

# CRS Report for Congress

## U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2008

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Prepared for Members and  
Committees of Congress

## Report Documentation Page

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# U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2008

## Summary

On January 28, 2003, during his State of the Union Address, President George Bush proposed that the United States spend \$15 billion over five years to combat HIV/AIDS, tuberculosis (TB), and malaria through the President's Emergency Plan for AIDS Relief (PEPFAR). The President proposed that most of the spending on PEPFAR programs be concentrated in 15 countries in Africa, Asia, Latin America, and the Caribbean. Of the \$15 billion, the Plan proposed spending \$9 billion on prevention, treatment, and care services in the 15 Focus Countries, where the Administration estimated 50% of all HIV-positive people lived. The President also proposed that \$5 billion of the funds be spent on existing bilateral HIV/AIDS, TB, and malaria programs and research, and \$1 billion of PEPFAR funds be reserved for U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). Between FY2004 and FY2008, PEPFAR aims to have supported care for 10 million people affected by HIV/AIDS, including children orphaned by AIDS; prevented 7 million new HIV infections; and supported efforts to provide anti-retroviral medication (ARV) to 2 million HIV-infected people.

Between FY2004 and FY2007 Congress provided almost \$13.5 billion to fighting the global spread of HIV/AIDS, TB, and malaria. Through the FY2007 Continuing Appropriation Resolution, P.L. 109-289, as amended by P.L. 110-5, Members demonstrated strong support for global HIV/AIDS, TB, and malaria programs. Although most accounts were funded at the least of FY2006 enacted, FY2007 House-passed, or FY2007 Senate-passed levels, appropriators increased support for global HIV/AIDS programs by about \$1.4 billion over FY2006 levels. The year-long continuing resolution appropriation provided nearly \$4.8 billion to U.S. international HIV/AIDS, TB, and malaria initiatives, including \$724.0 million for a U.S. contribution to the Global Fund — the largest single U.S. contribution to date.

The President's FY2008 budget request includes about \$5.8 billion for global HIV/AIDS, TB, and malaria efforts. The administration proposes that the bulk of the funds, about \$5.0 billion, be provided through Foreign Operations appropriations. If Congress fully funds the President's FY2008 request, the United States will have exceeded the \$15 billion originally sought for PEPFAR; some \$19.2 billion would be spent on fighting the three diseases from FY2004 to FY2008. This report will review U.S. appropriations to the three diseases between FY2004 and FY2007, and will be updated to include further congressional actions in FY2008.

## Contents

Introduction .....	1
Appropriations For Global HIV/AIDS Efforts .....	2
Prevention of Mother and Child HIV Transmission Initiative .....	2
The President’s Emergency Plan for AIDS Relief .....	3
Global Fund to Fight AIDS, Tuberculosis, and Malaria .....	5
The President’s Malaria Initiative .....	6
Appendix .....	7
Explanation of Data in Table 1 .....	7

## List of Tables

Table 1. U.S. Global HIV/AIDS, TB, and Malaria Appropriations .....	4
Table 2. FY2001-FY2007 U.S. Contributions to the Global Fund .....	6

# U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2008

## Introduction

It is estimated that HIV/AIDS, TB, and malaria together kill more than 6 million people each year.<sup>1</sup> According to the Joint United Nations Program on HIV/AIDS (UNAIDS), at the end of 2005, an estimated 38.6 million people were living with HIV/AIDS, of whom 4.1 million were newly infected, and 2.8 million died in the course of that year.<sup>2</sup> More than two million of those living with HIV/AIDS at the end of 2005 were children and some 570,000 of those who died of AIDS that year were under 15 years old. Almost 90% of all children infected with HIV reside in sub-Saharan Africa, which is home to 2 million of the estimated 2.3 million children living with HIV worldwide. UNAIDS estimates that on each day of 2005, some 1,500 children worldwide became newly infected with HIV, due in large part to little access to drugs that prevent the transmission of HIV from mother to child. An estimated 9% of pregnant women in low-and middle-income countries were offered services to prevent HIV transmission to their newborns.

