State, Foreign Operations, and Related Programs

*Independent or quasi-independent agency

+ All Subcommittees listed are part of House and Senate Standing Appropriations Committees

U.S. GOVERNMENT PARTICIPATION IN INTERNATIONAL/MULTILATERAL HEALTH ORGANIZATIONS

In addition to its own programs, the U.S. government has a long history of involvement with international health organizations, beginning with its role in the development of the first such organizations, including the Pan American Health Organization (PAHO) in the early 1900s, and the WHO a few decades later, and continuing through to the present with newer organizations like the Global Fund, which the U.S. helped to launch in 2001. U.S. involvement in multilateral health organizations includes several different kinds of activities:

- *Membership:* The U.S. is a member nation of the large multilateral health organizations, including the WHO, PAHO, and the Global Fund.
- *Governance:* The U.S. sits on the Board or main organizing body of several of the major multilateral health organizations, such as the Global Fund, the WHO World Health Assembly, and UNAIDS, providing it with decision-making authority and other governance roles.
- *Organizational Contributions:* The U.S. provides funding to multilateral health organizations for their operations and other activities through scheduled assessments and often through additional, project or program-specific support.
- *Donor Assistance:* Some multilateral health organizations, such as the Global Fund, act as financing vehicles, pooling resources from multiple donors and in turn providing such funding to recipient countries. The U.S. is the largest single donor to the Global Fund, which provides grants for HIV, TB, and malaria in countries around the world.
- *International Health Standards, Treaties, and Agreements:* The need to set international standards for preventing the spread of infectious diseases at ports and borders without unduly restricting trade and travel fostered the creation of the earliest international health organizations in the 19th Century; those efforts served as precursors to the development of the International Health Regulations (IHR) of today. The IHR are an international legal instrument that entered into force in 2007 requiring countries to report certain disease outbreaks and public health events to the WHO. Other significant international health agreements include the United Nation's Millennium Development Goals (MDGs), the UN Declaration of Commitment on HIV/AIDS, WHO/UNAIDS "Three Ones" Principle, and the WHO International Framework Convention for Tobacco Control (WHO FCTC).
- *Technical Assistance:* The U.S. provides technical assistance to international organizations directly and indirectly, such as by providing assistance to Global Fund country applicants in preparing proposals for funding and providing USG scientists to serve as experts on WHO technical committees.
- *Staffing:* The U.S. provides additional staff capacity to international organizations by detailing government employees for varying periods of time.

The main multilateral health organizations with U.S. involvement are as follows:

- *The World Health Organization (WHO):* The WHO, created in 1948, is the directing and coordinating authority for health within the United Nations system. The U.S. was a founding member, joining in that year. The WHO provides international leadership on global health matters, shaping the health research agenda, setting norms and standards (such as the IHR), providing technical support to countries, and monitoring and assessing health trends. The WHO Constitution states its objective as "the attainment by all peoples of the highest possible level of health." It is governed by the World Health Assembly (attended by all Member States) and an Executive Board of 34 members, of which the U.S. is currently a member through 2009.
- *The Pan American Health Organization (PAHO):*⁶¹ PAHO is the oldest international health agency, founded originally as the International Sanitary Bureau in 1902. It became the Pan American Health Bureau in 1924 when the U.S., as founding member, also joined. PAHO "works to improve health and living standards of the people of the Americas" and serves as the Regional Office for the Americas of the WHO and as the health organization of the Inter-American System. The health authorities of PAHO's Member States set its technical and administrative policies.

- *The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund):*⁶² Created in 2001, the Global Fund is an independent, public-private, multilateral institution which finances HIV, TB, and malaria programs in low and middle income countries. The U.S. government was involved in the creation of the Global Fund and serves on the Board of the Global Fund. It is also the largest single donor to the Global Fund in the world. Contributions provided by the U.S. and other donors are in turn provided by the Fund to country-driven projects evaluated based on technical merit and need. To date, the Global Fund has committed \$14.9 billion in 140 countries.
- *The Joint United Nations Programme on HIV/AIDS (UNAIDS):*⁶³ UNAIDS, created in 1996 as the successor organization to the WHO Global Programme on AIDS (GPA), is the leading global advocate for addressing HIV/AIDS, coordinating efforts across the United Nations system. It is made up of 10 UN co-sponsors and guided by a Programme Coordinating Board (PCB) made up of a subset of its co-sponsors and government representatives; the U.S. currently serves on the PCB. UNAIDS acts to: mobilize leadership and advocacy for effective action on the epidemic; provide strategic information and policies to guide global efforts; track, monitor, and evaluate the epidemic; engage civil society; and mobilize financial, human and technical resources.

