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## **U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2007**

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# U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2007

## 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 through the President's Emergency Plan for AIDS Relief (PEPFAR). The initiative focuses on 15 countries in Africa, Asia, Latin America, and the Caribbean. The plan anticipated spending \$10 billion of the \$15 billion on the 15 focus countries, \$4 billion on 108 non-focus countries and international HIV/AIDS research, and \$1 billion on contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Between FY2004 and FY2008, the initiative was to support care for 10 million people living with AIDS, including children orphaned by AIDS; prevent 7 million new HIV infections; and support efforts to provide anti-retroviral medication (ARV) to 2 million HIV-infected people.

Between FY2004 and FY2006 Congress allocated \$8.6 billion to fighting the global spread of HIV/AIDS, TB, and malaria, of which \$3.4 billion was provided in FY2006 appropriations. The largest portion of PEPFAR funds is provided through annual foreign operations appropriations, which in FY2006 directed about \$2.8 billion to fighting the three diseases. The \$545 million directed to the Global Fund in FY2006 appropriations reflected the largest U.S. contribution to date, with \$446 million provided through Foreign Operations Appropriations and \$99 million through Labor/HHS/Education Appropriations. Final conference funding levels for FY2006 AIDS, TB, and malaria initiatives were \$286 million more than the Administration request, \$230 million more than the House suggested, and nearly \$121 million less than the Senate proposed.

For FY2007, the President requests about \$4.3 billion for global HIV/AIDS, TB, and malaria efforts, \$3.665 billion of which would be funded through foreign operations appropriations. If Congress fully funds the President's request, the United States will have spent \$12.8 billion on fighting the three diseases between FY2004 and FY2007. The House Foreign Operations Appropriations bill (H.R. 5522) proposes spending about \$3.62 billion (some \$40 million less) on the three diseases than the Administration requests for FY2007. This represents a significant departure from congressional funding trends since the inception of PEPFAR, as Congress has historically surpassed the Administration's requests during this period. The Senate Foreign Operations subcommittee has not yet reported its spending proposal. This report will review U.S. spending on the three diseases between FY2004 and FY2007, and will be updated to include congressional actions.

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# U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2007

## Background

The President proposed on January 28, 2003, during his State of the Union Address, that the United States spend \$15 billion over five fiscal years to combat HIV/AIDS, tuberculosis (TB), and malaria through the President's Emergency Plan for AIDS Relief (PEPFAR). The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25) established the office of the Global HIV/AIDS Coordinator (OGAC) at the U.S. Department of State, and made the Coordinator responsible for administering all global HIV/AIDS funds. The initiative intends to spend \$10 billion of the funds in 15 countries,<sup>1</sup> direct \$4 billion to 108 additional non-focus countries and to international HIV/AIDS research, and donate \$1 billion of the \$15 billion to the Global Fund. Between FY2004 and FY2008, the initiative aims to support care for 10 million people living with AIDS, including children orphaned by AIDS; prevent 7 million new HIV infections; and support efforts to provide anti-retroviral medication (ARV) to 2 million HIV-infected people.<sup>2</sup>

Between FY2004 and FY2006 Congress allocated \$8.6 billion to fighting the global spread of HIV/AIDS, TB, and malaria, of which \$3.4 billion was provided in FY2006 appropriations. Most funding for international HIV/AIDS, TB, and malaria programs is included in annual appropriations for Foreign Operations and for the Departments of Health and Human Services, Labor, and Education (Labor/HHS). **Table 1** summarizes funding for such programs through these and other appropriations.<sup>3</sup> Amounts reported in **Table 1** for FY2004 through FY2006 have been adjusted for the rescissions imposed in those years.

In June 2005, President Bush announced the President's Malaria Initiative (PMI), a plan to increase funding of malaria prevention by more than \$1.2 billion

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<sup>1</sup> The 15 focus countries are: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia.

