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# Key Implementers of U.S. Global Health Efforts

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## Summary

To carry out global health efforts around the world, the U.S. government (USG) funds a wide range of implementing entities, including non-governmental organizations (NGOs), multilateral/international organizations, private sector organizations, educational institutions, and other governments. This brief provides an analysis of the implementing organizations that received U.S. global health funding from the U.S. Agency for International Development (USAID) in FY 2015. It helps to provide a more complete picture of key implementers of U.S. government global health efforts, building on earlier KFF analyses that focused on NGOs only.<sup>1</sup> It finds that:

- In FY 2015, 773 organizations received \$6.65 billion to implement global health programs in 90 countries around the world.
- Funded activities spanned all 9 major program areas of the U.S. global health portfolio, including HIV, tuberculosis, and family planning/reproductive health (FP/RH).
- Most implementing organizations were NGOs (46%), followed by private sector organizations (41%). The largest share of funding (41%) was directed to NGOs; private sector organizations received about a quarter of funding (24%). While multilateral/international organizations made up only 2% of implementing organizations, they received more than a quarter of funding (28%). Foreign governments received only a small share of funding directly (1%).
- While most implementing organizations were based outside the U.S. (55%), most funding was provided to U.S.-based organizations (62%); non-U.S.-based organizations, including local NGOs, received just 9% of funding.
- The majority of funding (56%) was provided to just 10 organizations, most of which (7) were U.S.-based; none were local NGOs.
- The greatest proportion of funding was provided to organizations working on HIV (54%), followed by maternal and child health (MCH) (13%), malaria (10%), and FP/RH (10%).

# Introduction

To carry out global health efforts around the world, the U.S. government (USG) funds a wide range of implementing entities, including non-governmental organizations (NGOs), multilateral/international organizations, private sector organizations, educational institutions, and other governments.

This brief provides an overview of the implementing organizations that received U.S. global health funding from the U.S. Agency for International Development (USAID) in FY 2015.<sup>2</sup> It is based on analysis of data on USAID spending by implementing entity.<sup>3</sup> Such spending includes funding received by USAID directly from Congress as well as through interagency transfers (primarily from the Department of State but also from the U.S. Department of Agriculture), which together account for the majority of U.S. global health spending.<sup>4</sup> See Appendix A for a detailed methodology.

# Findings

## OVERVIEW

In FY 2015, 773 organizations<sup>5</sup> received \$6.65 billion in U.S. global health funding (see **Table 1**) to carry out global health activities in 90 countries,<sup>6</sup> as follows:

- Six main types of organizations received funding: NGOs,<sup>7</sup> multilateral/international organizations, private sector organizations,<sup>8</sup> educational institutions, foreign governments, and USG agencies and departments.

Type of Implementer	Number of Implementers	Spending (\$ millions)
<b>Total</b>	<b>773</b>	<b>6,650</b>
NGOs	359	2,760*
Multilateral/International Organizations	18	1,864*
Private Sector	315	1,581*
Educational Institutions	36	197
Foreign Governments	24	96
U.S. Government	21+	84
Not Known	n/a	68

NOTES: Amounts are rounded. In the data, organizations are identified by implementer type; inaccurate categorizations appearing in the data would affect the totals above. \* indicates a small amount of funding was “unattributed” to an implementing organization. + indicates the number of organizations/entities reflects entities, departments, operating divisions, etc., that were individually reflected in the data. n/a indicates the number of organizations could not be accurately determined because of redacted data.

- Most implementing organizations were NGOs (46%), followed by private sector organizations (41%). Multilateral/international organizations made up only 2% of implementing organizations. See **Table 1** and **Figure 1**.

