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Zika Response Funding: In Brief

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Introduction

In its second session, the 114th Congress is considering whether and how to provide funds to control the spread of the Zika virus throughout South and Central America. Zika infection, primarily spread by *Aedes* mosquitoes, has been linked to severe birth defects and other health concerns. Local transmission of the Zika virus has occurred in American Samoa, Puerto Rico, and the U.S. Virgin Islands, and transmission is expected on the U.S. mainland this summer, in areas where *Aedes* mosquitoes are present.¹

Federal efforts to address the outbreak include research on the infection and its effects, mosquito control measures, and efforts to develop a vaccine. The public health focus, both domestically and elsewhere in the Americas, is to protect pregnant women from infection and prevent birth defects. Administration officials and some in Congress are concerned about the resources needed to prevent widespread Zika infections as the Northern Hemisphere summer approaches.

On February 8, 2016, the Obama Administration submitted a request for more than \$1.89 billion in supplemental funding to respond to the Zika epidemic, all of which is requested as emergency FY2016 discretionary appropriations, and therefore effectively exempt from spending limits in the Budget Control Act of 2011 (BCA, P.L. 112-25).² The Administration's request includes \$1.509 billion for the Department of Health and Human Services (HHS), \$335 million for the U.S. Agency for International Development (USAID), and \$41 million for the Department of State. The request also seeks authority to transfer some of those supplemental emergency appropriations across other federal agencies, such as the Department of Defense, the Environmental Protection Agency, and the U.S. Department of Agriculture, to allow greater flexibility as circumstances change. It also would provide HHS, the Department of State, and USAID with two personnel management authorities for, but not limited to, addressing the Zika outbreak; broad authority for direct hiring,³ and authority for personal services contracting.⁴

As of early April 2016, the House and Senate Appropriations Committees have not acted on any supplemental appropriations measures to address the Zika outbreak. Some in Congress have considered whether unobligated (uncommitted for expenditure) FY2015 funds that had been provided to respond to the Ebola virus outbreak should be used to fund part of the Zika response, either temporarily or permanently.⁵ On April 6, 2016, the White House Office of Management

¹ For more information, see CRS Report R44368, *Zika Virus: Basics About the Disease*; CRS In Focus IF10353, *Mosquitoes, Zika Virus, and Transmission Ecology*; CRS Insight IN10433, *Zika Virus: Global Health Considerations*; and CRS Report R44385, *Zika Virus: CRS Experts*.

² White House, Office of Management and Budget, Estimate #1 – FY 2016 Emergency Supplemental: Appropriations Request to Respond to the Zika Virus both Domestically and Internationally, February 22, 2016, https://www.whitehouse.gov/omb/budget_amendments. For more information on discretionary spending limits and Ebola funds designated for emergency requirements, see OMB Final Sequestration Report to the President and Congress for Fiscal Year 2015, January 20, 2015, at https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration/sequestration_final_january_2015_president.pdf.

³ For more detail, see <https://www.opm.gov/blogs/Director/direct-hire-authority/>.

⁴ As defined in regulation, “The Government is normally required to obtain its employees by direct hire under competitive appointment or other procedures required by the civil service laws. Obtaining personal services by contract, rather than by direct hire, circumvents those laws unless Congress has specifically authorized acquisition of the services by contract.” (48 C.F.R. 37.104(a)) Under this authority, federal agencies can quickly contract with individual scientists, physicians, and other experts to aid in response efforts.

⁵ Kerry Young, “Appropriators Split on Zika Response, CDC Gun-Violence Research,” *CQ HealthBeat News*, March 23, 2016.

and Budget (OMB) and the Secretary of HHS announced that they had identified \$589 million—\$510 million of it from “existing Ebola resources within the Department of Health and Human Services and Department of State/USAID”—that can quickly be reprogrammed and spent on immediate efforts to control and respond to the spread of the Zika virus in the Americas.⁶ Specific information about the available Ebola funds and their intended uses was not made publicly available.

On April 8, 2016, USAID notified Congress of its intent to redirect \$295 million from FY2015 unobligated Ebola Economic Support Funds (ESF) to be used for the Zika response efforts. Of that amount, USAID will transfer \$158 million to CDC, including \$78 million for its Zika response and \$80 million for its Ebola response. The remaining \$137 million also from FY2015 ESF will be redirected to fund various USAID activities for its Zika response efforts.

This report presents the Administration’s request for supplemental appropriations for the Zika response, and information about unobligated Ebola supplemental funds as of January 1, 2016. Updates will be forthcoming as details become available.