<sup>2</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>]

<sup>3</sup> For earlier years, see CRS Report RS21114, *HIV/AIDS: Appropriations for Worldwide Programs in FY2001 and FY2002*, by Raymond W. Copson; and Kaiser Family Foundation, *Policy Brief: U.S. Government Funding for Global HIV/AIDS Through FY2005*, prepared by Jennifer Kates and Todd Summers. [<http://www.kff.org/hiv/aids/7110.cfm>]

between FY2006 and FY2010 in 15 countries. In FY2006, appropriators provided \$103 million for U.S. bilateral malaria programs.<sup>4</sup> The FY2007 request of \$225 million for malaria represents an increase in bilateral spending on malaria, as PMI enters its second year of implementation. The Administration anticipates increasing the number of focus countries from three to seven in FY2007. H.R. 5522, the FY2007 House Foreign Operation Appropriations bill, allocates a total of \$179 million to bilateral malaria efforts, of which \$177.59 million is funded through USAID Child Survival and Health Account (CSH) and an additional \$1.45 million from Other Accounts.<sup>5</sup> Budget analysts point out that the difference between FY2007 House and Administration proposed PEPFAR spending levels is largely comprised of differences in bilateral malaria allocations.

Since USAID will lead PMI, OGAC will no longer oversee implementation of bilateral malaria initiatives. Consequently, after FY2005, OGAC will no longer include malaria spending in progress reports on PEPFAR. However, for comparability and because malaria has been included in PEPFAR spending since FY2004, figures in this report include malaria spending in PEPFAR totals for FY2006 and FY2007. Without malaria funding, the FY2006 total for global HIV/AIDS and TB would be approximately \$3.3 billion, the FY2007 request would be about \$4.0 billion, and the House Foreign Operations recommendation would be \$3.4 billion.

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<sup>4</sup> Appropriators expected an additional \$139.5 million would be spent on the disease through the U.S. Global Fund contribution. When combined with bilateral malaria spending, appropriators estimated that \$242.5 million was spent on fighting the disease in FY2006.

<sup>5</sup> Appropriators estimate that an additional \$63.83 million would be spent on malaria through U.S. Global Fund contributions. When combined with bilateral spending, the House estimates that \$242.9 million would be spent on global malaria initiatives through FY2007 foreign operations appropriations.

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

Program	FY2004 Actual	FY2005 Actual	FY2006		FY2007	
			Request	Estimate	Request	House
1. Child Survival Assistance for HIV/AIDS (excluding Global Fund)	513.4	347.2	330.0	346.5	325.0	346.6
2. Child Survival Assistance for TB & Malaria	155.0	168.6	109.0	178.2	304.0	267.6
3. Child Survival Assistance for Global Fund	397.6	248.0	100.0	247.5	100.0	200.0
4. FY2004 Global Fund Carryover	-87.8	87.8	n/a	n/a	n/a	n/a
5. Other Accounts for HIV/AIDS, TB & Malaria <sup>a</sup>	51.7	51.1	53.0	42.6	40.4	33.9
6. State Department GHAI	488.1	1,373.9	1,870.0	1,775.1	2,794.0	2,528.0
7. GHAI for the Global Fund	0.0	0.0	100.0	198.0	100.0	244.5
8. Foreign Military Financing	1.5	2.0	2.0	1.9	1.6	0.0
<b>9. Subtotal, Foreign Operations Appropriations</b>	<b>1,519.5</b>	<b>2,278.6</b>	<b>2,564.0</b>	<b>2,789.8</b>	<b>3,665.0</b>	<b>3,620.6</b>
10. CDC Global AIDS Program	273.9	123.8 <sup>b</sup>	123.9	122.7	121.9	
11. CDC International Applied HIV Prevention Research <sup>c,d</sup>	11.0	11.0	11.0	10.9	0.0	
12. CDC international TB and malaria <sup>d</sup>	17.9	15.9	11.0	10.9	11.0	
13. NIH International Research <sup>c,d</sup>	317.2	332.3	350.0	346.5	368.0	
14. Global Fund contribution NIH	149.1	99.2	100.0	99.0	100.0	
15. DOL AIDS in the Workplace Initiative	9.9	2.0	—	—	0.0	
<b>16. Subtotal, Labor/HHS Appropriations</b>	<b>779.0</b>	<b>584.2</b>	<b>595.9</b>	<b>590</b>	<b>600.9</b>	
17. DOD HIV/AIDS prevention education, primarily in Africa	4.2	7.5	—	5.2	0.0	
18. Section 416(b) Food Aid	24.8	24.8	—	24.8	10.0	
<b>19. TOTAL</b>	<b>2,327.5</b>	<b>2,895.1</b>	<b>3159.9</b>	<b>3,409.8</b>	<b>4,275.9</b>	