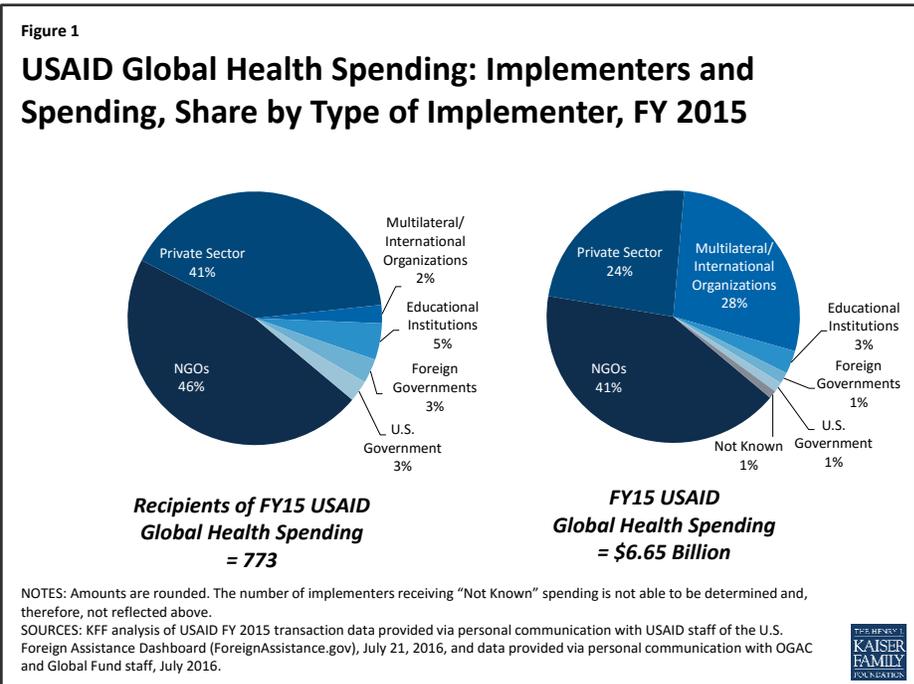
- The largest share of U.S. global health funding went to NGOs (41%). Multilateral/international organizations received more than a quarter of funding (28%), while private sector organizations only received less than a quarter of funding (24%), followed by educational institutions (3%). Only a small share went to foreign governments (1%) or to USG agencies (1%). See **Table 1** and **Figure 1**.

- Most implementing organizations were based outside the U.S. (55%); the rest were U.S.-based (43%) or multilateral/international organizations (2%). See **Table 2** and **Figure 2**.

- On the other hand, most funding went to U.S.-based organizations, which accounted for \$6 of every \$10 (62%). The rest was provided through multilateral and international channels (28%) and to organizations that were based outside the U.S. (9%). See **Table 2** and **Figure 2**.

- The majority of funding was provided to just 10 organizations (56%, \$3.757 billion); of these, 3 were U.S.-based private sector organizations, 4 were U.S.-based NGOs, and 3 were multilateral/international organizations. None were local NGOs. See **Table 3**.

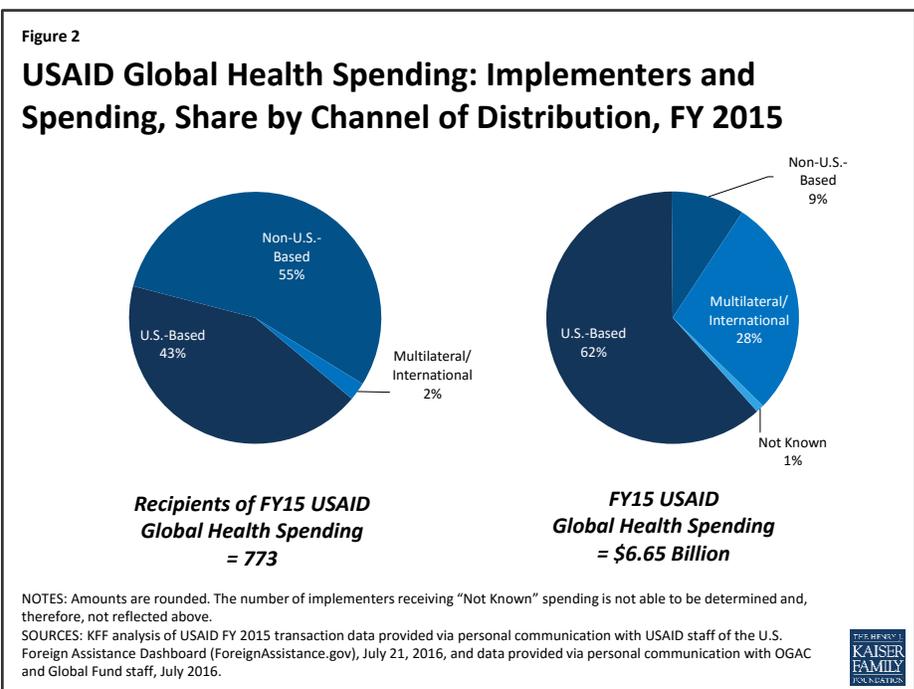
- Organizations received funding in all 9 major program areas of the U.S. global health portfolio: HIV; tuberculosis (TB); malaria; maternal and child health (MCH); nutrition; family planning/reproductive health (FP/RH); other public health threats, including neglected tropical diseases (NTDs); pandemic influenza and other emerging threats (PIOET); and water supply and sanitation. Most funding went to HIV (54%, \$3.615 billion), followed by MCH (13%, \$833 million) and malaria (10%, \$674 million). See **Figure 3**.