The U.S. also participates in and contributes to several other multilateral organizations that include health programs in their portfolios, including The United Nations Children’s Fund (UNICEF), the Food and Agriculture Organization (FAO), the World Food Programme (WFP), and the United Nations Development Programme (UNDP). The U.S. was one of the founders of the United Nations Population Fund (UNFPA), the UN’s international development organization that promotes reproductive health, family planning, and sexual health, but has withheld funding since 2002, due to differences over abortion.⁶⁴ In January 2009, President Barack Obama pledged to restore funding to UNFPA.⁶⁵

Finally, the U.S. provides contributions to some of the world’s Multilateral Development Banks (MDBs),⁶⁶ autonomous international agencies that finance development programs in low- and middle-income countries using borrowed money or funds contributed by donor countries. These include the World Bank, the largest MDB in the world, and some regional MDBs. U.S. contributions to MDBs may or may not be used by the MDB for health-related activities and therefore are not generally attributable to the U.S. as part of its global health efforts.

APPENDIX 1: TIMELINE OF GOVERNING STATUTES, AUTHORITIES, AND POLICIES FOR U.S. GLOBAL HEALTH*

Year	Agency	Title	Purpose
1798	HHS	Act for the Relief of Sick and Disabled Merchant Seamen	Created the Marine Hospital Service, a federal network of hospitals for the care of merchant seamen. Renamed the “Public Health and Marine-Hospital Service” in 1902 and the Public Health Service in 1912. ¹²
1930	USDA	Foreign Agricultural Service Act of 1930 (P.L. 71-304)	Created the Foreign Agricultural Service (FAS) which today is part of the USDA. Among its responsibilities is the provision of food aid and technical assistance. ⁶⁷
1944	HHS	Public Health Service Act (Title 42, U.S. Code)	The Public Health Service Act of July 1, 1944 (42 U.S.C. 201) consolidated and revised all existing legislation relating to the Public Health Service, outlined the policy framework for Federal-state cooperation in public health; and established regulatory authorities that transferred with PHS to the Department of Health, Education and Welfare (HEW) and subsequently to the Department of Health and Human Services (HHS). The scope of the Act has been significantly broadened over time. The full act is captured under Title 42 of the US Code, “The Public Health and Welfare.” ⁶⁸
1954	USDA USAID	Public Law 83-480. The Agricultural Trade Development Assistance Act of 1954, renamed The Food for Peace Act in 1961	Authorized concessional sales of U.S. agricultural commodities to developing countries and private entities by USDA (Title I); direct donation of U.S. agricultural commodities for emergency relief and development (Title II) and government-to-government grants of agricultural commodities tied to policy reform (Title III), both assigned to USAID in 1961 (also known as P.L. 480). ^{69, 70}
1960	HHS	International Health Research Act of 1960 (Public Law 86-610)	To advance the health sciences through cooperative international research and training. Established the National Institute for International Health and Medical Research, to provide for international cooperation in health research, research training, and research planning, and for other purposes. Section 307 as amended (incorporated into USC Title 42) authorized the Secretary of HHS to enter into international cooperative agreements for biomedical and health activities. ⁶⁸
1961	USAID, State	Public Law 87-195. The Foreign Assistance Act of 1961 (FAA)	Reorganized U.S. foreign assistance programs including separating military and non-military aid and mandated the creation of an agency to administer economic assistance programs, which led to the establishment of USAID. Act created a policy framework for foreign assistance to developing nations and mandated the creation of an agency to promote long-term assistance for economic and social development. ^{71, 72}
1973	USAID, State	Public Law 93-189. The New Directions Legislation of 1973 (in the Foreign Assistance Act of 1973)	Amended the FAA of 1961, directing USAID to focus its operational programs on five categories of assistance for meeting the basic needs of the poorest countries in the following areas: food and nutrition; population planning; health, education, and human resources development; selected development problems; selected countries and organizations. ^{71, 72}
1984	USAID, State	“Mexico City” Policy	President Reagan directive expanding the FAA of 1961 prohibition on use of federal funds by NGOs “to pay for the performance of abortions as a method of family planning, or to motivate or coerce any person to practice abortions for abortion” to also apply to non-federal funds and to a broader range of activities. Rescinded in 1993 by President Clinton; reinstated in 2001 by President Bush and extended to apply to “voluntary population planning” assistance provided by the Department of State. Rescinded by President Obama in 2009. ⁶⁵
1985	USDA	The Food for Progress Act of 1985 (Public Law 99-198 (Title XI))	Authorized USDA to provide U.S. agricultural commodities to emerging democracies and developing countries committed to promoting free enterprise in agricultural development. ⁷³

