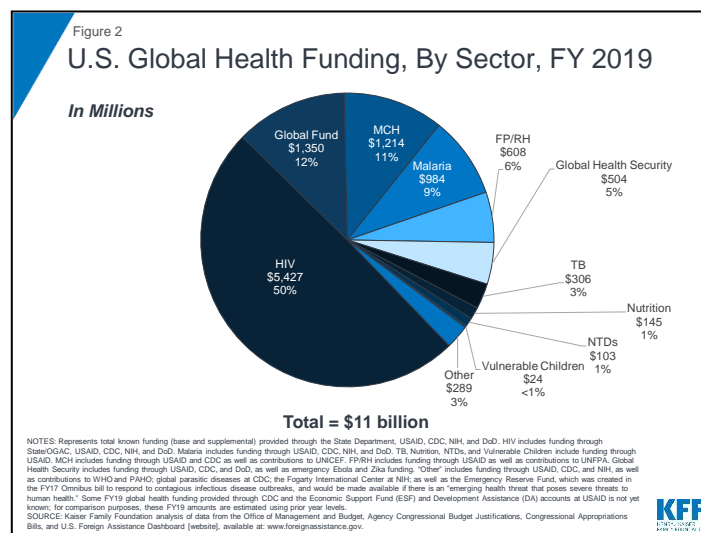
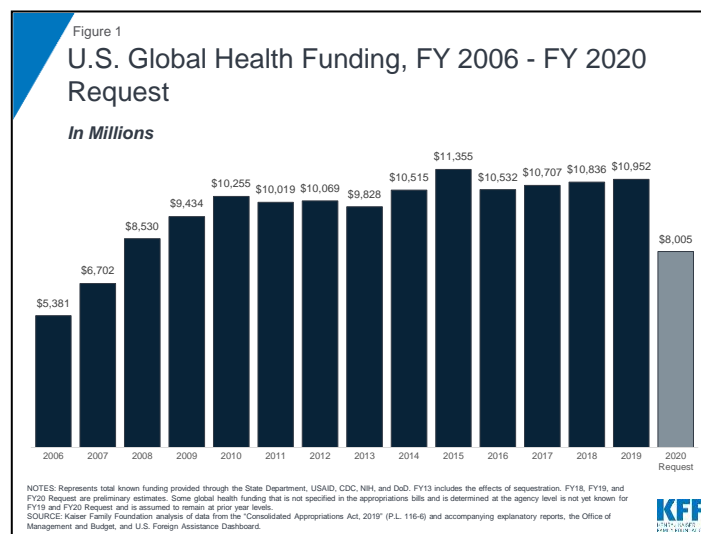


# U.S. Global Health Budget: Overview

The U.S. Government is the largest donor to global health in the world and includes support for both disease (HIV, tuberculosis, malaria, and neglected tropical diseases) and population (maternal and child health, nutrition, and family planning and reproductive health) specific activities as well as global health security. In FY 2019, U.S. global health funding totaled \$11 billion. Most U.S. funding for global health is provided bilaterally (approximately 80%). Of the multilateral share, the majority is provided to The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The U.S. investment in global health grew significantly between 2001 to 2010, largely due to the creation of new initiatives including the President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI). However, since FY 2010, U.S. funding for global health has remained relatively flat. The FY 2020 President's budget request proposes to reduce global health funding to \$8 billion, its lowest level since FY 2008.

## U.S. Global Health Funding: Figures



# U.S. Global Health Funding: Table

Table 1: Historical Funding by Agency for Global Health; in millions												
Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
<b>HIV/AIDS</b>	<b>\$5,487.6</b>	<b>\$5,573.6</b>	<b>\$5,439.6</b>	<b>\$5,124.8</b>	<b>\$4,709.3</b>	<b>\$4,940.2</b>	<b>\$5,220.5</b>	<b>\$5,217.7</b>	<b>\$5,320.0</b>	<b>\$5,351.3</b>	<b>\$5,426.7</b>	<b>\$3,930.9</b>
State	\$4,559.0	\$4,609.0	\$4,585.8	\$4,242.9	\$3,870.8	\$4,020.0	\$4,320.0	\$4,320.0	\$4,320.0	\$4,320.0	\$4,370.0	\$3,350.0
USAID	\$350.0	\$350.0	\$349.3	\$350.3	\$333.2	\$330.2	\$330.2	\$330.2	\$330.2	\$330.2	\$330.2	\$0.2
HHS	\$570.6	\$604.6	\$494.5	\$523.6	\$497.3	\$582.0	\$562.3	\$559.5	\$661.8	\$693.1	\$718.5	\$580.7
Other Agencies HIV/AIDS	\$8.0	\$10.0	\$10.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$0.0
<b>TB</b>	<b>\$176.6</b>	<b>\$249.0</b>	<b>\$238.4</b>	<b>\$256.3</b>	<b>\$232.5</b>	<b>\$242.5</b>	<b>\$242.3</b>	<b>\$240.0</b>	<b>\$243.6</b>	<b>\$265.0</b>	<b>\$306.0</b>	<b>\$262.0</b>
USAID	\$176.6	\$249.0	\$238.4	\$256.3	\$232.5	\$242.5	\$242.3	\$240.0	\$243.6	\$265.0	\$306.0	\$262.0
<b>Malaria</b>	<b>\$534.5</b>	<b>\$754.5</b>	<b>\$800.5</b>	<b>\$811.6</b>	<b>\$821.7</b>	<b>\$862.1</b>	<b>\$854.3</b>	<b>\$873.1</b>	<b>\$963.0</b>	<b>\$973.9</b>	<b>\$984.1</b>	<b>\$870.7</b>
USAID	\$385.0	\$585.0	\$618.8	\$650.0	\$656.4	\$665.0	\$669.5	\$674.0	\$755.0	\$755.0	\$755.0	\$674.0
HHS	\$119.0	\$143.2	\$154.3	\$161.6	\$156.6	\$180.0	\$173.9	\$193.7	\$202.7	\$212.7	\$222.7	\$192.7
DoD	\$30.6	\$26.4	\$27.4	\$0.0	\$8.7	\$17.2	\$10.9	\$5.3	\$5.3	\$6.3	\$6.5	\$4.0
<b>Global Fund</b>	<b>\$1,000.0</b>	<b>\$1,050.0</b>	<b>\$1,045.8</b>	<b>\$1,300.0</b>	<b>\$1,569.0</b>	<b>\$1,650.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$958.4</b>
State	\$600.0	\$750.0	\$748.5	\$1,300.0	\$1,569.0	\$1,650.0	\$1,350.0	\$1,350.0	\$1,350.0	\$1,350.0	\$1,350.0	\$958.4
USAID	\$100.0	--	--	--	--	--	--	--	--	--	--	--
NIH	\$300.0	\$300.0	\$297.3	--	--	--	--	--	--	--	--	--
<b>Maternal &amp; Child Health (MCH)</b>	<b>\$871.9</b>	<b>\$938.8</b>	<b>\$974.4</b>	<b>\$1,059.5</b>	<b>\$1,036.8</b>	<b>\$1,147.3</b>	<b>\$1,176.4</b>	<b>\$1,136.4</b>	<b>\$1,235.1</b>	<b>\$1,208.5</b>	<b>\$1,214.0</b>	<b>\$901.1</b>
USAID	\$596.1	\$649.9	\$691.3	\$760.0	\$752.2	\$815.0	\$835.8	\$784.9	\$873.6	\$845.0	\$850.5	\$695.1
State	\$132.5	\$135.3	\$132.3	\$131.8	\$125.2	\$132.0	\$132.0	\$132.5	\$137.5	\$137.5	\$137.5	\$0.0
CDC	\$143.3	\$153.7	\$150.9	\$167.7	\$159.5	\$200.4	\$208.6	\$219.0	\$224.0	\$226.0	\$226.0	\$206.0
<b>Nutrition</b>	<b>\$54.9</b>	<b>\$107.3</b>	<b>\$92.8</b>	<b>\$97.0</b>	<b>\$97.4</b>	<b>\$139.5</b>	<b>\$138.6</b>	<b>\$143.8</b>	<b>\$148.0</b>	<b>\$125.0</b>	<b>\$145.0</b>	<b>\$89.7</b>
USAID	\$54.9	\$107.3	\$92.8	\$97.0	\$97.4	\$139.5	\$138.6	\$143.8	\$148.0	\$125.0	\$145.0	\$89.7
<b>Vulnerable Children</b>	<b>\$15.0</b>	<b>\$15.0</b>	<b>\$15.0</b>	<b>\$17.5</b>	<b>\$16.6</b>	<b>\$22.0</b>	<b>\$22.0</b>	<b>\$22.0</b>	<b>\$23.0</b>	<b>\$23.0</b>	<b>\$24.0</b>	<b>\$0.0</b>
USAID	\$15.0	\$15.0	\$15.0	\$17.5	\$16.6	\$22.0	\$22.0	\$22.0	\$23.0	\$23.0	\$24.0	\$0.0
<b>Family Planning &amp; Reproductive Health</b>	<b>\$552.4</b>	<b>\$715.1</b>	<b>\$632.6</b>	<b>\$638.5</b>	<b>\$615.1</b>	<b>\$622.3</b>	<b>\$621.9</b>	<b>\$603.9</b>	<b>\$607.5</b>	<b>\$607.5</b>	<b>\$607.5</b>	<b>\$259.0</b>
USAID	\$522.4	\$663.7	\$595.6	\$608.3	\$586.2	\$591.6	\$591.1	\$573.2	\$607.5	\$607.5	\$575.0	\$259.0
State	\$30.0	\$51.4	\$37.0	\$30.2	\$28.9	\$30.7	\$30.8	\$30.7	\$0.0	\$0.0	\$32.5	\$0.0
<b>Global Health Security</b>	<b>\$417.0</b>	<b>\$486.5</b>	<b>\$397.0</b>	<b>\$390.3</b>	<b>\$366.2</b>	<b>\$498.5</b>	<b>\$1,341.6</b>	<b>\$552.1</b>	<b>\$364.1</b>	<b>\$512.3</b>	<b>\$503.5</b>	<b>\$482.1</b>
USAID	\$140.0	\$201.5	\$47.9	\$58.1	\$55.2	\$72.6	\$384.5	\$218.0	\$72.5	\$172.6	\$138.0	\$90.0
CDC	\$47.5	\$61.9	\$51.2	\$55.6	\$54.3	\$62.6	\$652.1	\$55.2	\$58.2	\$108.2	\$108.2	\$149.8
DoD	\$229.5	\$223.1	\$297.9	\$276.6	\$256.6	\$363.4	\$305.0	\$278.9	\$233.4	\$231.5	\$257.3	\$242.3
<b>Neglected Tropical Diseases (NTDs)</b>	<b>\$25.0</b>	<b>\$65.0</b>	<b>\$76.8</b>	<b>\$89.0</b>	<b>\$85.6</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$102.5</b>	<b>\$75.0</b>
USAID	\$25.0	\$65.0	\$76.8	\$89.0	\$85.6	\$100.0	\$100.0	\$100.0	\$100.0	\$100.0	\$102.5	\$75.0
<b>Other</b>	<b>\$299.1</b>	<b>\$300.6</b>	<b>\$306.2</b>	<b>\$284.2</b>	<b>\$277.2</b>	<b>\$290.5</b>	<b>\$287.6</b>	<b>\$293.1</b>	<b>\$352.4</b>	<b>\$319.2</b>	<b>\$288.6</b>	<b>\$176.1</b>
USAID	\$64.8	\$53.7	\$56.9	\$29.4	\$22.2	\$33.7	\$26.5	\$31.6	\$90.7	\$50.0	\$17.0	\$4.6
State	\$165.7	\$166.4	\$169.9	\$172.5	\$175.6	\$175.6	\$179.6	\$177.3	\$175.7	\$178.2	\$178.2	\$90.8
CDC	--	\$10.5	\$10.1	\$12.8	\$13.9	\$13.7	\$13.7	\$13.8	\$13.8	\$15.3	\$15.3	\$13.8
NIH	\$68.6	\$70.0	\$69.3	\$69.5	\$65.5	\$67.5	\$67.8	\$70.4	\$72.2	\$75.7	\$78.1	\$67.0
<b>Total</b>	<b>\$9,434.0</b>	<b>\$10,255.3</b>	<b>\$10,019.0</b>	<b>\$10,068.6</b>	<b>\$9,827.6</b>	<b>\$10,515.0</b>	<b>\$11,355.2</b>	<b>\$10,532.1</b>	<b>\$10,706.7</b>	<b>\$10,835.7</b>	<b>\$10,952.0</b>	<b>\$8,005.0</b>