The Emergency Supplemental Appropriations Request for Zika Response Efforts

The following describes the Zika emergency supplemental request components by agency.

Health and Human Services

The Administration’s emergency supplemental appropriations request to respond to the Zika outbreak seeks for HHS a total of \$1.509 billion. Each HHS agency request includes the statement that funds would be “to prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally....” Most of the requested funds would support research, surveillance, vaccine and test development, and various domestic preparedness activities. A portion would support international response activities. The request proposes that all supplemental appropriations to HHS be designated as emergency spending, and remain available until expended.

Centers for Disease Control and Prevention (CDC)

A total of \$828 million is requested for the CDC-Wide Activities and Program Support account. Proposed request language would, among other things, authorize the CDC Director to transfer funds between CDC accounts, and authorize funds to be used for real property acquisition and improvements to non-federal facilities. Funds would be used as follows:

- **Grants and technical assistance to Puerto Rico and U.S. Territories**—\$225.0 million to, among other purposes, monitor pregnant women and establish a registry of women infected while pregnant; expand mosquito control activities; and enhance laboratory testing capacity.
- **Domestic Response**—\$453.0 million to provide grants to southern and other U.S. states with *Aedes* mosquitoes for surveillance, improved test methods and

⁶ OMB, Shaun Donovan, “Taking Every Step Necessary, As Quickly As Possible, to Protect the American People from Zika,” OMB blog, April 6, 2016, <https://www.whitehouse.gov/omb/blog>.

- testing capacity, public education and outreach, mosquito control measures in areas at risk, and additional federal and state response activities.
- **International Response Activities**—\$150.0 million to expand the public health workforce, and enhance infectious disease surveillance and emergency response activities, in Zika-affected countries; and to support the laboratory network of the Pan American Health Organization (PAHO), the regional arm of the World Health Organization (WHO) for the Americas.

Public Health and Social Services Emergency Fund (PHSSEF)

The PHSSEF is a fund used by appropriators to provide the HHS Secretary with ongoing or one-time emergency funding, such as for the response to disease epidemics. The emergency supplemental request seeks \$295.0 million for the PHSSEF for the following:

- several maternal and child health and home visitation programs for low-income pregnant women at risk of Zika infection, and families that have children born with birth defects related to Zika infection;
- several health care workforce assistance programs for Puerto Rico and other territories; and
- compensation for persons harmed by the use of tests or vaccines used under emergency authority.⁷

The requested PHSSEF funds could, in consultation with OMB, be transferred to other agencies within HHS or across the federal government. The request stated that this transfer authority is to provide flexibility in response to changing needs. No congressional notification requirement is included.

National Institutes of Health (NIH)

The emergency supplemental request seeks \$130.0 million for the NIH National Institute of Allergy and Infectious Diseases (NIAID) to expand research efforts to characterize the progression and effects of Zika infection and other vector-borne diseases, and to develop vaccines against them.⁸ Proposed request language would authorize the NIH Director to transfer funds between NIH accounts. No congressional notification requirement is included.

Food and Drug Administration (FDA)

The emergency supplemental request seeks \$10.0 million for FDA's role in reviewing the safety and effectiveness of medical countermeasures (such test methods, vaccines, and treatments), and post-market monitoring of such countermeasures if and when they become available.

⁷ This compensation program is described in "Covered Countermeasure Process Fund" in CRS Report RS22327, *Pandemic Flu and Medical Biodefense Countermeasure Liability Limitation*, and HHS, Health Resources and Services Administration, Countermeasures Injury Compensation Program (CICP), <http://www.hrsa.gov/cicp/index.html>.

⁸ This refers to infectious diseases that are transmitted by a living organism (a "vector," such as a mosquito), from one host to another.

Medicaid Funding for Territories⁹

The emergency supplemental request would temporarily increase the federal matching rate for Medicaid in the territories. The territories operate Medicaid programs under different rules from those that apply to the 50 states and the District of Columbia. Federal Medicaid funding to the states and the District of Columbia is open-ended, but the territories receive capped annual allotments (i.e., the maximum amount of federal funds available in a year). In addition, the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) provides the territories with additional federal Medicaid funding to use by September 30, 2019. The territories have a federal medical assistance percentage (FMAP) rate (i.e., federal matching rate) for Medicaid of 55%.¹⁰

The supplemental request includes a provision that would increase the FMAP rate for the territories to 65% for one year beginning with the first day of the fiscal quarter following enactment. This increased FMAP rate would be available for all Medicaid expenditures, not limited to those provided to treat Zika infection. The federal funding for the increased FMAP rate would not count against the territories' annual federal spending caps or additional ACA funding. The Administration estimates this FMAP rate increase would cause federal Medicaid expenditures to grow by \$246 million.¹¹

There is some question about how this provision would affect Puerto Rico if it were to exhaust its additional ACA funding prior to FY2019.¹² Depending on the timing of enactment, Puerto Rico might not have access to its full annual Medicaid allotments or additional ACA funding for a portion of the time the provision would be in effect.¹³

Retroactive Reimbursement

The request proposes language that would allow funds provided in the act to be used to reimburse HHS accounts for Zika response expenses incurred prior to enactment.