The World Health Organization (WHO) estimates that by the end of 2004, more than 14 million people were infected with tuberculosis (TB),<sup>3</sup> of whom almost 9 million were newly infected.<sup>4</sup> More than 80% of those living with TB in 2004 were in southeast Asia and sub-Saharan Africa, with the greatest per capita rate found in

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<sup>1</sup> [[http://www.who.int/tb/publications/2006/tb\\_facts\\_2006.pdf](http://www.who.int/tb/publications/2006/tb_facts_2006.pdf)]

<sup>2</sup> All data on HIV/AIDS infection rates taken from UNAIDS 2006 Report on the Global AIDS Epidemic unless otherwise indicated. [[http://www.unaids.org/en/HIV\\_data/2006GlobalReport/default.asp](http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp)] In November 2006, UNAIDS released its 2006 AIDS Epidemic Update report. However, statistics from the 2006 full report are used, because the full report is more detailed, provides regional data, and reports on HIV infection among children, while the update does not. The update can be found at [[http://data.unaids.org/pub/EpiReport/2006/2006\\_EpiUpdate\\_en.pdf](http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf)].

<sup>3</sup> Tuberculosis is a contagious disease that is spread like the common cold through the air. Only people who are sick with TB in their lungs are infectious. When infectious people cough, sneeze, talk or spit, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected. Left untreated, each person with active TB disease will infect an average of between 10 and 15 people every year. However, people infected with TB bacilli will not necessarily become sick with the disease. The immune system “walls off” the TB bacilli which, protected by a thick waxy coat, can lie dormant for years. When someone’s immune system is weakened the chances of becoming sick are greater. [<http://www.who.int/mediacentre/factsheets/fs104/en/>]

<sup>4</sup> WHO 2006 Global Tuberculosis Control Report. [[http://www.who.int/tb/publications/global\\_report/en/index.html](http://www.who.int/tb/publications/global_report/en/index.html)]

Africa. Although most forms of TB are curable, WHO estimates that the disease killed 2 million people in 2004. According to WHO, each year there are about 300 million acute malaria cases,<sup>5</sup> which cause more than one million deaths annually. Health experts believe that between 85% and 90% of malaria deaths occur in Africa, mostly among children,<sup>6</sup> killing an African child every 30 seconds.<sup>7</sup>

## Appropriations For Global HIV/AIDS Efforts

Appropriations for combating the global spread of HIV/AIDS have grown considerably since President Bush entered office.<sup>8</sup> U.S. contributions to the Global Fund and the launching of two initiatives have contributed to this growth: the Prevention of Mother and Child Transmission Initiative and the President's Emergency Plan for AIDS Relief (PEPFAR).

### Prevention of Mother and Child HIV Transmission Initiative

In FY2002, the President requested that Congress provide \$500 million to fund a new initiative he called the International Mother and Child HIV Prevention Initiative.<sup>9</sup> The Initiative sought to prevent the transmission of HIV from mothers to infants and to improve health care delivery in Africa and the Caribbean. Congress provided \$100 million to USAID for the Initiative in FY2002 supplemental appropriations (P.L. 107-206); \$100 million to USAID and \$40 million to CDC for the Initiative in FY2003 (P.L. 108-7); and appropriated \$150 million to CDC for the Initiative in FY2004 (P.L. 108-199).

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<sup>5</sup> There are four types of human malaria, *Plasmodium (P.) vivax*, *P. malaria*, *P. ovale* and *P. falciparum*. *P. vivax* and *P. falciparum* are the most common, and *P. falciparum* is the most deadly type of malaria infection. *P. falciparum* malaria is most common in sub-Saharan Africa, accounting in large part for the extremely high malarial mortality in the region. People contract malaria through bites from infected mosquitos. An infected mosquito spreads the malaria parasite through the blood stream. Once in the blood stream, the malaria parasite can evade the immune system, and infect the liver and red blood cells. Mosquitos can also contract malaria if they ingest blood from an infected person. [[http://malaria.who.int/cmc\\_upload/0/000/015/372/RBMInfosheet\\_1.htm](http://malaria.who.int/cmc_upload/0/000/015/372/RBMInfosheet_1.htm)]