**Table 2: USAID Global Health Spending – Number of Implementers and Spending, by Channel of Distribution, FY 2015**

Channel of Distribution	Number of Implementers	Spending (\$ millions)
<b>Total</b>	<b>773</b>	<b>6,650</b>
U.S.-Based	332	4,093
Non-U.S.-Based	423	626
Multilateral/International	18	1,864
Not Known	--	68

NOTES: Amounts are rounded. In the data, organizations are identified by implementer type and country of origin; inaccurate categorizations appearing in the data would affect the totals above. -- indicates the number of organizations could not be accurately determined because of redacted data.

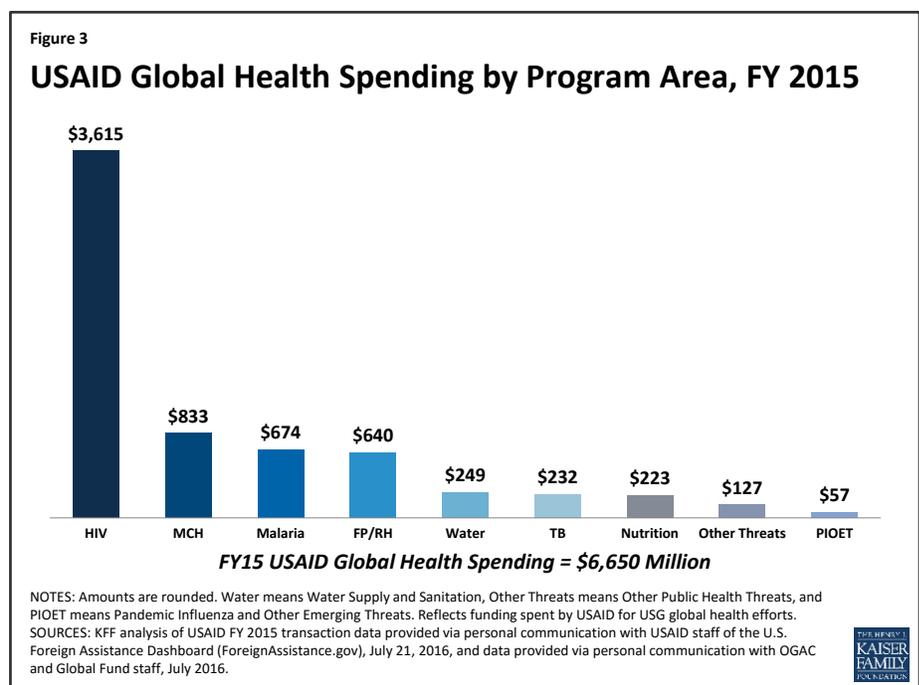


- The major types of implementer varied by program area. For example, TB funding mostly went to NGOs (48%, \$110 million), followed by multilateral/international organizations (30%, \$70 million), while malaria funding mostly went to the private sector (67%, \$451 million), followed by NGOs (21%, \$140 million). See **Table 4**.
- NGOs received the most funding in five program areas (HIV, FP/RH, TB, nutrition, and other public health threats); private sector organizations received most in two program areas (malaria, and water supply and sanitation); multilateral/international organizations received most in one program area (MCH); and educational institutions received most in one program area (PIOET). See **Table 4**.