Transfer Authority

The request proposes language that would allow funds appropriated to HHS in the act to be transferred to other federal accounts, including the Department of Defense, the Environmental Protection Agency, and the Department of Agriculture “to prevent, prepare for, and respond to Zika virus, other vector-borne diseases, or other infectious diseases and related health outcomes, domestically and internationally....” following consultation with OMB. No congressional notification requirement is included.

⁹ This section contributed by Alison Mitchell, Specialist in Health Care Financing, Domestic Social Policy Division.

¹⁰ For more information about the Medicaid program in the territories, see CRS Report R44275, *Puerto Rico and Health Care Finance: Frequently Asked Questions*, coordinated by Annie L. Mach.

¹¹ The funding for this provision would be provided through a change in mandatory programs (CHIMP), which is a provision in an appropriations act that affects a mandatory spending program.

¹² According to HHS, Puerto Rico is projected to exhaust its ACA Medicaid funding by the end of FY2017. HHS, *FY2017 Budget in Brief*, February, 2017, p. 97, <http://www.hhs.gov/sites/default/files/fy2017-budget-in-brief.pdf>.

¹³ If Puerto Rico were to exhaust its ACA Medicaid funding before the end of FY2019, it would have to significantly increase its own Medicaid funding share in order to maintain the current program. This would worsen its current fiscal situation. For more information about this situation, see CRS Report R44095, *Puerto Rico's Current Fiscal Challenges*, by D. Andrew Austin.

Expanded Definition of “Security Countermeasure”

The request proposes language that would allow the government to support the advanced development and procurement of medical countermeasures against Zika virus through Project BioShield. Currently, Project BioShield supports only countermeasures against specific chemical, biological, radiological, and nuclear terrorist threats.¹⁴ The proposed expansion is not limited to countermeasures against the Zika virus or vector-borne diseases, but rather is stated broadly as a “countermeasure to diagnose, mitigate, prevent, or treat harm from any infectious disease that may pose a threat to the public health.”

International Assistance Programs

The Administration’s emergency supplemental appropriations request to respond to the Zika outbreak seeks for the Department of State and USAID a total of \$376.1 million. This includes funds for control of the disease, prevention, surveillance, evacuating U.S. employees and American citizens, vaccine development, and diagnostic research, among other things. Specifically within the International Assistance section of the request is a request for transfer authority (without a requirement for congressional notification) with certain limitations, reimbursement authority, and hiring of personal services contractors, as well as authorization to use unobligated Ebola balances to combat Zika and other infectious diseases. Also worth noting is that, unlike HHS, funds for international assistance programs have varying periods of availability, as specified below.

Department of State

A total of \$41.1 million is requested for the Department of State operations, multilateral assistance within International Organizations and Programs (IO&P), and international security assistance (nuclear research and techniques) as follows:

- **Diplomatic and Consular Programs account (D&CP)**—\$14.6 million to remain available until September 30, 2017. Of this amount
 - \$8.4 million to support the Office of Medical Services for medical support and possible evacuation under the Chief of Mission authority of at-risk U.S. employees in Zika-affected countries; and
 - \$6.2 million to support regional coordination efforts and public diplomacy outreach, among other activities.
- **Emergencies in the Diplomatic and Consular Service**—\$4 million to remain available until expended to support response efforts, including potential evacuation of U.S. citizens.
- **Repatriation Loans Program**—\$1 million to remain available until expended to finance repatriation loans to U.S. citizens who may seek to leave Zika-affected areas or who have been exposed to or have contracted Zika.
- **Nonproliferation, Anti-Terrorism, Demining and Related Programs (NADR)**—\$8 million to remain available until September 30, 2017, for additional voluntary U.S. contributions to the International Atomic Energy Agency (IAEA), an autonomous intergovernmental organization related to the

¹⁴ For more information, see HHS, “Project BioShield,” <https://www.medicalcountermeasures.gov/barda/cbrn/project-bioshield-overview/>.