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

- a. For description of “Other Accounts,” see discussion on *Line 5* under “Explanation of Data in Table 1,” below.
- b. According to CDC, this apparent decrease compared to the previous year reflected a change in budget structure that removed overhead and indirect costs from the program. Moreover, mother and child prevention funds were shifted to the Global HIV/AIDS Initiative. The change in budget structure also affected the FY2006 request. See section on Labor/HHS appropriations.
- c. Not earmarked, although funds could be provided at the Administration’s discretion.
- d. Estimated amounts.

## Explanation of Data in Table 1

### Initiatives Funded through Foreign Operations Appropriations

*Line 1* in **Table 1** refers to USAID bilateral HIV/AIDS programs funded through Child Survival and Health Programs Fund (CSH). Since FY2005, all U.S. AIDS funding in the focus countries has been under the direction of the Global AIDS Coordinator at the Department of State, except for a small amount still coming through HHS programs. Congressional appropriators first made this shift in the FY2005 appropriations in order “to simplify budget processes and improve transparency.” (H.Rept. 108-599; see also the conference report, H.Rept. 108-792.)

*Line 2* refers to USAID bilateral TB and malaria programs, which are funded through CSH and “other accounts” (see discussion on *Line 5*) in the appropriations legislation. The FY2007 House-passed Foreign Operations Appropriations bill (H.R. 5522), per the Administration’s request, does not include malaria funding through PEPFAR. However, for comparability, this report has included malaria funds in the above chart. H.R. 5522 allocates \$179.0 million on USAID bilateral malaria programs, of which \$177.6 million would be funded through the Child Survival and Health Account (CSH), and an additional \$1.4 million would be provided from other accounts.<sup>6</sup> Similarly, H.R. 5522 directs \$101.55 to global TB programs, of which \$90 million would be spent through CSH and an additional \$11.55 million through other accounts.<sup>7</sup>

*Line 3* encompasses U.S. Global Fund contributions from CSH. In FY2004, as shown in *Line 4*, \$87.8 million of the amount appropriated to the Global Fund was not provided per legislative provisions limiting U.S. Global Fund contributions to 33% of the amount contributed by all donors.<sup>8</sup> The FY2005 Consolidated Appropriations legislation directed that these withheld funds be provided to the Global Fund in FY2005, subject, like the remainder of the U.S. contribution, to the 33% proviso.

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<sup>6</sup> The House estimates that \$63.8 million would be spent on malaria through U.S. Global Fund contributions. When added to U.S. bilateral initiatives, the House suggests that a total of \$242.9 million be spent on global malaria initiatives.

<sup>7</sup> The House estimates that an additional \$89.39 million would be spent on tuberculosis through U.S. Global Fund contributions, totaling \$180.94 for global TB efforts when combined with bilateral TB funding.

<sup>8</sup> These provisions are found in Sec. 202 of P.L. 108-25, the United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, as amended by P.L. 108-199, the FY2004 Consolidated Appropriations. See CRS Report RL33396, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress*, by Tiaji Salaam-Blyther, for more information.

*Line 5* in **Table 1** indicates that other bilateral assistance is used to combat AIDS, tuberculosis, and malaria. This assistance includes food aid,<sup>9</sup> Economic Support Fund aid (ESF), assistance for the former Soviet Union under the Freedom Support Act (FSA), and Assistance for Eastern Europe and the Baltics (SEED).