**Table 3: Top 10 Recipients of USAID Global Health Spending, FY 2015**

Implementer	Spending (\$ millions)	Type of Implementer
Global Fund to Fight AIDS, Tuberculosis and Malaria	1,267	Multilateral/Int'l
John Snow, Inc.*	583	Private Sector
Partnership for Supply Chain Management~	552	NGO
FHI Development 360	297	NGO
Abt Associates	226	Private Sector
Jhpiego	207	NGO
Management Sciences for Health (MSH)	175	NGO
Gavi, the Vaccine Alliance	175	Multilateral/Int'l
Chemonics	149	Private Sector
World Bank	124	Multilateral/Int'l

NOTES: Reflects organizations that received funding spent by USAID for USG global health efforts. Amounts are rounded. Multilateral/Int'l means Multilateral/International Organization. \* indicates company also has a non-profit arm that is counted separately as an NGO (JSI's non-profit arm is JSI Research & Training Institute). ~ indicates NGO is a separate legal entity established by JSI Research & Training Institute and MSH to implement specific work.



**Table 4: USAID Global Health Spending - Spending by Program Area, FY 2015**

Program Area	Share of Spending by Type of Implementer (%)							Spending (\$ millions)
	NGOs	Multilateral/International	Private Sector	Educational Institutions	Foreign Governments	U.S. Government	Not Known	
HIV	42	38	15	2	<1	1	1	3,615
MCH	36	38	17	2	6	<1	<1	833
Malaria	21	5	67	3	1	3	<1	674
FP/RH	48	3	39	5	3	<1	<1	640
Water*	35	5	53	4	3	<1	<1	249
TB	48	30	19	<1	<1	1	<1	232
Nutrition	85	7	5	2	<1	<1	<1	223
Other Threats^	73	12	6	3	2	3	<1	127
PIOET	14	24	16	31	<1	11	5	57

NOTES: Percentages and \$ amounts are rounded, except <1 shows those percentages under 1%. Percentages may not sum to 100%. Abbreviations mean: Multilateral/International means Multilateral/International Organizations, MCH - Maternal and Child Health, FP/RH - Family Planning and Reproductive Health, TB - Tuberculosis, PIOET - Pandemic Influenza and Other Emerging Threats. \* means Water Supply and Sanitation. ^ means Other Public Health Threats, which includes NTDs. + indicates that funding for the Global Fund is attributed by USAID in the data to HIV only rather than to HIV, TB, and malaria.

## IMPLEMENTERS BY TYPE

### NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

As mentioned above, NGOs<sup>9</sup> received the largest share of U.S. global health funding in FY 2015 (41%, \$2.76 billion). The vast majority of this funding went to U.S.-based NGOs (85%), versus NGOs based outside the U.S. (15%). On the other hand, less than half of the NGOs who received funding were U.S.-based (41%, 148); most were based outside the U.S. (59%, 211). Additionally:

- About half (49%, \$1.346 billion) of this funding went to the top 5 highest-funded NGOs, which were all U.S.-based; see **Table 5**.
- The majority of funding provided to NGOs was for activities related to HIV (55%), followed by FP/RH (11%) and MCH (11%); see **Table 7**.

### MULTILATERAL/INTERNATIONAL ORGANIZATIONS<sup>10</sup>

Nearly 20 multilateral/international organizations received more than a quarter of U.S. global health funding – the second largest share – in FY 2015 (28%, \$1.864 billion).

Additionally:

- The vast majority (94%, \$1.743 billion) of this funding went to the top 5 highest-funded multilateral/international organizations; see **Table 5**. The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund; an independent, international financing institution established in 2001 that provides grants to countries to address HIV, TB, and malaria)<sup>11</sup> alone accounts for more than two-thirds of this funding (68%, \$1.267 billion)<sup>12</sup> and is the largest organizational recipient of U.S. global health funding.<sup>13</sup>
- Nearly three quarters of funding provided to multilateral/international organizations was for activities related to HIV (73%).<sup>14</sup> See **Table 7**.