United Nations that promotes the safe, secure and peaceful use of nuclear technologies. Funds would support Zika research to develop and deploy nuclear techniques to help accelerate diagnosis, provide related specialized training, and to implement sterile insect projects to suppress mosquito populations.¹⁵

- **International Organizations and Programs (IO&P)**—\$13.5 million to remain available until September 30, 2017, to support Zika response actions taken by UNICEF, the Food and Agriculture Organization, the WHO, and PAHO.

USAID

For the U.S. Agency for International Development, the Administration is requesting \$335 million to cover USAID's health programs and implementation expenses:

- **USAID Operating Expenses (OE)**—\$10 million to remain available until September 30, 2017, to support Zika response efforts.
- **Global Health Programs (GHP)**—\$325 million to remain available until expended to prevent, treat, or respond to the Zika virus and related health concerns, other vector-borne diseases, or other infectious diseases. Multi-year funding commitments are requested to provide incentives for the development of global technologies such as vaccines, diagnostics equipment, and vector control innovations. Anticipated allocations include
 - \$100 million to implement vector management and control activities in Zika-affected countries;
 - \$100 million to stimulate private sector research and development of vaccines, diagnostics, and vector control innovations through public-private partnerships;
 - \$50 million for maternal and child health support in affected and at-risk countries, including training of health care workers; ensuring access to family planning information, services, and methods; providing support for children with microcephaly; and helping pregnant women and their partners have access to personal protection, including condoms and repellent to protect against mosquitoes;
 - \$25 million for public health communication and behavior change campaigns for affected communities and countries to take actions to protect themselves from Zika and other vector-borne diseases; and
 - \$50 million to issue Global Health Security Grand Challenges that would call for groundbreaking innovations in diagnostics, vector control, personal protection, community engagement and surveillance, and other tools to address Zika and other infectious diseases, as well as to develop public-private partnerships to accelerate development of innovative tools and practices.

¹⁵ For more information see Aabha Dixit, IAEA Office of Public Information and Communication, "Nuclear Technique Can Help Control Disease-Transmitting Mosquitoes," February 3, 2016, <https://www.iaea.org/newscenter/news/nuclear-technique-can-help-control-disease-transmitting-mosquitoes>.

Use of Ebola Balances for Other Infectious Diseases

Within the Department of State and Other International Programs General Provisions (in addition to the General Provisions for the entire request), the supplemental request would authorize the use of unobligated Ebola Funds (Title IX, Div. J, P.L. 113-235), stating: [Unobligated Ebola funds] “shall also be available to respond to the Zika virus and related health outcomes, other vector-borne diseases, or other infectious diseases.”

As of January 1, 2016, the Department of State/USAID’s unobligated Ebola funds totaled nearly \$1.3 billion. Of that total, about \$600 million is available until September 30, 2016 (just a few months away), and about \$694 million is available until expended.¹⁶ (See the subsequent section, “HHS, State/USAID, and DOD Unobligated Ebola Response Funds.”)

Transfer Authority

The Department of State and Other International Programs General Provisions in the supplemental request would allow transfer of State Department-related funds in the request only among State Department-related accounts within the request and transfer of USAID-related funds in the request only among USAID-related accounts. No congressional notification requirement is included.

Notwithstanding Authority

The supplemental’s notwithstanding authority request could allow funds from this or prior acts supporting the U.S. Zika virus response to be expended despite any previously enacted restrictions and conditions on U.S. foreign aid. For example, if enacted, this authority could allow foreign aid to be provided to states that are otherwise restricted by law: those designated as sponsors of terrorism, those with debt arrearage, human rights violators, or states that practice coercive family planning. The Department of State has indicated in the Global Health Program (GHP) section, however, that funds will provide support for “ensuring access to voluntary family planning information, services, and methods.”

Direct Hiring Authority/Personal Services Contractors

The General Provisions Title for the act, and also the General Provisions Title for the Department of State and Other International Programs, allows for expedited hiring authority to directly hire staff during critical public health threats, such as Zika, and to enter into contracts with individuals who are experts in Zika-related fields. This measure does not limit direct hiring or personal services contractors only for Zika-related purposes. This authority for direct hiring and personal services contractors could be used in a broader set of public health circumstances than the Zika virus.

¹⁶ Based on departmental spend plans and/or quarterly reports for HHS, State/USAID, and Defense, as required by P.L. 113-235, and obtained by CRS; and additional departmental communications.