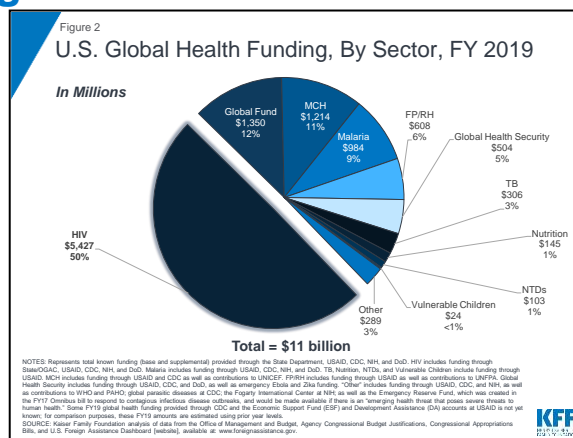
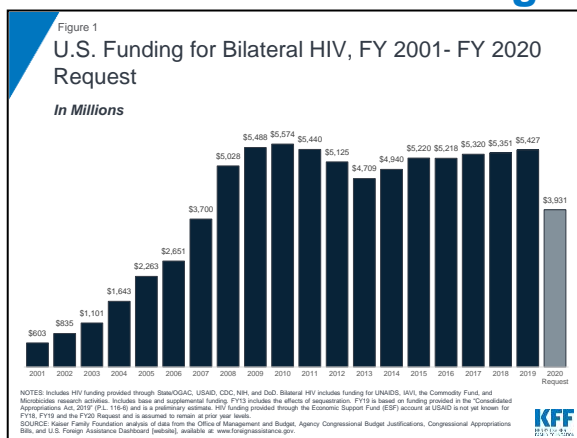
NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY18 is a preliminary estimate. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate (some FY19 global health funding provided through CDC as well as the Economic Support Fund (ESF) and Development Assistance (DA) accounts at USAID is not yet known; for comparison purposes, these amounts are estimated using prior year levels). In the FY20 Request, the administration is proposing to create a new "Global Tuberculosis" funding line under global health programs at CDC and transfer funding historically provided through the "HIV/AIDS, Viral Hepatitis, STI and TB Prevention" funding line to global TB; totals do not include global TB funding provided through this transfer. Global malaria funding at CDC is provided through the "Parasitic Diseases and Malaria" funding line, but an exact funding amount for malaria is not specified; in recent fiscal years, malaria funding at CDC has remained level at \$10.7 million. MCH includes contributions to UNICEF (funding for UNICEF was not specified in the FY20 Request). MCH and Nutrition do not include funding provided through Food for Peace (FFP) due to the unique nature of the program. FP/RH includes contributions to UNFPA. In FY17 and FY18, the administration invoked the Kemp-Kasten amendment to prohibit contributions to UNFPA (see "UNFPA Funding & Kemp-Kasten: An Explainer") and transferred the funding to the GHP account for bilateral FP/RH activities. The administration also invoked the Kemp-Kasten amendment in FY19 to prohibit contributions to UNFPA; it is assumed these funds will be transferred to bilateral FP/RH programs under the GHP account at USAID as was done in FY17 and FY18. Global Health Security includes emergency Ebola and Zika funding (in FY15, Congress provided \$5.4 billion in emergency funding to address the Ebola outbreak, of which \$909.0 million was specifically designated for global health security, and in FY16, Congress provided \$1.1 billion in emergency funding to address the Zika outbreak, of which \$145.5 million was specifically designated for global health security). "Other" includes funding for WHO and PAHO; global parasitic diseases at CDC; the Fogarty International Center at NIH; as well as the Emergency Reserve Fund, which was created in the FY17 Omnibus bill to respond to contagious infectious disease outbreaks, and would be made available if there is an "emerging health threat that poses severe threats to human health."

SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: [www.foreignassistance.gov](http://www.foreignassistance.gov).

# U.S. Global Health Budget: HIV/PEPFAR

The U.S. first provided funding to address the global HIV epidemic in 1986. U.S. efforts and funding increased slowly over time until the launch of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, which initiated a period of significant increases and is the largest effort devoted to a single disease in the world. All U.S. funding for global HIV falls under PEPFAR. The majority of this funding is provided through the Department of State, which is responsible, through the Office of the Global AIDS Coordinator (OGAC), for coordinating all U.S. programs, activities, and funding for global HIV efforts. Other agencies that receive HIV funding include the U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Department of Defense (DoD). (Additional U.S. support for HIV activities is provided through its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria). Funding rose significantly in PEPFAR's first decade, reaching its peak in FY 2010; in recent years, funding has been relatively flat. Bilateral HIV funding has historically accounted for the largest share of the U.S. global health budget (ranging from 46% to 58% since 2009). In FY 2019, U.S. bilateral funding for HIV totaled \$5.4 billion and accounted for 50% of the U.S. global health budget. The President's FY 2020 request proposes to cut U.S. funding for HIV by \$1.5 billion; if approved by Congress, this would be the lowest level of funding provided to HIV since 2008.

## U.S. Bilateral HIV Funding: Figures



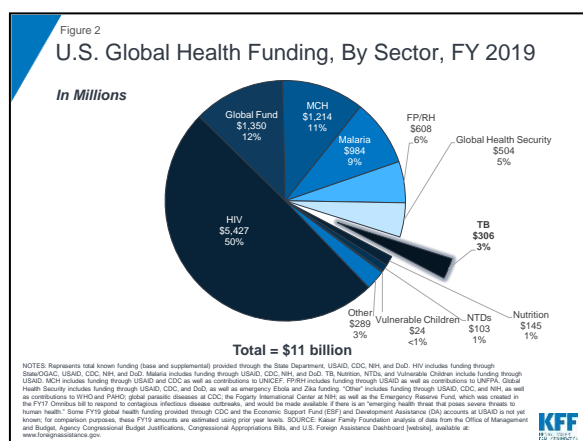
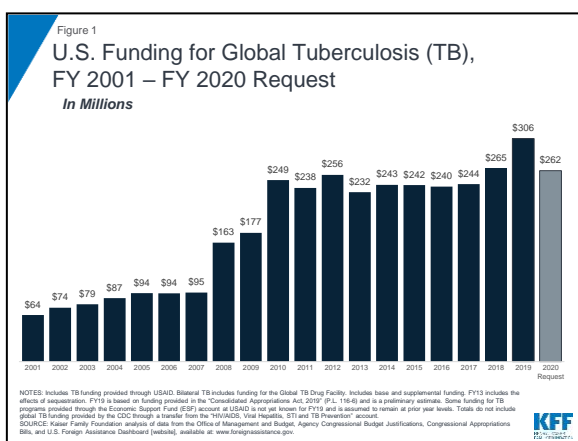
## U.S. Bilateral HIV Funding: Table

Table 1: Historical Funding by Agency for Bilateral HIV; in millions												
Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
State	\$4,559.0	\$4,609.0	\$4,585.8	\$4,242.9	\$3,870.8	\$4,020.0	\$4,320.0	\$4,320.0	\$4,320.0	\$4,320.0	\$4,370.0	\$3,350.0
Global Health Programs (GHP)	\$4,559.0	\$4,609.0	\$4,585.8	\$4,242.9	\$3,870.8	\$4,020.0	\$4,320.0	\$4,320.0	\$4,320.0	\$4,320.0	\$4,370.0	\$3,350.0
of which UNAIDS	\$40.0	\$43.0	\$42.9	\$45.0	\$42.8	\$45.0	\$45.0	\$45.0	\$45.0	\$45.0	\$45.0	\$0.0
USAID	\$350.0	\$350.0	\$349.3	\$350.3	\$333.2	\$330.2	\$330.2	\$330.2	\$330.2	\$330.2	\$330.2	\$0.2
GHP	\$350.0	\$350.0	\$349.3	\$350.0	\$332.9	\$330.0	\$330.0	\$330.0	\$330.0	\$330.0	\$330.0	\$0.0
of which Microbicides	\$45.0	\$45.0	\$45.0	\$45.0	\$42.8	\$45.0	\$45.0	\$45.0	\$45.0	\$45.0	\$45.0	\$0.0
of which International AIDS Vaccine Initiative (IAVI)	\$28.7	\$28.7	\$28.7	\$28.7	\$27.3	\$28.7	\$28.7	\$28.7	\$28.7	\$28.7	--	\$0.0
of which Commodity Fund	\$20.3	\$20.3	\$20.3	\$20.3	\$19.4	\$20.3	\$20.3	\$20.3	\$20.3	\$20.3	--	\$0.0
Other USAID (non-add)	--	--	--	\$0.3	\$0.3	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2
HHS	\$570.6	\$604.6	\$494.5	\$523.6	\$497.3	\$582.0	\$562.3	\$559.5	\$661.8	\$693.1	\$718.5	\$580.7
CDC-Global HIV	\$118.9	\$119.0	\$118.7	\$131.2	\$125.3	\$128.4	\$128.4	\$128.4	\$128.4	\$128.4	\$128.4	\$69.5
NIH Research	\$451.7	\$485.6	\$375.7	\$392.5	\$372.1	\$453.6	\$433.8	\$431.1	\$533.4	\$564.7	\$590.1	\$511.1
Other Agencies HIV/AIDS	\$8.0	\$10.0	\$10.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$8.0	\$0.0
Total	\$5,487.6	\$5,573.6	\$5,439.6	\$5,124.8	\$4,709.3	\$4,940.2	\$5,220.5	\$5,217.7	\$5,320.0	\$5,351.3	\$5,426.7	\$3,930.9
Share of U.S. Global Health Funding	58%	54%	54%	51%	48%	47%	46%	50%	50%	49%	50%	49%
NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY18 is a preliminary estimate. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. HIV funding provided through the Economic Support Fund (ESF) account at USAID is not yet known for FY18, FY19 and the FY20 Request and is assumed to remain at prior year levels.												
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.												

# U.S. Global Health Budget: Tuberculosis (TB)

Since 1998, when the U.S. Agency for International Development (USAID) began a global tuberculosis (TB) control program, U.S. involvement in global TB efforts has grown and it is now one of the largest donors to global TB control in the world. U.S. bilateral TB funding is provided through USAID and includes U.S. contributions to the TB Drug Facility (additional U.S. support for TB activities is provided through its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria). U.S. funding for TB has grown over time, rising from \$94 million in FY 2006 to \$306 million in FY 2019, and currently accounts for approximately 3% of the U.S. global health budget. The President's FY 2020 request proposes \$262 million for TB, a decrease of \$44 million (-14%) below the FY 2019 enacted level.<sup>1</sup>

## U.S. Global TB Funding: Figures



## U.S. Global TB Funding: Table

Table 1: Historical Funding by Agency for Global TB; in millions												
Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
USAID	\$176.6	\$249.0	\$238.4	\$256.3	\$232.5	\$242.5	\$242.3	\$240.0	\$243.6	\$265.0	\$306.0	\$262.0
Global Health Programs (GHP)	\$162.5	\$225.0	\$224.6	\$236.0	\$224.5	\$236.0	\$236.0	\$236.0	\$241.0	\$261.0	\$302.0	\$261.0
of which TB Drug Facility	\$15.0	\$15.0	\$15.0	\$15.0	\$14.3	\$15.0	\$15.0	\$15.0	\$15.0	\$13.5	\$15.0	\$15.0
Other USAID	\$14.1	\$24.0	\$13.8	\$20.3	\$8.0	\$6.5	\$6.3	\$4.0	\$2.6	\$4.0	\$4.0	\$2.4
<b>Total</b>	<b>\$176.6</b>	<b>\$249.0</b>	<b>\$238.4</b>	<b>\$256.3</b>	<b>\$232.5</b>	<b>\$242.5</b>	<b>\$242.3</b>	<b>\$240.0</b>	<b>\$243.6</b>	<b>\$265.0</b>	<b>\$306.0</b>	<b>\$262.0</b>
Share of U.S. Global Health Funding	2%	2%	2%	3%	2%	2%	2%	2%	2%	2%	3%	3%