Year	Agency	Title	Purpose
1985	DoD	Public Law 99-661 (Section 333) Humanitarian and Civic Assistance (HCA) program in the National Defense Authorization Act for Fiscal Year 1987, as amended in: Title 10 USC §401, §402	Authorized U.S. military forces to carry out humanitarian and civic assistance activities in conjunction with other operations (such as joint exercises) if such activities support mutual U.S.-host country interests, build U.S. force operational readiness skills, and do not duplicate other USG assistance (401); permits the military to transport humanitarian supplies for NGOs without charge (“the Denton Amendment,” Section 402). ^{74,75}
1996	Govt-wide; main roles for State, USAID, DoD, CDC, NIH	Presidential Decision Directive NSTC-7 on Emerging Infectious Diseases	White House establishes national policy to address emerging infectious disease threats through improved domestic and international surveillance, prevention, and response measures, as follow-up to National Science and Technology Council (NSTC) reports: “Infectious Disease — A Global Health Threat” (September 1995), “Meeting the Challenge — A Research Agenda for Health, Safety, and Food” (February 1996), and “Proceedings of the Conference on Human Health and Global Climate Change” (May 1996). Directive establishes standing NSTC Task Force on emerging infectious diseases. ⁷⁶
1999	USAID, DoD, CDC	Leadership and Investment in Fighting an Epidemic (LIFE) Initiative	New program announced by President targeting funding for HIV to 14 hard-hit countries in Africa and to India. ⁷⁷
1999	DoD	Executive Order 13139	Established the HIV and AIDS Research and Development Program within the Department of the Army. ⁷⁸
2000	CDC	Public Law 106-113. Consolidated Appropriations Act of 2000, as described in House Report 106-419	Congress first appropriates funding specifically for CDC’s international AIDS activities (\$35 million), used to support the newly launched CDC Global AIDS Program (GAP). ⁷⁹
2000	—	Appointment of Presidential Envoy for AIDS Cooperation	First U.S. envoy to deal exclusively with a global health issue. ⁸⁰
2000	USAID, CDC, NIH	Public Law 106-264. The Global AIDS and Tuberculosis Relief Act of 2000	Authorized up to \$600 million for U.S. global efforts on HIV and TB; Directed Secretary of the Treasury to enter into negotiations with the World Bank, other nations and interested parties to establish World Bank AIDS Trust Fund (what was to become the Global Fund to Fight AIDS, Tuberculosis and Malaria). ⁸¹
2002	USAID, CDC	International Mother and Child HIV Prevention Initiative	Announced by President as new multi-year \$500 million initiative, focused on 12 African and two Caribbean countries. ⁸²
2001	DoL	Public Law 106-554. Department of Labor Appropriations Act, 2001	Authorized The DoL’s Bureau of International Labor Affairs to award funds under and administer DoL’s Global HIV/AIDS Workplace Education program. ^{83,84}
2002	USDA, USAID	Public Law 107-171. The Farm Security and Rural Investment Act of 2002	Reauthorized the Food for Peace Act through 2007 and provided the original authorization for McGovern–Dole International Food for Education and Child Nutrition Program through USDA’s Foreign Agricultural Service. ^{69,85}
2003	State, USAID, DoD, Commerce, DoL, HHS, Peace Corps	Public Law 108-25. United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003	Required a comprehensive, integrated five-year strategy for a coordinated USG response to global HIV/AIDS; established Office of the Global AIDS Coordinator in State; amended the Foreign Assistance Act of 1961 to define eligibility for HIV/AIDS assistance; mandated goals, benchmarks, and metrics for program evaluation; authorized up to \$15 billion from FY2004-08. ^{51,86}
2004	FDA	Expedited Review of HIV Medications Under PEPFAR	New initiative announcing expedited review process for pharmaceutical products under PEPFAR, allowing any pharmaceutical industry sponsor worldwide to submit U.S. marketing applications for single entity, fixed dose combination (FDC), and co-packaged versions of previously approved antiretroviral therapies, even if a patent or market exclusivity in the U.S. remained in effect). ⁸⁷
2004	State, Treasury, USTR, USAID, MCC	Title V, Public Law 108-199. The Millennium Challenge Act of 2003 (in the Consolidated Appropriations Act, 2004)	Established the MCC as USG corporation responsible for administering funds from the Millennium Challenge Account; outlines by-laws for operations and structure. The MCC Board of Directors is composed of the Secretary of State, the Secretary of Treasury, the U.S. Trade Representative, the Administrator of USAID, the CEO of the MCC and four public members appointed by the President. ⁸⁸