The State Department's Global HIV/AIDS Initiative (GHAI), referred to in *Line 6* of **Table 1**, is the major component of the President's Emergency Plan for AIDS Relief (PEPFAR), announced by President Bush on January 28, 2003. In FY2007, the House proposes that the GHAI Global Fund contribution be taken from GHAI bilateral program funds.

*Line 8* of **Table 1** refers to Foreign Military Financing (FMF) for equipment purchases to support a Military Health Affairs program under the Department of Defense (DOD), offering HIV/AIDS prevention education, primarily to African armed forces. The program itself is referred to in *Line 17*. *Line 9* provides a subtotal for HIV/AIDS, TB, and malaria programs funded through the Foreign Operations Appropriations.

**U.S. Contributions to International AIDS Initiatives.** Although not specified in **Table 1**, *Line 9* includes U.S. contributions to international AIDS efforts, such as international microbicide research, the International AIDS Vaccine Initiative (IAVI), and the United Nations Joint Program on HIV/AIDS (UNAIDS). The FY2005 Consolidated Appropriations bill set aside \$30 million in CSH funding for the development of microbicides, up from \$22 million in FY2004. The measure also provided \$27 million from CSH for IAVI, compared with \$26 million in FY2004. The bill specified that \$27 million should be contributed to UNAIDS from GHAI, while the amount specified for FY2004 was \$26 million. For FY2006, appropriators directed \$40 million to microbicides, \$27 million to IAVI, and \$30 million to UNAIDS. The House proposes that \$45 million be spent on microbicides, about \$29 million be directed to IAVI, and \$27 million be allocated to a U.S. UNAIDS contributions in FY2007. Additionally, the House urges the Global AIDS Coordinator to provide additional funds for microbicides research through PEPFAR.

## Initiatives Funded through Labor/HHS Appropriations

*Lines 10 through Lines 16* in **Table 1** refer to global AIDS programs funded through the Labor/HHS Appropriations. The Centers for Disease Control and Prevention (CDC) at HHS administers the Global AIDS Program (GAP), which promotes prevention, care, and capacity building in AIDS-stricken countries. Funding for GAP appeared to drop in FY2005, as compared to FY2004, in part because CDC adopted a new budget structure that removed overhead and indirect costs from the request, which now solely reflects spending on the program itself. Moreover, funding for mother-to-child transmission prevention programs was shifted to the Global HIV/AIDS Initiative at the Department of State (see below).

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<sup>9</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 Issue Brief IB98006, *Agricultural Export and Food Aid Programs*, by Charles E. Hanrahan.



In addition to GAP, the CDC conducts AIDS prevention research overseas, referred to in *Line 11*, which is part of the U.S. response to the global pandemic. *Line 12* refers to CDC research on international TB and malaria. According to CDC, the apparent decrease in this program under the FY2006 request reflects the change in the HHS budget structure noted above. Meanwhile, as indicated in *Line 13*, the National Institutes of Health (NIH) also conducts research with an international dimension, focusing primarily on the development of a vaccine for international markets. Appropriations for the CDC and NIH research programs are not specifically earmarked in legislation. *Line 14* refers to contributions to the Global Fund channeled through NIH (see **Table 2**). As in previous years, the FY2007 Administration request does not include funding for the Global AIDS in the Workplace Initiative implemented by the Department of Labor (*Line 15*).

## Initiatives Funded through Other Appropriations

**Department of Defense HIV/AIDS Prevention Education.** *Line 17* in **Table 1** refers to the Defense Department's AIDS prevention education program. As in previous years, funding for the program was not requested in the FY2006 or FY2007 Department of Defense appropriations. However, Congress provided \$5.3 million for the program in FY2006.

**Section 416(b) Food Aid.** Since FY2002, Congress has directed that \$25 million of any aid provided through the Section 416(b) food aid program, which provides for the donation of surplus food commodities, be used to mitigate the effects of HIV/AIDS overseas (*Line 18*). In subsequent years, this assistance was not requested by the Administration, but Congress continued to make provisions for it in Department of Agriculture appropriations.