### PRIVATE SECTOR

Private sector organizations received less than a quarter of U.S. global health funding in FY 2015 (24%, \$1.581 billion). Nearly all funding went to U.S.-based private sector organizations (93%), versus those based outside the U.S. (7%). On the other hand, less than half of the private sector organizations that received funding were U.S.-based (44%, 139); more than half were based outside the U.S. (56%, 176). Additionally:

- Nearly three quarters (72%, \$1.131 billion) of this funding went to the top 5 highest-funded private sector organizations, which were all U.S.-based; see **Table 6**.
- A third of funding provided to the private sector was for activities related to HIV (34%), followed by malaria (29%) and FP/RH (16%); see **Table 7**.

Implementer	Spending (\$ millions)
<b>NGOs</b>	
Partnership for Supply Chain Management ~	552
FHI Development 360	297
Jhpiego	207
Management Sciences for Health (MSH)	175
Catholic Relief Services (CRS)	114
<b>Multilateral/International Organizations</b>	
Global Fund to Fight AIDS, Tuberculosis and Malaria	1,267
Gavi, the Vaccine Alliance	175
World Bank	124
World Health Organization (WHO)	107
United Nations Children’s Fund (UNICEF)	70

NOTES: Reflects organizations across selected implementer types that received funding spent by USAID for USG global health efforts. Amounts are rounded. ~ indicates NGO is a separate legal entity established by JSI Research & Training Institute and MSH to implement specific work.

## EDUCATIONAL INSTITUTIONS

Educational institutions received a small share of U.S. global health funding in FY 2015 (3%, \$197 million). Nearly all of this funding went to U.S.-based institutions (97%), versus those based outside the U.S. (3%). Two-thirds of the educational institutions were U.S.-based (67%, 24); the rest were based outside the U.S. (33%, 12). Additionally:

- The vast majority (81%, \$160 million) of this funding went to the top 5 highest-funded institutions, which were all U.S.-based; see **Table 6**.
- Nearly half of funding provided to educational institutions was for activities related to HIV (45%), followed by FP/RH (18%); see **Table 7**.

## FOREIGN GOVERNMENTS

Foreign governments received a very small share of U.S. global health funding in FY 2015 (1%, \$96 million). This funding went to the governments of 24 countries, which is about a quarter of the overall number of countries reached by U.S. global health funding in FY 2015. Additionally:

- Five foreign governments accounted for the vast majority (85%, \$81 million) of this funding; see **Table 6**.
- Almost half of funding provided to foreign governments was for activities related to MCH (48%), followed by FP/RH (22%) and water (9%); see **Table 7**.

## U.S. GOVERNMENT

USAID also provided approximately 1% (\$84 million) of funding for global health to USG agencies:

- Five other USG agencies/departments accounted for more than half (61%, \$52 million) of this funding; see **Table 6**. The Centers for Disease Control and Prevention (CDC) was the largest recipient (\$35 million).
- Nearly half of funding transferred to USG entities was for activities related to HIV (47%), followed by malaria (24%); see **Table 7**.

**Table 6: Top 5 Recipients of USAID Global Health Spending, FY 2015 – Private Sector, Educational Institutions, Foreign Governments, and U.S. Government Entities**

Implementer	Spending (\$ millions)
<b>Private Sector</b>	
John Snow, Inc.*	583
Abt Associates	226
Chemonics	149
University Research Co., LLC*	120
Futures Group International+	53
<b>Educational Institutions</b>	
Johns Hopkins University	75
University of North Carolina at Chapel Hill	35
Eastern Virginia Medical School	27
University of California	14
Florida International University	9
<b>Foreign Governments</b>	
Afghanistan	46
Liberia	18
Egypt	7
Pakistan	6
Tanzania	5
<b>U.S. Government/Other Agencies</b>	
Centers for Disease Control and Prevention (CDC)	35
Department of State	8
U.S. Census Bureau	4
General Services Administration (GSA)	4
Naval Medical Research Center (NMRC)	1

NOTES: Reflects organizations across selected implementer types that received funding spent by USAID for USG global health efforts. Amounts are rounded. \* indicates company also has a non-profit arm that is counted separately as an NGO. For example, URC's non-profit arm is The Center for Human Services. + indicates now known as Palladium.