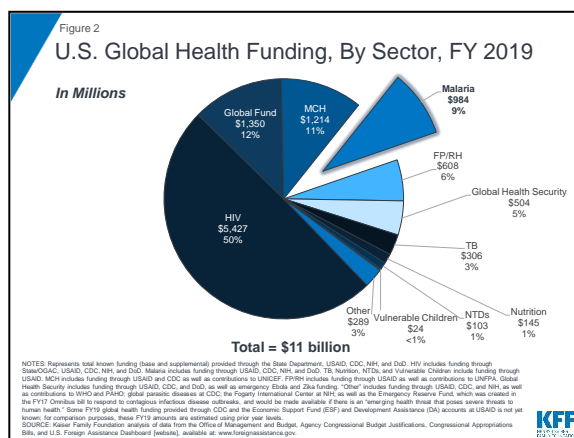
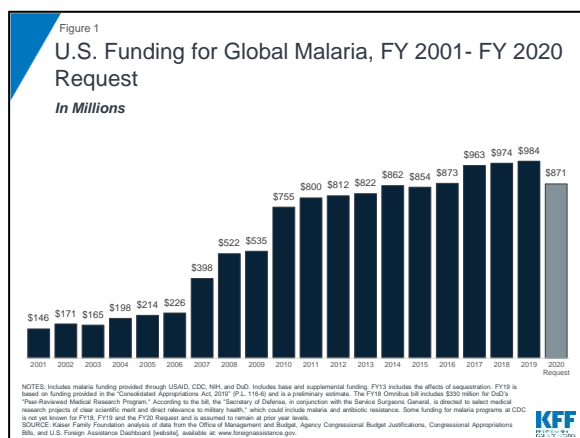
NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY18 is a preliminary estimate. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. Some TB funding provided through the Economic Support Fund (ESF) account at USAID is not yet known for FY18 and FY19 and is assumed to remain at prior year levels. Prior to 2013, additional TB funding was provided through the Assistance for Europe, Eurasia and Central Asia (AECEA) account; the AECEA account was eliminated in 2013 and its funding incorporated into other accounts. In the FY20 Request, the administration is proposing to create a new "Global Tuberculosis" funding line under global health programs at CDC and transfer funding historically provided through the "HIV/AIDS, Viral Hepatitis, STI and TB Prevention" funding line to global TB; totals do not include global TB funding provided through this transfer. SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

<sup>1</sup> In prior fiscal years, global TB funding at CDC was provided through the "HIV/AIDS, Viral Hepatitis, STI and TB Prevention" funding line; in the FY20 Request, the administration is proposing to create a new "Global Tuberculosis" funding line under global health programs at CDC and to transfer \$7.2 million from the "HIV/AIDS, Viral Hepatitis, STI and TB Prevention" funding line to "Global Tuberculosis" for both FY18 and FY19. This funding is not included in the overall TB totals.

# U.S. Global Health Budget: Malaria/PMI

The U.S. government has been involved in global malaria activities since the 1950s and, today, is the second largest donor to global malaria efforts in the world (the largest is the Global Fund to Fight AIDS, Tuberculosis and Malaria). The U.S. response to malaria is driven by the President's Malaria Initiative (PMI), an interagency initiative to address global malaria that is led by the U.S. Agency for International Development (USAID), and co-implemented together with the Centers for Disease Control and Prevention (CDC), with additional activities provided by the National Institutes of Health (NIH) and Department of Defense (DoD). (In addition to its bilateral programs, the U.S. also supports malaria programs through its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria). U.S. bilateral funding for malaria increased from \$146 million in FY 2001 to \$984 million in FY 2019, its highest level to date. In FY 2019, malaria accounted for 9% of the U.S. global health budget. The President's FY 2020 request proposes to reduce malaria funding to \$871 million in FY 2020, a 12% decrease.

## U.S. Global Malaria Funding: Figures



## U.S. Global Malaria Funding: Table

Table 1: Historical Funding by Agency for Global Malaria; in millions												
Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
USAID	\$385.0	\$585.0	\$618.8	\$650.0	\$656.4	\$665.0	\$669.5	\$674.0	\$755.0	\$755.0	\$755.0	\$674.0
Global Health Programs (GHP)	\$382.5	\$585.0	\$618.8	\$650.0	\$656.4	\$665.0	\$669.5	\$674.0	\$755.0	\$755.0	\$755.0	\$674.0
Economic Support Fund (ESF)	\$2.5	--	--	--	--	--	--	--	--	--	--	--
HHS	\$119.0	\$143.2	\$154.3	\$161.6	\$156.6	\$180.0	\$173.9	\$193.7	\$202.7	\$212.7	\$222.7	\$192.7
CDC	\$9.4	\$9.4	\$9.4	\$9.3	\$9.9	\$10.7	\$10.7	\$10.7	\$10.7	\$10.7	\$10.7	\$10.7
NIH Research	\$109.6	\$133.8	\$144.9	\$152.3	\$146.8	\$169.3	\$163.2	\$183.1	\$192.0	\$202.0	\$212.0	\$182.0
DoD	\$30.6	\$26.4	\$27.4	\$0.0	\$8.7	\$17.2	\$10.9	\$5.3	\$5.3	\$6.3	\$6.5	\$4.0
<b>Total</b>	<b>\$534.5</b>	<b>\$754.5</b>	<b>\$800.5</b>	<b>\$811.6</b>	<b>\$821.7</b>	<b>\$862.1</b>	<b>\$854.3</b>	<b>\$873.1</b>	<b>\$963.0</b>	<b>\$973.9</b>	<b>\$984.1</b>	<b>\$870.7</b>
<b>Share of U.S. Global Health Funding</b>	<b>6%</b>	<b>7%</b>	<b>8%</b>	<b>8%</b>	<b>8%</b>	<b>8%</b>	<b>8%</b>	<b>8%</b>	<b>9%</b>	<b>9%</b>	<b>9%</b>	<b>11%</b>

NOTES: Totals include base and supplemental funding. FY13 includes the effects of the sequestration. FY18 is a preliminary estimate. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. Some funding for malaria programs at CDC is not yet known for FY18, FY19 and the FY20 Request and is assumed to remain at prior year levels. Global malaria funding at CDC is provided through the "Parasitic Diseases and Malaria" funding line, but an exact funding amount for malaria is not specified; in recent fiscal years, malaria funding at CDC has remained level at \$10.7 million.

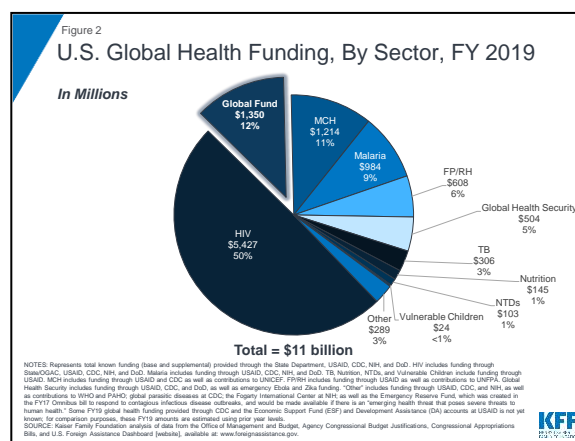
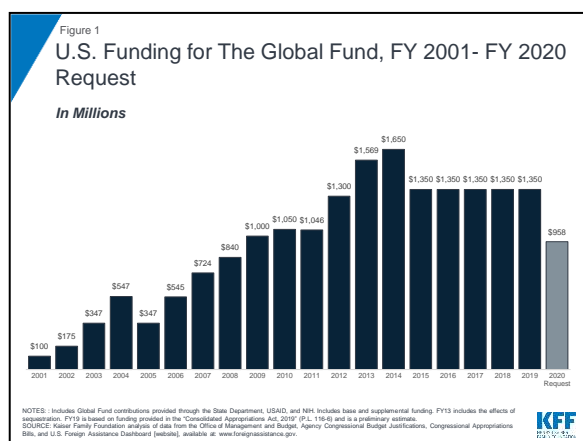
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: [www.foreignassistance.gov](http://www.foreignassistance.gov).