Year	Agency	Title	Purpose
2005	USAID, CDC	President's Malaria Initiative (PMI)	Launch of new initiative committing \$1.2 billion over five years to reduce malaria deaths by 50 percent in 15 African focus countries. Led by USAID, and implemented with CDC. ⁵²
2005	USAID, CDC	Public Law 109-13. The Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief	Provided \$25 million to USAID for programs to control the global spread of avian flu, and stipulated that \$15 million of it be transferred to CDC. ⁸⁹
2005	State, USAID, MCC, DoD, CDC, EPA, USDA, Peace Corps	Senator Paul Simon Water for the Poor Act of 2005 (P.L. 109-121; WfP Act)	Built on existing U.S. international water and sanitation programs and requires the Secretary of State, in consultation with USAID and other U.S. Government agencies, to develop and implement a strategy "to provide affordable and equitable access to safe water and sanitation in developing countries." Among its key objectives is to increase access to, and effective use of, safe drinking water and sanitation to improve human health.
2006	USAID	Public Law 109-234. Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Hurricane Recovery	Provided \$30 million to USAID for activities related to international surveillance, planning, preparedness, and response to avian influenza. ⁹⁰
2006	DoD	DoD Directive 6485.02E. HIV/AIDS Prevention: Support to Foreign Militaries	Assigned responsibilities to the ASD/HA and ASD(SO/LIC) for policy development and guidance for DOD HIV/AIDS prevention support to foreign militaries consistent with Public Law 108-25 (PEPFAR); designated Navy as DoD Executive Agent for technical and logistical support of the global Defense HIV/AIDS Prevention Program (DHAPP); established Coordinating Board for DoD international HIV/AIDS activities with foreign militaries. ⁹¹
2008	USAID	Neglected Tropical Diseases (NTD) Initiative	Launch of new President's initiative to provide \$350 million over five years to provide integrated treatment in Africa, Asia, and Latin America, targeting seven major NTDs. ⁵³
2008	USDA, USAID	Public Law 110-246. The Food, Conservation, and Energy Act of 2008 (The Farm Bill)	Comprehensive reauthorization of all U.S. food and farm policies, including Food for Education, Food for Progress, and Food for Peace programs; re-titled Title I from "Trade and Development Assistance" to "Economic Assistance and Food Security." ^{69,92}
2008	State, USAID, DoD, Commerce, DoL, HHS, Peace Corps	Public Law 110-293. Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008	Re-authorized PEPFAR, including an increased funding authorization of up to \$48 billion over five years (FY2009-2013); extended the geographic and programmatic scope of HIV/AIDS, malaria, and tuberculosis control and prevention strategies; proposed use of framework agreements with recipient countries; removed some spending requirements on prevention efforts; endorsed health systems strengthening; and established a Global Malaria Coordinator in USAID. ^{51,93}
2009	State, USAID	Mexico City Policy Rescinded	President Obama rescinds Mexico City Policy, first instated by President Reagan in 1984, repealed by President Clinton in 1993, and reinstated by President Bush in 2001 (see 1984 entry above). ⁶⁵