**Table 7: USAID Global Health Spending – Spending by Type of Implementer, FY 2015**

Type of Implementer	Share of Spending by Program Area (%)									Spending (\$ millions)
	HIV	MCH	Malaria	FP/RH	Water*	TB	Nutrition	Other Threats^	PIOET	
NGOs	55	11	5	11	3	4	7	3	<1	2,760
Multilateral/International	73 <sup>+</sup>	17	2	<1	<1	4	<1	<1	<1	1,864
Private Sector	34	9	29	16	8	3	<1	<1	<1	1,581
Educational Institutions	45	9	9	18	5	1	2	2	9	197
Foreign Governments	7	48	8	22	9	2	<1	3	<1	96
U.S. Government	47	6	24	6	1	3	<1	5	7	84
Not Known	78	5	3	6	<1	1	<1	2	4	68

NOTES: Percentages and \$ amounts are rounded, except <1 shows those percentages under 1%. Percentages may not sum to 100%. Abbreviations mean: Multilateral/International means Multilateral/International Organizations, MCH - Maternal and Child Health, FP/RH - Family Planning and Reproductive Health, TB - Tuberculosis, PIOET - Pandemic Influenza and Other Emerging Threats. \* means Water Supply and Sanitation. ^ means Other Public Health Threats, which includes NTDs. + indicates that funding for the Global Fund is attributed in the data to HIV only rather than to HIV, TB, and malaria.

## Conclusion

To carry out its global health programs, the U.S. government funds a wide range of implementing organizations. In an effort to shed light on this landscape, this brief provides an analysis of the implementing organizations that received U.S. global health funding from USAID during FY 2015. As it finds, NGOs represent the largest group of implementers and receive the greatest share of U.S. global health funding. In addition, most implementers are based outside of the U.S. However, the analysis also finds that most funding is concentrated among a subset of implementers and is directed to U.S.-based organizations, which may have implications for longer term sustainability and country ownership. Taken together, these findings provide new information on the types of implementing organizations funded to carry out U.S. global health efforts around the world and point toward areas for further research.

## Appendix A: Detailed Methodology

This report is based on Kaiser Family Foundation analysis of USAID global health funding data for FY 2015, which were provided to KFF on request by USAID staff working on the U.S. Foreign Assistance Dashboard website and by OGAC and Global Fund staff, and additional research on some of the funded organizations.

The analysis uses transaction-level data on funding disbursed by USAID to organizations for global health activities as well as the reported U.S. contribution to the Global Fund.<sup>15</sup> Data include funding that was appropriated by Congress to USAID for global health activities and then disbursed to organizations, as well as funding that was appropriated to other agencies for global health efforts, transferred to USAID, and then disbursed to organizations.<sup>16</sup> It does not include funding that was directly disbursed by other USG departments/agencies, such as the Department of State or the Centers for Disease Control and Prevention, to organizations.

Funding totals are likely under-estimates, because some USAID spending has not been categorized into a specific category of activity (e.g., health, environment, economic development, etc.) in the transaction data and may include health funding.

Additionally, note:

- Organizations were classified by implementer type based on existing categories in the data, specifically non-profit organization (referred to as NGOs in the analysis<sup>17</sup>), for-profit (referred to as private sector in the analysis), educational institution, government, redacted (referred to as “not known” in the analysis, and public international organization (referred to as multilateral/international organizations in the analysis). The only exception to this were entries in the “not known” type that included the name of an implementing organization: six of these organizations appeared under a specific implementer type elsewhere in the data and were re-categorized accordingly, while eight of these organizations did not appear elsewhere in the data and were re-categorized using standard conventions. Five entries that included the name of an individual (which is usually redacted in this dataset) under the “not known” type were not re-categorized and were not counted as implementing organizations.
- It is possible that implementer type misclassifications by USAID are present in the data, meaning that one or more organizations may have been classified as a certain implementer type by USAID in the data when another type would have been more appropriate.
- Funding totals shown in this report represent net disbursements, which include positive and negative disbursed funding amounts as well as zero-dollar disbursed funding amounts. For zero-dollar transactions, we included only transactions we could verify as no-cost extensions.<sup>18</sup>
- The numbers of organizations reflected under each type were calculated based on available data, reflecting how each organization/entity appears in the data, where possible. It was not possible to calculate the number of organizations receiving funding included under the “not known” implementer type, due to redacted data on the implementing organization. Similarly, it was also not possible to precisely calculate the number of organizations receiving funding included under the non-profit organizations, private sector, and multilateral/international organizations types, due to redacted data on the implementing organization – resulting in small amounts of unattributed funding.