**Prevention of Mother and Child HIV Transmission Initiative.** The President's International Mother and Child HIV Prevention Initiative was announced on June 19, 2002. This initiative, under Administration plans, was to total \$500 million, with \$200 million requested in FY2003 and \$300 million requested in FY2004, to be provided in equal amounts from the Foreign Operations Appropriations and the Labor/HHS appropriations for CDC international AIDS programs. The FY2003 Omnibus Appropriations (P.L. 108-10) provided the \$100 million requested through Foreign Operations in FY2003, but \$40 million, rather than \$100 million, was provided through the CDC (H.Rept. 108-10). The Consolidated Appropriations for FY2004 fully funded the request. It provided up to \$150 million under Foreign Operations and \$150 million through the CDC. Under the FY2005 request, funding for mother and child transmission programs were provided through GHAI at the Department of State.

## Global Fund

Although the United States has consistently provided about one-third of all Global Fund contributions per fiscal year, Congress has placed restrictions on U.S. contributions for various reasons. In FY2006, due to concerns about spending practices, Congress requires that 20% of Global Fund contributions be withheld until the Secretary of State certifies to the Appropriations Committees that the Fund has

undertaken a number of steps to strengthen oversight and spending practices (P.L.109-102).<sup>10</sup> The act allows the Secretary to waive the requirement if she determines that a waiver is important to the national interest of the United States. The House, in H.R. 5522, proposes that the 20% requirement be extended into FY2007. However, the FY2007 legislation proposes that 25% of the funds be withheld pending the Secretary of State's certification, as opposed to 20% required through FY2006 appropriations. The FY2007 House Foreign Operations Appropriations bill also prohibits U.S. funds from being used to assist countries in writing grant proposals.

**Table 2** summarizes funding for U.S. Global Fund contributions, totaling more than \$2 billion (\$2.066 billion) through FY2006. 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. Funding for U.S. Contributions to the Global Fund**  
(\$ millions)

	FY2001 Actual	FY2002 Actual	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY2006		FY2007	
						Request	Enacted	Request	House
1. Foreign Operations	100	50.0	248.4	397.6	248.0	200.0	445.5	200.0	444.5
2. Labor/HHS		125.0	99.3	149.1	99.2	100.0	99.0	100.0	
3. FY2004 Carryover	n/a	n/a	n/a	-87.8	87.8	n/a	n/a	n/a	n/a
<b>TOTAL</b>	<b>100</b>	<b>175</b>	<b>347.7</b>	<b>458.9</b>	<b>435.0</b>	<b>300.0</b>	<b>544.5</b>	<b>300.0</b>	

Source: Compiled by CRS from appropriations legislation.

## Explanation of Data Discrepancies

### CRS Data versus Figures Reported in the Press

The press typically reported that the FY2004 Consolidated Appropriations included \$2.4 billion for international HIV/AIDS programs, rather than the \$2.3 billion reported in **Table 1**. However, the \$2.4 billion figure was the pre-rescission amount for fighting HIV/AIDS, tuberculosis, and malaria. Moreover, as noted above, \$87.8 million appropriated for the Global Fund was not provided. Finally, some amounts, such as NIH international research, were adjusted downward as final spending information for the year became available.

<sup>10</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.

The amount provided for U.S. global HIV/AIDS programs under the FY2005 Consolidated Appropriations was typically reported as \$2.9 billion, an amount that included the \$87.8 million carried over from FY2004. According to the conference report on the FY2005 Consolidated Appropriations (H.Rept. 108-792), the amount provided for fighting AIDS alone, rather than the three diseases, was \$1.96 billion in the Foreign Operations portion of the bill. This reflected an assumption that the Global Fund was providing about 56% of its funds to fight HIV/AIDS. Using the same assumption, the AIDS-only amount in the rest of the appropriations legislation was approximately \$580 million, making the AIDS-only total \$2.5 billion.

## CRS Data Versus OGAC Figures

The Office of the Global AIDS Coordinator (OGAC) released its Second Annual Report to Congress, *Action Today, A Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief* on February 8, 2006. The report outlined, among other things, PEPFAR HIV/AIDS allocations per agency. Key data differences are outlined below in **Table 3**.