* Entries in **bold** represent those with the greatest implications for the U.S. global health engagement

APPENDIX 2: KEY U.S. GOVERNMENT AGENCY POSITIONS AND OFFICIALS IN GLOBAL HEALTH POLICY**

Departments/Agencies	Key Positions	Official
White House/Executive Office of the President	Assistant to the President for National Security Affairs/ National Security Advisor	James L. Jones
	Deputy National Security Advisor for International Economic Affairs	Mike Froman
	Director, Office of Management & Budget (OMB)	Peter Orszag
	Special Advisor for Health Policy, OMB	Zeke Emanuel
	Associate Director for Defense and International Affairs, National Security Programs, OMB	Steve Kosiak
	Special Assistant to the President and Senior Director for Relief, Stabilization, and Development, National Security Council	Gayle Smith
	Special Assistant to the President and Senior Director for Multilateral Affairs, National Security Council	Samantha Power
	Special Assistant to the President on International Health Affairs/Biodefense	Vacant
	U.S. Trade Representative	Ron Kirk
	Director, Office of National AIDS Policy	Jeffrey Crowley
Department of State (State)	Secretary of State	Hillary Clinton
	Under Secretary for Democracy and Global Affairs	Vacant
	Global AIDS Coordinator	Vacant
	Director, Office of International Health Affairs	Patricia Murphy
	Special Representative for Avian and Pandemic Influenza, Avian Influenza Action Group	<i>Robert Loftis, Designate</i>
*United States Agency for International Development (USAID)	Administrator	<i>Alzono Fulgham, Acting</i>
	Deputy Administrator	Vacant
	Assistant Administrator, Bureau for Global Health	<i>Gloria Steele, Acting</i>
	Assistant Administrator, Bureau for Democracy, Conflict and Humanitarian Assistance	<i>Dirk Dijkerman, Acting</i>
	Assistant Administrator, Bureau for Economic Growth, Agriculture and Trade	<i>William Hammink, Acting</i>
	U.S. Malaria Coordinator	Timothy Ziemer
*Millennium Challenge Corporation (MCC)	Chief Executive Officer	<i>Rodney Bent, Acting</i>
Department of Health and Human Services (HHS)	Secretary	<i>Charles Johnson, Acting;</i> <i>Kathleen Sebelius, Designate</i>
	Director, Office of Global Health Affairs	<i>James Kulikowski, Acting</i>
	Health attachés	Posted to U.S. Missions in Paris, Guatemala, New Delhi, Baghdad, Abuja, Pretoria, Geneva, Dar es Salaam, Hanoi, Beijing, Brasilia, Bangkok
	Assistant Secretary, Office of Public Health and Science	<i>Steven Galson, Acting</i>
	Surgeon General	<i>Steven Galson, Acting</i>
HHS/Centers for Disease Control and Prevention (CDC)	Director	<i>Richard Besser, Acting</i>
	Director, Coordinating Office for Global Health	Stephen Blount
	Director, Coordinating Center for Infectious Diseases	Mitchell Cohen
	Director, NCHHSTP/Global AIDS Program	Deborah Bix