# U.S. Global Health Budget: The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is an independent, public-private, multilateral institution which finances HIV, TB, and malaria programs in low- and middle-income countries. The Global Fund receives contributions from public and private donors and in turn provides funding to countries based on country-defined proposals. The U.S. provided the Global Fund with its founding contribution in 2001 and has since been its largest single donor. U.S. contributions to the Global Fund rose significantly in the last decade, and reached a peak of \$1.65 billion in FY 2014; after declining to \$1.35 billion in FY 2015, U.S. funding for the Global Fund has since remained flat. Congress places a number of restrictions on U.S. contributions to the Global Fund, including total U.S. contributions must not exceed 33% of total contributions from all donors. In FY 2019, the Global Fund accounted for the second largest share of U.S. funding for global health (12%). The President's FY 2020 request includes \$958 million for the Global Fund in FY 2020, a cut of \$392 million (-29%) below the FY 2019 level.<sup>1</sup>

## U.S. Funding for the Global Fund: Figures



## U.S. Funding for the Global Fund: Table

Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
State Global Health Programs (GHP)	\$600.0	\$750.0	\$748.5	\$1,300.0	\$1,569.0	\$1,650.0	\$1,350.0	\$1,350.0	\$1,350.0	\$1,350.0	\$1,350.0	\$958.4
USAID GHP	\$100.0	--	--	--	--	--	--	--	--	--	--	--
NIH	\$300.0	\$300.0	\$297.3	--	--	--	--	--	--	--	--	--
<b>Total</b>	<b>\$1,000.0</b>	<b>\$1,050.0</b>	<b>\$1,045.8</b>	<b>\$1,300.0</b>	<b>\$1,569.0</b>	<b>\$1,650.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$1,350.0</b>	<b>\$958.4</b>
<b>Share of U.S. Global Health Funding</b>	<b>11%</b>	<b>10%</b>	<b>10%</b>	<b>13%</b>	<b>16%</b>	<b>16%</b>	<b>12%</b>	<b>13%</b>	<b>13%</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>

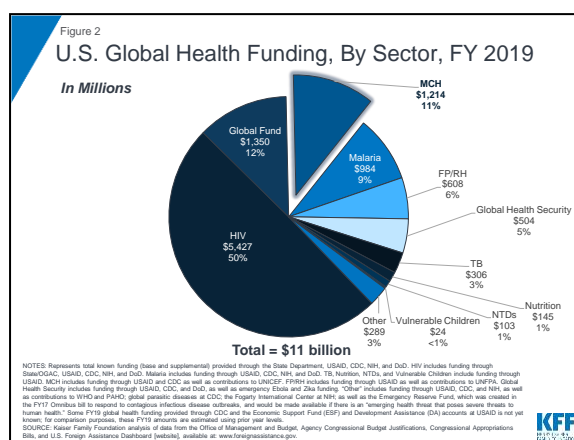
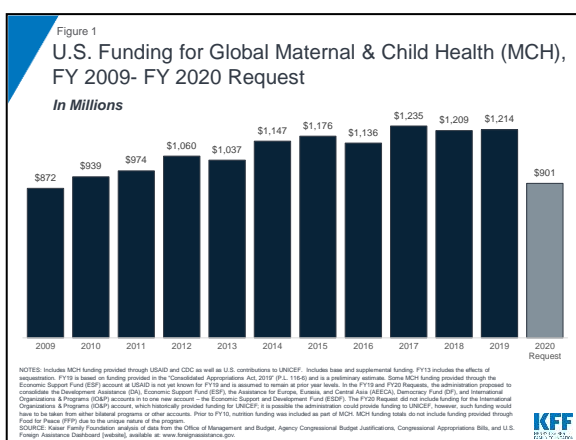
NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate.  
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: [www.foreignassistance.gov](http://www.foreignassistance.gov).

<sup>1</sup> In the FY20 Request, the administration is proposing to make a pledge of up to \$3.3 billion over three years for the next Global Fund replenishment period, matching \$1 for every \$3 contributed by other donors (in the previous replenishment period under the Obama administration, the U.S. pledged up to \$4.3 billion, matching \$1 for every \$2 provided by other donors). For the first year of this pledge, the administration is proposing to provide a total of \$1.1 billion to the Global Fund: \$958 million from FY20 and \$142 million in unmatched carryover funding from the previous pledge period.

# U.S. Global Health Budget: Maternal & Child Health (MCH)

The U.S. has been involved in Maternal & Child Health (MCH) efforts since the 1960s (and is the largest donor government to MCH activities in the world). MCH funding, which includes funding for polio and U.S. contributions to Gavi, the Vaccine Alliance (GAVI) and the United Nations Children's Fund (UNICEF), is provided through the U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), and the State Department. U.S. funding for MCH increased from \$728 million in FY 2006 to \$1.2 billion in FY 2019. This was primarily driven by increased funding to GAVI and polio during the period. In fact, when these are removed, bilateral MCH funding has remained relatively level for several years over the period. In FY 2019, MCH accounted for the third largest share of U.S. funding for global health (11%). The President's FY 2020 request proposes \$901 million for MCH, a cut of \$313 million (-26%) below the FY 2019 level, which would bring funding down to FY 2010 levels.

## U.S. Global MCH Funding: Figures



## U.S. Global MCH Funding: Table

Table 1: Historical Funding by Agency for Global MCH; in millions												
Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
USAID	\$596.1	\$649.9	\$691.3	\$760.0	\$752.2	\$815.0	\$835.8	\$784.9	\$873.6	\$845.0	\$850.5	\$695.1
Global Health Programs (GHP)	\$440.1	\$474.0	\$548.9	\$605.6	\$627.3	\$705.0	\$715.0	\$750.0	\$814.5	\$829.5	\$835.0	\$619.6
Polio (non-add)	\$32.0	\$32.3	\$32.3	\$35.0	\$39.4	\$51.0	\$51.5	\$51.5	\$51.5	\$51.5	\$51.5	\$21.3
GAVI (non-add)	\$75.0	\$78.0	\$89.8	\$130.0	\$138.0	\$175.0	\$200.0	\$235.0	\$275.0	\$290.0	\$290.0	\$250.0
Economic Support Fund (ESF)	\$145.0	\$160.7	\$131.2	\$146.8	\$123.9	\$110.0	\$120.8	\$34.9	\$56.5	\$15.5	\$15.5	\$75.5
Polio (non-add)	\$0.0	\$2.0	--	\$4.5	\$4.3	\$8.0	\$7.5	\$7.5	\$7.5	\$7.5	\$7.5	\$7.0
Assistance for Europe, Eurasia, and Central Asia (AEECA)	\$11.0	\$14.0	\$11.1	\$7.6	--	--	--	--	\$2.6	--	--	--
Development Assistance (DA)	--	\$1.1	--	--	\$1.0	--	--	--	--	--	--	--
State	\$132.5	\$135.3	\$132.3	\$131.8	\$125.2	\$132.0	\$132.0	\$132.5	\$137.5	\$137.5	\$137.5	\$0.0
United Nations Children's Fund (UNICEF)	\$130.0	\$132.3	\$132.3	\$131.8	\$125.2	\$132.0	\$132.0	\$132.5	\$137.5	\$137.5	\$137.5	\$0.0
United Nations Development Fund for Women (UNIFEM)	\$2.5	\$3.0	--	--	--	--	--	--	--	--	--	--
CDC	\$143.3	\$153.7	\$150.9	\$167.7	\$159.5	\$200.4	\$208.6	\$219.0	\$224.0	\$226.0	\$226.0	\$206.0
Global Immunization	\$143.3	\$153.7	\$150.9	\$167.7	\$159.5	\$200.4	\$208.6	\$219.0	\$224.0	\$226.0	\$226.0	\$206.0
Polio	\$101.5	\$101.8	\$101.6	\$115.9	\$110.3	\$150.5	\$158.8	\$169.0	\$174.0	\$176.0	\$176.0	\$165.0
Other	\$41.8	\$51.9	\$49.3	\$51.8	\$49.1	\$49.8	\$49.8	\$50.0	\$50.0	\$50.0	\$50.0	\$41.0
Total	\$871.9	\$938.8	\$974.4	\$1,059.5	\$1,036.8	\$1,147.3	\$1,176.4	\$1,136.4	\$1,235.1	\$1,208.5	\$1,214.0	\$901.1
Share of U.S. Global Health	9%	9%	10%	11%	11%	11%	10%	11%	12%	11%	11%	11%

NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY18 is a preliminary estimate. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. Some MCH funding provided through the Economic Support Fund (ESF) account at USAID is not yet known for FY19 and is assumed to remain at prior year levels. In the FY19 and FY20 Requests, the administration proposed to consolidate the Development Assistance (DA), Economic Support Fund (ESF), the Assistance for Europe, Eurasia, and Central Asia (AEECA), Democracy Fund (DF), and International Organizations & Programs (IO&P) accounts into one new account – the Economic Support and Development Fund (ESDF). The FY20 Request did not include funding for the International Organizations & Programs (IO&P) account, which historically provided funding for UNICEF; it is possible the administration could provide funding to UNICEF, however, such funding would have to be taken from either bilateral programs or other accounts. Prior to FY10, nutrition funding was included as part of MCH. MCH funding totals do not include funding provided through Food for Peace (FFP) due to the unique nature of the program.

SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard (website), available at: www.foreignassistance.gov.

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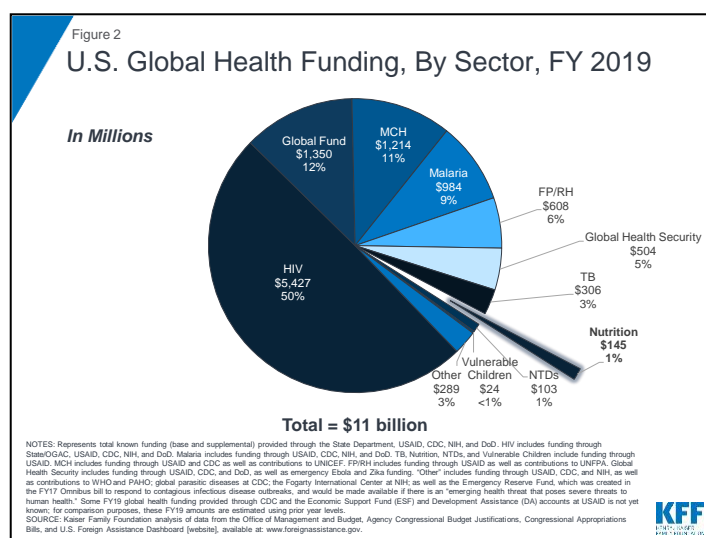
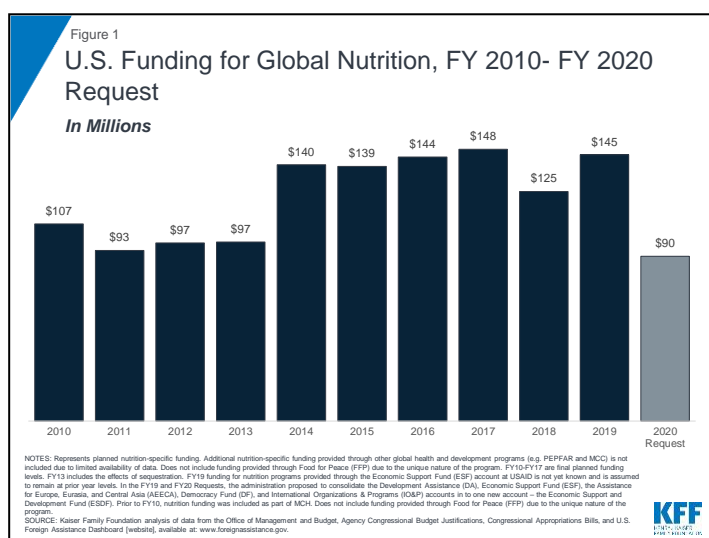
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Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.

# U.S. Global Health Budget: Nutrition

The U.S. has a long history of supporting global efforts to improve nutrition and is the largest donor to nutrition efforts in the world. Historically, support for U.S. global nutrition activities was included as part of broader maternal and child health (MCH) funding; starting in 2010, Congress began to designate funding for nutrition activities, all of which is provided through the U.S. Agency for International Development (USAID).<sup>1</sup> U.S. funding for nutrition increased from \$107 million in FY 2010 to \$145 million in FY 2019 and has accounted for approximately 1% of the total U.S. global health budget over the period. The President's FY 2020 request proposes \$90 million for nutrition, a decrease of \$55 million (-38%) below the FY 2019 enacted level, which would be the lowest level of funding since FY 2011.

## U.S. Global Nutrition Funding: Figures



## U.S. Global Nutrition Funding: Table

Table 1: Historical Funding by Agency for Global Nutrition; in millions											
Agency	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
USAID	\$107.3	\$92.8	\$97.0	\$97.4	\$139.5	\$138.6	\$143.8	\$148.0	\$125.0	\$145.0	\$89.7
Global Health Programs (GHP)	\$75.0	\$89.8	\$95.0	\$95.1	\$115.0	\$115.0	\$125.0	\$125.0	\$125.0	\$145.0	\$78.5
Economic Support Fund (ESF)	\$28.7	\$3.0	\$2.0	\$2.3	\$23.8	\$22.6	\$18.8	\$21.0	\$0.0	\$0.0	\$11.2
Development Assistance (DA)	\$3.6	--	--	--	\$0.8	\$1.0	\$0.0	\$2.0	\$0.0	\$0.0	\$0.0
<b>Total</b>	<b>\$107.3</b>	<b>\$92.8</b>	<b>\$97.0</b>	<b>\$97.4</b>	<b>\$139.5</b>	<b>\$138.6</b>	<b>\$143.8</b>	<b>\$148.0</b>	<b>\$125.0</b>	<b>\$145.0</b>	<b>\$89.7</b>
<b>Share of U.S. Global Health Funding</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>

NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY18 is a preliminary estimate. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. FY19 funding for nutrition programs provided through the Economic Support Fund (ESF) account at USAID is not yet known and is assumed to remain at prior year levels. In the FY19 and FY20 Requests, the administration proposed to consolidate the Development Assistance (DA), Economic Support Fund (ESF), the Assistance for Europe, Eurasia, and Central Asia (AEECA), Democracy Fund (DF), and International Organizations & Programs (IO&P) accounts into one new account – the Economic Support and Development Fund (ESDF). Prior to FY10, nutrition funding was included as part of MCH. Does not include funding provided through Food for Peace (FFP) due to the unique nature of the program.

SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: [www.foreignassistance.gov](http://www.foreignassistance.gov).

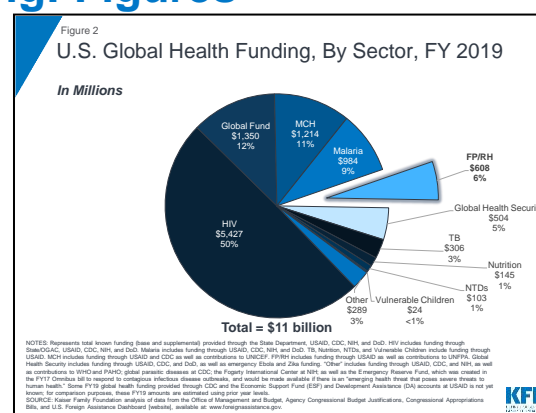
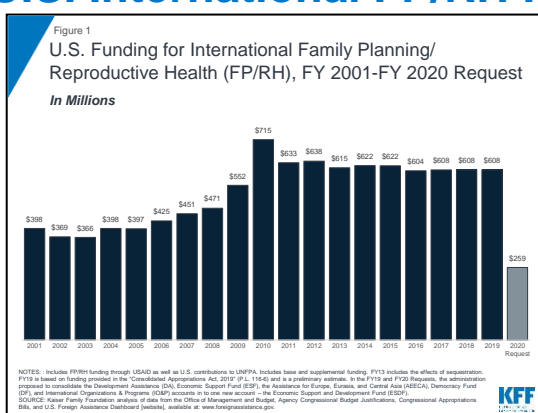
<sup>1</sup> Totals do not include funding provided through Food for Peace (FFP) due to the unique nature of the program.