**Table 3. Comparison of CRS and OGAC Data Presentation**

PROGRAM	CRS FY2004	OGAC FY2004	CRS FY2005	OGAC FY2005
1. Child Survival Assistance for HIV/AIDS (excluding Global Fund)	513.4	513.0	347.2	347.0
2. Child Survival Assistance for TB & Malaria	155.0	155.0	168.6	168.0
3. Child Survival Assistance for Global Fund	397.6	398.0	248.0	248.0
4. FY2004 Global Fund Carryover	-87.8	0.0	87.8	0.0
5. Other bilateral assistance	51.7	52.0	51.1	52.0
6. State Department Global HIV/AIDS Initiative (GHAI)	488.1	488.0	1,373.9	1,374.0
7. GHAI for the Global Fund	0.0	0.0	0.0	0.0
8. Foreign Military Financing	1.5	1.0	2.0	2.0
<b>9. Subtotal, Foreign Operations Appropriations</b>	<b>1,519.5</b>	<b>1607.0</b>	<b>2,278.6</b>	<b>2191.0</b>
10. CDC Global AIDS Program	273.9	274.0	123.8	124.0
11. CDC International Applied HIV Prevention Research	11.0	9.0	11.0	14.0
12. CDC international TB and malaria	17.9	11.0	15.9	11.0
13. NIH International Research	317.2	317.0	332.3	332.0
14. Global Fund contribution NIH	149.1	149.0	99.2	99.0
15. DOL AIDS in the Workplace Initiative	9.9	10.0	2.0	2.0
<b>16. Subtotal, Labor/HHS Appropriations</b>	<b>779.0</b>	<b>770.0</b>	<b>584.2</b>	<b>582.0</b>
17. DOD HIV/AIDS prevention education	4.2	4.0	7.5	7.0
18. Section 416(b) Food Aid	24.8	0.0	24.8	0.0
<b>19. TOTAL</b>	<b>2,327.5</b>	<b>2381.0</b>	<b>2,895.1</b>	<b>2780.0</b>

**Source:** Compiled by CRS from appropriations legislation and OGAC Report to Congress.

Most of the differences between CRS and OGAC data can be attributed to rounding. CRS provided exact figures while OGAC rounded its numbers. However, some of the divergence can be attributed to other issues. Specifically, as shown in *Line 4*, OGAC did not consider the 33% Global Fund contribution limitation when reporting final U.S. Global Fund contribution. Consequently, funds deducted and added in FY2004 and FY2005 were not included in OGAC-reported HIV/AIDS spending totals.

Additionally, OGAC extracted CDC prevention of mother to child HIV transmission (PMTCT) funds from CDC Global AIDS Program (GAP) funds, this report did not. Consequently, in Appendix I of the OGAC report, the CDC GAP allocation appears smaller (\$125 million). This distinction is not reflected in *Line 10* of **Table 3**, because this report combined the OGAC estimates of GAP and PMTCT spending for comparability. CRS and OGAC data were the same for the two efforts save rounding differences.

Data differences in *Lines 10* and *11* are due to budgetary adjustments made after OGAC published its final report. Additionally, OGAC reports that after FY2006, it will discontinue including CDC international applied HIV prevention research and international TB and malaria spending in its total.

OGAC did not include food assistance provided by the Department of Agriculture to countries severely affected by HIV/AIDS in its HIV/AIDS spending total, as seen in *Line 18*.

Additionally, since the launching of the President's Malaria Initiative (PMI) in FY2006, OGAC stopped including malaria funding in the overall PEPFAR total. However, because PEPFAR sought to address three diseases, HIV/AIDS, tuberculosis, and malaria funding have traditionally been grouped together since FY2004. For comparability purposes CRS includes malaria spending in PEPFAR totals for FY2006 and FY2007. However, in its report to Congress, OGAC provided two totals for PEPFAR spending; one that includes malaria spending and one that excludes it.