Departments/Agencies	Key Positions	Official
HHS/National Institutes of Health (NIH)	Director	<i>Raynard Kington, Acting</i>
	Director, National Institute of Allergy and Infectious Diseases (NIAID)	Anthony Fauci
	Director, Office of AIDS Research (OAR)	Jack Whitescarver
	Director, Fogarty International Center (FIC)	Roger Glass
HHS/Food & Drug Administration (FDA)	Commissioner	<i>Joshua Sharfstein, Acting;</i> <i>Margaret Hamburg, Designate</i>
	Associate Commissioner for International Programs	Mary Lou Valdez
HHS/Health Resources and Services Administration (HRSA)	Administrator	Mary Wakefield
	Director, Office of International Health Affairs	Kerry Nesseler
	Associate Administrator, HIV/AIDS Bureau	Deborah Parham Hopson
Department of Defense (DoD)	Secretary	Robert Gates
	Under-Secretary of Defense for Personnel and Readiness	Michael Dominquez
	Assistant Secretary of Defense, Health Affairs	S. Ward Casscells
	Commanding Office, Naval Health Research Center	Kerry Thompson
	Director, DoD HIV/AIDS Prevention Program (DHAPP)	Richard Schafter
	Commander, Walter Reed Army Institute of Research	Kent Kester
	Director, Global Emerging Infections System (GEIS)	Ralph Loren Erickson
Department of Agriculture (USDA)	Administrator, Foreign Agricultural Service	Michael Michener
*Peace Corps	Director	<i>Josephine Olsen, Acting</i>
*Environmental Protection Agency (EPA)	Assistant Administrator, Office of International Affairs	<i>Scott Fulton, Acting</i>
Department of Homeland Security (DHS)	Assistant Secretary for Health Affairs/Chief Medical Officer	<i>Jon Krohmer, Acting</i>
	Assistant Secretary for International Affairs	<i>Cindy Farkus, Acting</i>
Department of Labor (DoL)	Deputy Under Secretary for International Affairs	<i>Marcia Eugenio, Acting</i>
Department of Commerce (Commerce)	Chief, International Programs Center, Census Bureau	Peter Way

**Independent or quasi-independent agency.*

***Table reflects available information to date, but some nominations are pending and/or positions have yet to be filled and it is possible that the organizational structure may change. Acting officials in italics. This Appendix will be updated as more information becomes available.*

ENDNOTES

- ¹ The first major international health effort, the International Sanitary Conference, was convened in 1851 by France, with the attendance of several other European nations. This led to subsequent such conferences throughout the 19th and early 20th Centuries, with the United States first participating in 1881, in a conference held in Washington, DC. The purpose of these conferences was to begin standardizing international quarantine regulations and developing an international system of disease notification in large part to support international trade and shipping. The first International Sanitary Convention was agreed to in 1892; the regional International Sanitary Bureau, which became the Pan American Health Organization, was created in 1902 and the first international (non-regional) health bureau, the Office International d'Hygiène Publique, was formed in 1907. These earlier efforts were precursors to the establishment of the World Health Organization in 1948, as part of the newly formed United Nations. For discussion of this history, see: Howard-Jones N, "The scientific background of the International Sanitary Conferences, 1851-1938," *WHO Chronicle*, 1974; Geneva Foundation for Medical Education and Research, "World Health Organization: The mandate of a specialized agency of the United Nations," available at http://www.gfmer.ch/TMCAM/WHO_Minelli/P1-1.htm, accessed March 21, 2009; Fidler DP, "The Globalization of Public Health: The First 100 Years of International Health Diplomacy," *Bulletin of the World Health Organization*, 79(9), 2001, available at [http://www.who.int/entity/bulletin/archives/79\(9\)842.pdf](http://www.who.int/entity/bulletin/archives/79(9)842.pdf), accessed March 22, 2009; WHO, *History of WHO*, available at <http://www.who.int/about/history/en/index.html>, accessed March 21, 2009; WHO, *The First Ten Years of the World Health Organization*, World Health Organization: Geneva, 1958, available at <http://whqlibdoc.who.int/publications/a38153.pdf>, accessed March 21, 2009. Stern AM, Markel H, "International Efforts to Control Infectious Diseases, 1851 to the Present", *JAMA*, 292(12):1474-1479, 2004. Wegman ME, "A Salute to the Pan American Health Organization", *AJPH*, 67(12), December 1977; Hubert V, "The Unification Of The Globe By Disease? The International Sanitary Conferences On Cholera, 1851-1894", *The Historical Journal*, 49(2): 453-476, 2006; Cumming HS, "The International Sanitary Conference", *AJPH*, 16(10): 975-980, October 1926.
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