- Funding totals in this brief should not be compared with earlier KFF analyses of USAID global health spending via NGOs, due to several differences between the datasets examined (including the availability of data on transferred funding to USAID from the U.S. Department of Agriculture, which was ultimately disbursed by USAID, in the dataset used for this analysis) as well as minor differences in methodology (including NGOs and other non-profit organizations not being delineated into distinct categories in this analysis, versus the prior analyses).

# Endnotes

<sup>1</sup> Figures in this analysis should not be compared to earlier KFF analyses of USAID spending to NGOs due to data and methodology differences. See Appendix A for more information. Earlier reports include KFF: [The Role of NGOs in the U.S. Global Health Response](#), July 2015; [Foreign NGO Engagement in U.S. Global Health Efforts: Foreign NGOs Receiving USG Support Through USAID](#), May 2015; [NGO Engagement in U.S. Global Health Efforts: U.S.-Based NGOs Receiving USG Support Through USAID](#), Dec. 2014.

<sup>2</sup> Figures in this analysis should not be compared to earlier KFF analyses of USAID spending to NGOs due to data and methodology differences. See Appendix A for more information. Earlier reports include KFF: [The Role of NGOs in the U.S. Global Health Response](#), July 2015; [Foreign NGO Engagement in U.S. Global Health Efforts: Foreign NGOs Receiving USG Support Through USAID](#), May 2015; [NGO Engagement in U.S. Global Health Efforts: U.S.-Based NGOs Receiving USG Support Through USAID](#), Dec. 2014.

<sup>3</sup> KFF analysis of USAID FY 2015 transaction data provided via personal communication with USAID staff of the U.S. Foreign Assistance Dashboard, [ForeignAssistance.gov](#), July 21, 2016; and KFF personal communication with OGAC and the Global Fund, July 2016.

<sup>4</sup> Based on KFF analysis of USAID FY 2015 transaction data provided via personal communication with USAID staff of the U.S. Foreign Assistance Dashboard, [ForeignAssistance.gov](#), July 21, 2016; FY 2015 transaction data from the U.S. Foreign Assistance Dashboard website, [ForeignAssistance.gov](#), downloaded July 14, 2016; and data from the Office of Management and Budget, Agency Congressional Budget Justifications, and Congressional Appropriations Bills, and the U.S. Foreign Assistance Dashboard website, [ForeignAssistance.gov](#).

<sup>5</sup> Some recipients were not identified in the data, i.e., the information was redacted, most likely for privacy reasons because the recipient was an individual.

<sup>6</sup> Funding through U.S.- and non-U.S.-based channels directly supported activities in 90 countries; some of this funding supported “worldwide” activities and regional activities spanning five regions (Africa, Asia, Europe & Eurasia, Latin America & the Caribbean, and the Middle East) and may have reached additional countries. Additionally, funding through multilateral and international channels indirectly supported activities that may have reached additional countries/regions as well.