<sup>6</sup> WHO estimates that each year, there are 300 million acute malaria cases that cause some 1 million deaths, 90% of which occur in sub-Saharan Africa. The World Bank estimates that there are more than 500 million cases of malaria each year, and that at least 85% of malarial deaths occur in sub-Saharan Africa. The Bank believes the remaining 8% of deaths occur in southeast Asia, 5% in the Eastern Mediterranean region, 1% in the Western Pacific, and 0.1% in the Americas. The Bank asserts that there is no accurate count of malaria infections or deaths, due to weaknesses in data collection and reporting systems, inaccurate diagnoses that may result in over- or under reporting, and an insufficient amount of skilled workers who can accurately make diagnoses, particularly in malaria-endemic areas.

<sup>7</sup> WHO's Roll Back Malaria website, accessed on August 31, 2006. [[http://malaria.who.int/cmc\\_upload/0/000/015/372/RBMInfosheet\\_1.htm](http://malaria.who.int/cmc_upload/0/000/015/372/RBMInfosheet_1.htm)]

<sup>8</sup> For more information on U.S. appropriations for global AIDS programs, see CRS Report RL33771, *Trends in U.S. Global AIDS Spending: FY2000-FY2007*, by Tiaji Salaam-Blyther.

<sup>9</sup> [<http://www.whitehouse.gov/news/releases/2002/06/20020619-1.html>]

In addition to the \$150 million provided to CDC in FY2004, conferees expressed an expectation that \$150 million would be made available for the initiative from the newly established Global HIV/AIDS Initiative (GHAI) (H.Rept. 108-401). Since the Initiative expired in FY2004, following the administration's request, Congress has continued to include funds for programs that prevent the transmission of HIV from mother to child in the GHAI account.

## The President's Emergency Plan for AIDS Relief

On January 28, 2003, during his State of the Union Address, President Bush proposed that the United States spend \$15 billion over the next five fiscal years to combat HIV/AIDS through PEPFAR. The Initiative, authorized in May 2003 by the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act (P.L. 108-25), anticipates channeling \$9 billion to prevention, treatment, and care services in the 15 Focus Countries through GHAI,<sup>10</sup> \$5 billion to existing bilateral HIV/AIDS, TB, and malaria programs and research conducted in more than 100 non-Focus Countries, and \$1 billion to the Global Fund. Between FY2004 and FY2008, PEPFAR programs aim to support care for 10 million HIV-affected people, including children orphaned by AIDS; support the prevention of 7 million new HIV infections; and help 2 million people receive ARVs.<sup>11</sup>

Congress appropriates the bulk of PEPFAR funds to the GHAI account. The account was established to streamline funds for global HIV/AIDS, TB, and malaria programs to the 15 Focus Countries. The Office of the Global AIDS Coordinator (OGAC) at the U.S. Department of State transfers funds from GHAI to implementing agencies and departments. The funds that Congress appropriates directly to U.S. agencies and departments are utilized in the non-Focus Countries. U.S. agencies and departments might also allocate additional resources to international HIV/AIDS, TB, and malaria programs not funded through PEPFAR. In each fiscal year since PEPFAR was launched, appropriators have included a chart in the foreign operations appropriations conference reports that itemizes how global HIV/AIDS, TB, and malaria funds are authorized to be spent (**Table 1**). Press accounts of U.S. global HIV/AIDS spending are usually derived from this chart, though it does not include all U.S. global HIV/AIDS, TB, and malaria support.