# U.S. Global Health Budget: Family Planning & Reproductive Health (FP/RH)

The U.S. has been involved in Family Planning & Reproductive Health (FP/RH) since the 1960s and is currently the largest donor to global FP/RH efforts in the world. The majority of U.S. FP/RH funding is provided through the U.S. Agency for International Development (USAID) for bilateral activities, with additional funding provided through the State Department for the U.S. contribution to the United Nations Population Fund (UNFPA). Funding for FP/RH rose steadily over its first two decades of U.S. support, but has since fluctuated over time, including declines in some periods. After funding declined in the prior decade, and then flattened, it rose steeply in 2009, hitting its peak in 2010 (\$715 million).<sup>1</sup> U.S. funding for FP/RH declined the following year and has since remained relatively flat at just about \$600 million, accounting for approximately 5-7% of the U.S. global health budget each year. In FY 2017 and FY 2018, the Administration invoked the Kemp-Kasten amendment, prohibiting U.S. contributions to UNFPA, and is expected to do the same in FY 2019. The President's FY 2020 request proposes to reduce funding for FP/RH to \$259 million (-57% below the FY 2019 enacted level), as well as eliminate the U.S. contribution to UNFPA.

## U.S. International FP/RH Funding: Figures



## U. S. International FP/RH Funding: Table

Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	2020 Request
USAID	\$522.4	\$663.7	\$595.6	\$608.3	\$586.2	\$591.6	\$591.1	\$573.2	\$607.5	\$607.5	\$575.0	\$259.0
Global Health Programs (GHP)	\$455.0	\$528.6	\$527.0	\$528.8	\$532.4	\$528.3	\$528.1	\$524.0	\$556.5	\$556.5	\$524.0	\$237.0
Economic Support Fund (ESF)	\$58.3	\$125.2	\$57.8	\$72.5	\$53.9	\$63.4	\$63.0	\$49.3	\$51.1	\$51.1	\$51.1	\$22.0
Assistance for Europe, Eurasia, and Central Asia (AEECA)	\$9.1	\$9.8	\$10.8	\$7.0	--	--	--	--	--	--	--	--
State	\$30.0	\$51.4	\$37.0	\$30.2	\$28.9	\$30.7	\$30.8	\$30.7	\$0.0	\$0.0	\$32.5	\$0.0
United Nations Population Fund (UNFPA)	\$30.0	\$51.4	\$37.0	\$30.2	\$28.9	\$30.7	\$30.8	\$30.7	\$0.0	\$0.0	\$32.5	\$0.0
<b>Total</b>	<b>\$552.4</b>	<b>\$715.1</b>	<b>\$632.6</b>	<b>\$638.5</b>	<b>\$615.1</b>	<b>\$622.3</b>	<b>\$621.9</b>	<b>\$603.9</b>	<b>\$607.5</b>	<b>\$607.5</b>	<b>\$607.5</b>	<b>\$259.0</b>
Share of U.S. Global Health Funding	6%	7%	6%	6%	6%	6%	5%	6%	6%	6%	6%	3%

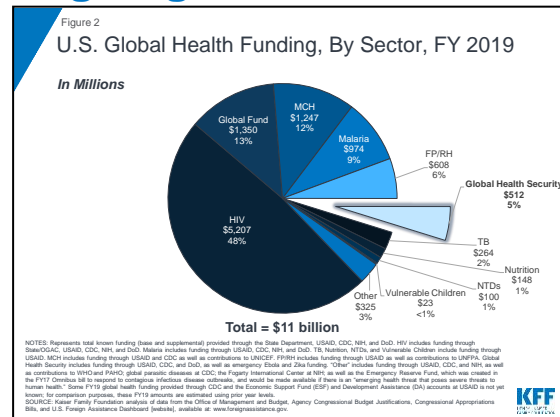
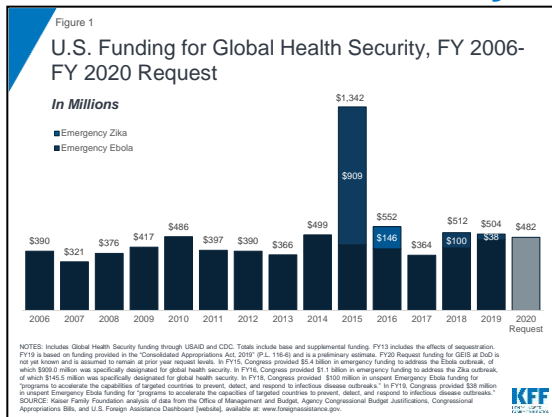
NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. In FY17 and FY18 the administration invoked the Kemp-Kasten amendment to prohibit contributions to UNFPA (see "UNFPA Funding & Kemp-Kasten: An Explainer") and transferred the funding to the GHP account for bilateral FP/RH activities. \*It is anticipated that the administration will invoke the Kemp-Kasten amendment in FY19 to prohibit contributions to UNFPA; it is assumed these funds will be transferred to bilateral FP/RH programs under the GHP account at USAID as was done in FY17 and FY18. In the FY19 and FY20 Requests, the administration proposed to consolidate the Development Assistance (DA), Economic Support Fund (ESF), the Assistance for Europe, Eurasia, and Central Asia (AEECA), Democracy Fund (DF), and International Organizations & Programs (IO&P) accounts in to one new account – the Economic Support and Development Fund (ESDF).  
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard (website), available at: www.foreignassistance.gov.

<sup>1</sup> PAI. Cents and Sensibility: U.S. International Family Planning Assistance from 1965 to the Present. Accessed August 2017 at <https://pai.org/centsandsensibility/>

# U.S. Global Health Budget: Global Health Security

Since the 1990s, there has been growing concern about new infectious diseases that threaten human health including, in more recent years, the emergence and spread of threats such as Ebola, Zika, H1N1 influenza, and antibiotic resistance. U.S. global health security efforts aim to reduce the threat of emerging infectious diseases by supporting preparedness, detection, and response capabilities worldwide. Funding designated by Congress for global health security has fluctuated over time, rising largely in response to outbreaks, including Ebola in FY 2015 and Zika in FY 2016.<sup>1</sup> In FY 2019, funding for global health security was \$504 million, which includes a one-time transfer of \$38 million in unspent emergency Ebola funding, and accounts for 5% of the U.S. global health budget. The President's FY 2020 request for global health security totaled \$482 million.