<sup>7</sup> Our earlier analyses of FY 2013 and FY 2014 health spending by USAID focused specifically on NGOs and include a definition of NGOs. This category also includes other non-profit organizations, which would include those that were not identified in the data as PIOs nor, in earlier analyses, by KFF as NGOs (e.g., hospitals, educational institutions, organizations with ties to government(s), and foundations supporting these) as well as recipients that were redacted in the data but were categorized as non-profit organizations in the data. In this report, we did not categorize non-profit organizations as NGOs and other non-profits specifically and, therefore, did not delineate between them, but many of the NGOs and other non-profits identified in our earlier analyses also appear in the FY 2015 USAID health spending data. Earlier analyses demonstrated that nearly all support for non-profits went to NGOs. See KFF: [The Role of NGOs in the U.S. Global Health Response](#), July 2015; [Foreign NGO Engagement in U.S. Global Health Efforts: Foreign NGOs Receiving USG Support Through USAID](#), May 2015; [NGO Engagement in U.S. Global Health Efforts: U.S.-Based NGOs Receiving USG Support Through USAID](#), Dec. 2014.

<sup>8</sup> For-profit organizations.

<sup>9</sup> This also includes other non-profit organizations, which are organizations identified in the data as non-profits that were neither identified as public international organizations in the data, nor would they be classified as NGOs (see KFF definition of NGOs used in earlier analyses); they might include hospitals, educational institutions (specifically, those not classified separately as such in the data), organizations with ties to government(s), and foundations supporting these. See KFF: [The Role of NGOs in the U.S. Global Health Response](#), July 2015; [Foreign NGO Engagement in U.S. Global Health Efforts: Foreign NGOs Receiving USG Support Through USAID](#), May 2015; [NGO Engagement in U.S. Global Health Efforts: U.S.-Based NGOs Receiving USG Support Through USAID](#), Dec. 2014.

<sup>10</sup> Referred to in the data as Public International Organizations (PIOs), which are defined in USAID, *ADS Chapter 308: Awards to Public International Organizations*, April 3, 2014, as “an international organization composed principally of countries or such other organization as designated pursuant to” a section therein, and also in USAID, *ADS Glossary*, April 30, 2014, as “an organization in which the U.S. participates composed principally of governments.”

<sup>11</sup> For more information on the Global Fund, see KFF, [“The U.S. & The Global Fund to Fight AIDS, Tuberculosis and Malaria,”](#) fact sheet.

<sup>12</sup> This is the amount of funding that the U.S. government and the Global Fund reported as the U.S. contribution for FY 2015, although a portion of it was disbursed in FY 2016 due to congressional requirements on the overall level of U.S. funding for the Global Fund. KFF personal communication with OGAC and the Global Fund, July 2016.

<sup>13</sup> This funding is provided by Congress to the Department of State, which in turn provides it as a pass-through to USAID. KFF personal communication with OGAC, March 2016; CRS, *U.S. Agency for International Development: Background, Operations, and Issues*, July 21, 2015, R44117.

<sup>14</sup> Funding for the Global Fund is attributed by USAID in the data to HIV only rather than to HIV, malaria, and TB.

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<sup>15</sup> This is the amount of funding that the U.S. government and the Global Fund reported as the U.S. contribution for FY 2015, although a portion of it was disbursed in FY 2016 due to congressional requirements on the overall level of U.S. funding for the Global Fund. KFF personal communication with OGAC and the Global Fund, July 2016.

<sup>16</sup> For example, USAID transaction data analyzed for this report include funds transferred from the Department of State to USAID for HIV efforts, which were then obligated and eventually disbursed to various implementing organizations.

<sup>17</sup> Our earlier analyses of FY 2013 and FY 2014 health spending by USAID focused specifically on NGOs and include a definition of NGOs. Other non-profit organizations would include those that were not identified in the data as PIOs, nor would they be classified as NGOs (see KFF definition of NGOs used in earlier analyses); they might include hospitals, educational institutions (specifically, those not classified separately as such in the data), organizations with ties to government(s), and foundations supporting these. See KFF: [The Role of NGOs in the U.S. Global Health Response](#), July 2015; [Foreign NGO Engagement in U.S. Global Health Efforts: Foreign NGOs Receiving USG Support Through USAID](#), May 2015; [NGO Engagement in U.S. Global Health Efforts: U.S.-Based NGOs Receiving USG Support Through USAID](#), Dec. 2014.

<sup>18</sup> Positive and negative disbursements along with zero-dollar disbursements that are no-cost extensions are each closely linked to the recent completion or ongoing execution of global health activities, providing the best approximation available for showing where work is being done.