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<sup>10</sup> The 15 PEPFAR Focus Countries are: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

<sup>11</sup> White House Fact Sheet, "*The President's Emergency Plan for AIDS Relief.*" January 29, 2003. [<http://www.state.gov/p/af/rls/fs/17033.htm>]

**Table 1. U.S. Global HIV/AIDS, TB, and Malaria Appropriations**  
(\$ millions)

<b>Program</b>	<b>FY2004 Actual</b>	<b>FY2005 Actual</b>	<b>FY2006 Actual</b>	<b>FY2007 CR</b>	<b>FY2008 Request</b>
1. USAID HIV/AIDS (excluding Global Fund)	549.2	382.8	373.8	464.5	346.3
2. USAID Tuberculosis	100.4	87.8	91.5		89.9
3. USAID Malaria <sup>a</sup>	100.9	98.2	102.0	248.0	387.5
4. USAID Global Fund Contribution	397.6	247.9	247.5	247.5	0.0
5. FY2004 Global Fund Carryover <sup>b</sup>	-87.8	87.8	n/a	n/a	n/a
6. State Department GHAI	488.1	1,373.5	1775.1	2,869.0	4150.0
7. GHAI Global Fund Contribution	0.0	0.0	198.0	377.5	0.0
8. Foreign Military Financing <sup>c</sup>	1.5	1.9	1.9	—	0.0
<b>9. Subtotal, Foreign Operations Appropriations</b>	<b>1549.9</b>	<b>2279.9</b>	<b>2,789.8</b>	<b>4,206.5</b>	<b>4,973.7</b>
10. CDC Global AIDS Program <sup>d</sup>	291.8	123.8	122.7	120.8	121.2
11. NIH International Research <sup>e</sup>	317.2	370.0	373.0	372.0	373.0
12. NIH Global Fund contribution	149.1	99.2	99.0	99.0	300.0
13. DOL AIDS in the Workplace Initiative	9.9	1.9	0.0	—	0.0
<b>14. Subtotal, Labor/HHS Appropriations</b>	<b>768.0</b>	<b>594.9</b>	<b>594.7</b>	<b>591.8</b>	<b>794.2</b>
15. DOD HIV/AIDS prevention education	4.2	7.5	5.2	—	0.0
16. Section 416(b) Food Aid	24.8	24.8	24.8	—	0.0
<b>17. TOTAL</b>	<b>2346.9</b>	<b>2907.1</b>	<b>3,414.5</b>	<b>4,798.3</b>	<b>5,767.9</b>

**Sources:** Prepared by CRS from appropriations legislation figures and interviews with Administration staff.

**Note:** Participating U.S. agencies and departments might spend additional funds on international HIV/AIDS, TB, and malaria assistance not included in this chart. For example, CDC engages in international HIV prevention research and global TB and malaria initiatives, though Congress does not earmark funds for these efforts. “ — ” indicates that the funds were not earmarked, but could be provided at the Administration’s discretion.

- a. After President Bush launched the President’s Malaria Initiative (PMI) in June 2005, House and Senate appropriations committees reported out funds supporting global malaria efforts separately from those supporting HIV/AIDS and TB initiatives. Although the President announced the operations for the initiative began in FY2006, Congress did not appropriate funds to the initiative until FY2007. That fiscal year, it provided \$248.0 million for international malaria programs, including \$149.0 million to expand PMI.
- b. In FY2004, \$87.8 million of the amount provided to the Global Fund was withheld per legislative provisions limiting U.S. contributions to the Global Fund to 33% of the amount contributed by all donors. The FY2005 Consolidated Appropriations act provided these withheld funds to the Global Fund, subject to the 33% proviso.
- c. Appropriations for Foreign Military Financing are used to purchase equipment for DOD HIV/AIDS programs. DOD HIV/AIDS initiatives are referred to in Line 15.
- d. Lower spending levels in FY2005 and FY2006 reflect the shift of funds initially reserved for the International Mother and Child HIV Prevention Initiative to the Global HIV/AIDS Initiative account. When the initiative expired in FY2004, these changes were made permanent and were applied to subsequent fiscal years.
- e. Although appropriations legislation does not specify funding for NIH’s international HIV research initiatives, sufficient funds are provided to Office of AIDS Research (OAR) the support those efforts. The figures used in Line 11 reflect those amounts reported by OAR.