## U.S. Global Health Security Funding: Figures



## U.S. Global Health Security Funding: Table

Table 1: Historical Funding by Agency for Global Health Security; in millions												
Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
USAID	\$140.0	\$201.5	\$47.9	\$58.1	\$55.2	\$72.6	\$384.5	\$218.0	\$72.5	\$172.6	\$138.0	\$90.0
Global Health Programs (GHP)	\$140.0	\$201.0	\$47.9	\$58.0	\$55.2	\$72.5	\$72.5	\$72.5	\$72.5	\$72.6	\$100.0	\$90.0
Economic Support Fund (ESF)	--	\$0.5	--	\$0.1	\$0.1	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Emergency Ebola	--	--	--	--	--	--	\$312.0	--	--	\$100.0	\$38.0	--
Emergency Zika	--	--	--	--	--	--	--	\$145.5	--	--	--	--
CDC	\$47.5	\$61.9	\$51.2	\$55.6	\$54.3	\$62.6	\$652.1	\$55.2	\$58.2	\$108.2	\$108.2	\$149.8
Global Public Health Protection	\$47.5	\$61.9	\$51.2	\$55.6	\$54.3	\$62.6	\$55.1	\$55.2	\$58.2	\$108.2	\$108.2	\$149.8
Global Disease Detection and Emergency Response	\$33.7	\$44.2	\$41.9	\$45.4	\$44.8	\$45.4	\$45.4	\$45.4	\$48.4	\$98.4	\$98.4	--
of which Global Health Security	--	--	--	--	--	--	--	--	--	--	--	\$99.8
Global Public Health Capacity	\$13.8	\$17.7	\$9.3	\$10.2	\$9.5	\$17.2	\$9.8	\$9.8	\$9.8	\$9.8	\$9.8	--
Emergency Ebola	--	--	--	--	--	--	\$597.0	--	--	--	--	--
DoD	\$229.5	\$223.1	\$297.9	\$276.6	\$256.6	\$363.4	\$305.0	\$278.9	\$233.4	\$231.5	\$257.3	\$242.3
Biological Threat Reduction Program (BTRP)	\$177.5	\$169.1	\$255.9	\$229.5	\$211.0	\$320.0	\$256.8	\$222.0	\$175.7	\$172.8	\$197.6	\$183.6
Global Emerging Infections Surveillance & Response System (GEIS)	\$52.0	\$54.0	\$42.0	\$47.1	\$45.6	\$43.4	\$48.2	\$56.9	\$57.7	\$58.7	\$59.8	\$58.7
<b>Total</b>	<b>\$417.0</b>	<b>\$486.5</b>	<b>\$397.0</b>	<b>\$390.3</b>	<b>\$366.2</b>	<b>\$498.5</b>	<b>\$1,341.6</b>	<b>\$552.1</b>	<b>\$364.1</b>	<b>\$512.3</b>	<b>\$503.5</b>	<b>\$482.1</b>
Share of U.S. Global Health Funding	4%	5%	4%	4%	4%	5%	12%	5%	3%	5%	5%	6%

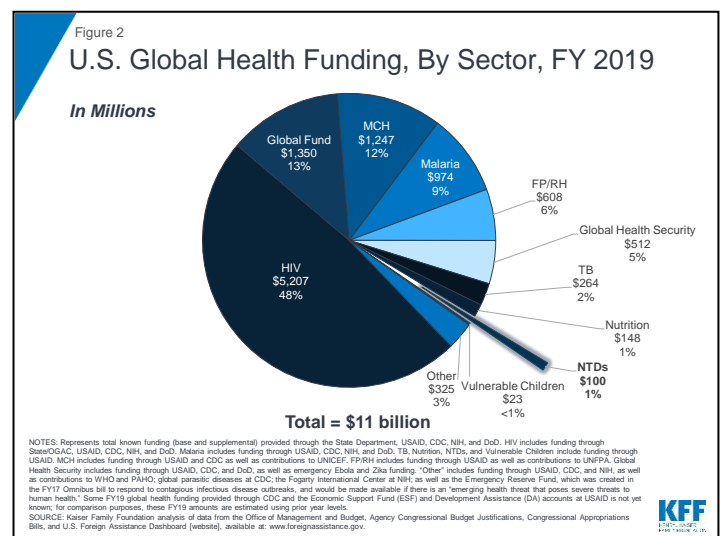
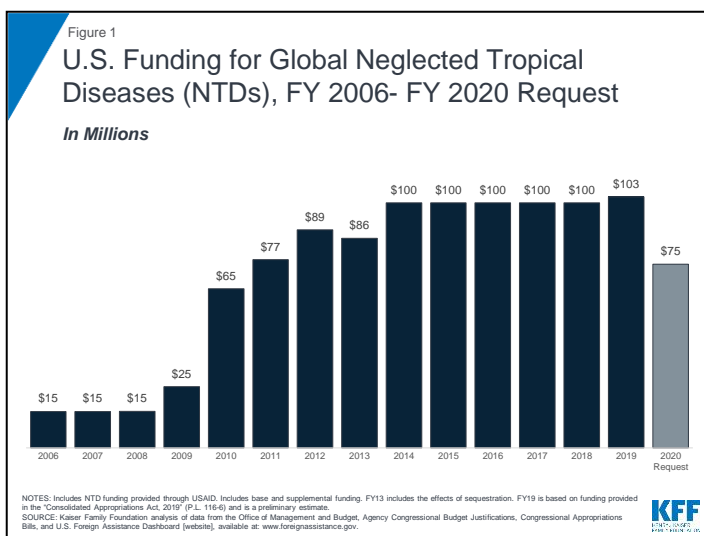
NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate. FY20 Request funding for GEIS at DoD is not yet known and is assumed to remain at prior year request levels. Prior to FY16, "Global Health Security" funding at USAID was named "Pandemic Influenza and Other Emerging Threats" (PIOT). In FY15, Congress provided \$5.4 billion in emergency funding to address the Ebola outbreak, of which \$909.0 million was specifically designated for global health security. In FY16, Congress provided \$1.1 billion in emergency funding to address the Zika outbreak, of which \$145.5 million was specifically designated for global health security. In FY18, Congress provided \$100 million in unspent Emergency Ebola funding for "programs to accelerate the capabilities of targeted countries to prevent, detect, and respond to infectious disease outbreaks." In FY19, Congress provided \$38 million in unspent Emergency Ebola funding for "programs to accelerate the capacities of targeted countries to prevent, detect, and respond to infectious disease outbreaks." The "Biological Threat Reduction Program (BTRP)" at DoD is formerly known as the "Cooperative Biological Engagement Program (CBEP)." In the CDC FY20 congressional justification, the "Global Public Health Protection" funding line is titled "Global Disease Detection and Other Programs". SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

<sup>1</sup> In FY15, Congress provided \$5.4 billion in emergency funding to address the Ebola outbreak, of which \$909.0 million was specifically designated for global health security. In FY16, Congress provided \$1.1 billion in emergency funding to address the Zika outbreak, of which \$145.5 million was specifically designated for global health security. In FY18, Congress provided \$100 million in unspent Emergency Ebola funding for "programs to accelerate the capabilities of targeted countries to prevent, detect, and respond to infectious disease outbreaks." In FY19, Congress provided \$38 million in unspent Emergency Ebola funding for "programs to accelerate the capacities of targeted countries to prevent, detect, and respond to infectious disease outbreaks."

# U.S. Global Health Budget: Neglected Tropical Diseases (NTDs)

NTDs are a group of parasitic, bacterial, and viral infectious diseases that primarily affect the most impoverished and vulnerable populations in the world. The U.S. Congress first designated funding to address NTDs in 2006, through the U.S. Agency for International Development (USAID).<sup>1</sup> Initial funding in FY 2006 was \$14.9 million, which rose to a peak of \$100 million in FY 2014 and has remained flat since. Funding for NTDs accounts for just a small share of the U.S. global health budget (1% in FY 2019). The President's FY 2020 request proposes \$75 million for NTDs, a decrease of \$27.5 million (-27%) compared to the FY 2019 enacted level (\$102.5 million) and would be the lowest level of funding since FY 2011 (\$77 million).

## U.S. Global NTDs Funding: Figures



## U.S. Global NTDs Funding: Table

Agency	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 Request
USAID	\$25.0	\$65.0	\$76.8	\$89.0	\$85.6	\$100.0	\$100.0	\$100.0	\$100.0	\$100.0	\$102.5	\$75.0
Global Health Programs (GHP)	\$25.0	\$65.0	\$76.8	\$89.0	\$85.6	\$100.0	\$100.0	\$100.0	\$100.0	\$100.0	\$102.5	\$75.0
<b>Total</b>	<b>\$25.0</b>	<b>\$65.0</b>	<b>\$76.8</b>	<b>\$89.0</b>	<b>\$85.6</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$100.0</b>	<b>\$102.5</b>	<b>\$75.0</b>
Share of U.S. Global Health Funding	<1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%

NOTES: Totals include base and supplemental funding. FY13 includes the effects of sequestration. FY19 is based on funding provided in the "Consolidated Appropriations Act, 2019" (P.L. 116-6) and is a preliminary estimate.  
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

<sup>1</sup> Additional NTD funding is used for NTD research at the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH), although this funding is not specified by Congress.