## Global Fund to Fight AIDS, Tuberculosis, and Malaria

In January 2002, the Global Fund was established in Geneva, Switzerland. The Fund provides grants to developing countries aimed at reducing the number of HIV, TB, and malaria infections, as well as the other illnesses and deaths that result from such infections. The Fund is an independent foundation led by a board of directors comprised of representatives from seven donor countries and seven developing countries. In an effort to include all major stakeholders, each of the following communities also has one representative on the board: developed country non-governmental organizations (NGOs), developing country NGOs, the business community, private foundations, and people living with HIV/AIDS, tuberculosis or malaria. The Fund projects that by 2007, the grants it has approved will have:

- provided treatment for 1.8 million HIV-positive people, 5 million people infected with TB, and 145 million malaria patients;
- prevented the spread of HIV to 52 million people through voluntary HIV counseling and testing services;
- financed the purchase and distribution of 109 million insecticide-treated bed nets to prevent the spread of the malaria; and
- supported care for 1 million orphans.<sup>12</sup>

Although there appears to be strong support for the Global Fund, Congress has placed restrictions on U.S. contributions to the Fund for various reasons. In FY2006, due to concerns about the Fund's spending practices, Congress required that 20% of U.S. contributions to the Fund be withheld until the Secretary of State certified that the Fund had undertaken a number of steps to strengthen oversight and spending practices (P.L. 109-102).<sup>13</sup> The act allowed the Secretary to waive the requirement if she determined that a waiver was important to U.S. national interest.

Congress has already provided more for U.S. contributions to the Fund than the \$1 billion the President originally sought. Since PEPFAR was launched in FY2004, appropriators provided about \$2.2 billion for U.S. support to the Fund and nearly \$2.5 billion since making the first appropriation in FY2001 (**Table 2**).<sup>14</sup>

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<sup>12</sup> Global Fund, *Progress Report*. January 21, 2005, at [<http://www.theglobalfund.org>].

<sup>13</sup> The required steps are to (1) establish clear progress indicators upon which to determine the release of incremental disbursements; (2) release such incremental disbursements only if progress is being made based on those indicators; and (3) provide support and oversight to country-level entities, such as country coordinating mechanisms, principal recipients, and local Fund agents.

<sup>14</sup> Funding levels include supplemental appropriations. For more information on the Global Fund, see CRS Report RL33396, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress*, by Tiaji Salaam-Blyther.

**Table 2. FY2001-FY2007 U.S. Contributions to the Global Fund**  
(\$ millions)

	FY2001 Actual	FY2002 Actual	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 CR	FY2008 Request
1. Foreign Operations	120.0	200.0	248.4	397.6	248.0	445.5	625.0	0.0
2. Labor/HHS	0.0	100.0	99.3	149.1	99.2	99.0	99.0	300.0
3. FY2004 Carryover	n/a	n/a	n/a	-87.8	87.8	n/a	n/a	n/a
<b>TOTAL</b>	<b>120.0</b>	<b>300.0</b>	<b>347.7</b>	<b>458.9</b>	<b>435.0</b>	<b>544.5</b>	<b>724.0</b>	<b>300.0</b>

**Source:** Compiled by CRS from appropriations legislation.

## The President's Malaria Initiative

In June 2005, President Bush launched the President's Malaria Initiative (PMI), a plan to increase support for U.S. international malaria programs by more than \$1.2 billion between FY2006 and FY2010 in 15 countries. Since launching PMI, the Administration has requested that all support for bilateral malaria efforts be provided to the U.S. Agency for International Development (USAID) as the coordinating agency for the initiative. When the Administration shifted leadership for bilateral malaria programs to USAID in FY2005, it determined that OGAC would no longer include malaria spending in its annual reports to Congress and that budgetary requests for the disease would be made separately from HIV/AIDS and TB requests. For comparability, and because P.L. 108-25 considers efforts to combat malaria as a critical part of PEPFAR, **Table 1** includes appropriations to malaria programs.

In FY2006 and FY2007, appropriators provided \$102 million and \$248 million for bilateral malaria efforts, respectively.<sup>15</sup> The Administration requests that Congress appropriate \$387.5 million to USAID for malaria initiatives in FY2008. According to the PMI website, in FY2006, \$30 million of the \$99 million that USAID spent on malaria programs was allocated to PMI, and in FY2007, an estimated \$135 million will be spent on the initiative. The Administration requests \$300 million for PMI in FY2008 and FY2009 each, and \$500 million in FY2010.<sup>16</sup>

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<sup>15</sup> Although the President announced the operations for the initiative began in FY2006, Congress did not appropriate funds to the initiative until FY2007. That fiscal year, it provided \$248.0 million for international malaria programs, including \$149.0 million to expand PMI.

<sup>16</sup> [<http://www.pmi.gov/funding/index.html>]

## Appendix

### Explanation of Data in Table 1

*Lines 1 and 2* refer to USAID's bilateral HIV/AIDS and TB programs in the non-Focus Countries, which are funded through a number of accounts, including: the Child Survival and Health Account (CSH), Economic Support Fund aid (ESF), Assistance for the former Soviet Union under the Freedom Support Act (FSA), Assistance for Eastern Europe and the Baltics (SEED), and food aid.<sup>17</sup>

*Line 3* refers to USAID's bilateral malaria programs funded through all accounts (see above).

*Line 4* refers to contributions to the Global Fund provided through USAID accounts. In FY2004, \$87.8 million of the amount appropriated to the Global Fund was withheld per legislative provisions limiting U.S. Global Fund contributions to 33% of the amount contributed by all donors, as indicated in *Line 5*.<sup>18</sup> P.L. 108-447, FY2005 Consolidated Appropriations, directed that these withheld funds be transferred to the Global Fund in FY2005, subject, like the remainder of the U.S. contribution, to the 33% proviso.

Congress provides funds for PEPFAR's 15 Focus Countries to the State Department's Global HIV/AIDS Initiative (GHAI), as indicated in *Line 6*. U.S. contributions to other global AIDS efforts, such as international microbicide research, the International AIDS Vaccine Initiative (IAVI), and the United Nations Joint Program on HIV/AIDS (UNAIDS), are also provided through GHAI.

GHAI Funds transferred to the Global Fund are reflected in *Line 7*.

*Line 8* refers to funds appropriated to the Foreign Military Financing (FMF) account for equipment purchases that support the DoD's global HIV/AIDS efforts. DoD's bilateral HIV/AIDS programs, referred to in *Line 15*, offer HIV/AIDS prevention education, primarily to African armed forces.

*Line 10* refers to the Centers for Disease Control and Prevention's (CDC) Global AIDS Program (GAP). CDC spends additional funds on international HIV/AIDS, TB, and malaria activities that are not earmarked by Congress, although those amounts are not reflected in the table.

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<sup>17</sup> Such aid is in addition to the Section 416(b) food aid listed in **Table 1**. For a description of food aid programs, see CRS Report RL33553, *Agricultural Export and Food Aid Programs*, by Charles E. Hanrahan.

<sup>18</sup> See P.L. 108-25, the United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 and P.L. 108-199, the FY2004 Consolidated Appropriations. For more information, see CRS Report RL33396: *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress*, by Tiaji Salaam-Blyther.

*Line 11* reflects grants provided by the National Institutes of Health (NIH) for international HIV/AIDS research, which focus primarily on the development of an AIDS vaccine. NIH also transfers funds to the Global Fund, as indicated in *Line 12*.

The Administration has not requested funds for the Department of Labor's Global AIDS in the Workplace Initiative since FY2002 (*Line 13*). Congress funded the initiative, however, until FY2006. The Department received additional funds from GHAI in support of its HIV/AIDS programs.

In FY2008, the Administration did not request funds to support DoD's bilateral HIV/AIDS prevention programs, as indicated in *Line 15*.

In FY2001, and in each subsequent fiscal year, Congress committed USDA to donate commodities valued at up to \$25 million to foreign countries struggling to counter the effects of HIV/AIDS, as indicated in *Line 16*. Although the funds are appropriated to USDA, USAID manages the provision of the food aid. The FY2007 continuing resolution did not include funds for the aid effort.