HHS, State/USAID, and DOD Unobligated Ebola Response Funds

In December 2014, the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), provided \$5.4 billion in emergency supplemental appropriations to HHS, the Departments of State and Defense, and USAID to address the Ebola outbreak that began in West Africa in January 2014.¹⁷ Because these funds were designated as emergency appropriations, they are effectively exempt from spending limits in the Budget Control Act of 2011 (BCA, P.L. 112-25).¹⁸

On April 6, 2016, the Obama Administration announced its plan to reprogram \$510 million of unobligated FY2015 Ebola funding to respond to the Zika virus.¹⁹ HHS Ebola funds may be reprogrammable without additional congressional action (subject to existing restrictions on reprogramming, including notification). This is because the relevant appropriations measures stated the funds are available for Ebola and other infectious diseases. It is currently unclear, however, if congressional action is necessary to provide the Department of State and USAID with the authority to reprogram the unobligated Ebola funds, as much of the funding was appropriated with specific language to be used to “prevent, prepare for, or respond to the Ebola disease outbreak.”

Table 1 provides, by account, the original appropriated Ebola funds, remaining (unobligated) amounts, the period of funding availability, and purpose of the funds, based on quarterly reports to Congress as required by the law. As of January 1, 2016, unobligated Ebola funds totaled \$2.77 billion: \$1.46 billion for HHS, \$1.29 billion for State/USAID, and \$17.3 million for Defense. A portion of the total, \$652.9 million—most of which is USAID funding—expires September 30, 2016. Nearly all of the remaining unobligated funds expire September 30, 2019, or are available until expended.

Table 1. FY2015 Emergency Funds Appropriated for Ebola Response and Related Activities, and Unobligated Balances

Amounts are U.S. dollars in millions. Unobligated amounts are as of January 1, 2016.

Agency and Account or Activity	P.L. 113-235 ^a	Unobligated Funds	Period of Availability	Purpose(s)
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
CDC: International activities	603.0	369.4	Until Sept. 30, 2019	Disease control assistance to affected and neighboring countries.
CDC: Global Health Security	597.0	525.2	Until Sept. 30, 2019	Implementation of Global Health Security Agenda (GHSA) activities. ^b

¹⁷ This section addresses funds provided in P.L. 113-235 only; it does not track the \$88 million appropriated to HHS for Ebola-related activities in the first FY2015 continuing resolution (P.L. 113-164).

¹⁸ For more information on discretionary spending limits and Ebola funds designated for emergency requirements, see *OMB Final Sequestration Report to the President and Congress for Fiscal Year 2015*, January 20, 2015, at https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration/sequestration_final_january_2015_president.pdf.

¹⁹ OMB, Shaun Donovan, “Taking Every Step Necessary, As Quickly As Possible, to Protect the American People from Zika,” OMB blog, April 6, 2016, <https://www.whitehouse.gov/omb/blog>.

Agency and Account or Activity	P.L. 113-235 ^a	Unobligated Funds	Period of Availability	Purpose(s)
CDC: Public health emergency preparedness	165.0	11.3	Until Sept. 30, 2019	Domestic preparedness and response activities, including control in health care settings, and procurement for stockpile.
CDC: State and local	255.0	56.0	Until Sept. 30, 2019	Grants to state health departments for surveillance, testing, case management.
CDC: Worker training	0.0	—	—	\$10 million for this activity was transferred to NIH. See below.
CDC: Migration/quarantine	119.3	57.4	Until Sept. 30, 2019	Screening and management of entrants from affected countries/regions.
CDC: Other domestic activities	37.0	11.9	Until Sept. 30, 2019	Vaccine trials and other applied public health research.
CDC Subtotal	1,776.3	1,031.2	—	—
ASPR (PHSSEF): Hospital Preparedness Program	208.5	21.2	Until Sept. 30, 2019	Domestic training, PPE, and establishing regional Ebola Treatment Centers (ETCs).
ASPR (PHSSEF): Other prep. and response	352.2	347.4	Until Sept. 30, 2019	Not specified. Could include domestic treatment costs for affected individuals.
ASPR (PHSSEF): BARDA	157.0	3.7	Until Sept. 30, 2019	Research, development, and procurement of vaccines and treatments.
ASPR/PHSSEF Subtotal	717.7	372.3	—	—
NIH, NIAID	238.0	35.2	Until Sept. 30, 2016	Research and clinical trials on investigational vaccines and treatments.
NIH, NIAID	10.0	9.0	Until Sept. 30, 2019	Ebola responder safety training, funds transferred from CDC.
FDA	25.0	13.7	Until expended	Development, review, and regulation of vaccines and treatments.
HHS Total	2,767.0	1,461.4	—	—
STATE DEPARTMENT/USAID				
USAID, Operating Expenses	19.0	15.2	Until Sept. 30, 2016	Operating costs to address Ebola outbreak in West Africa, including temporary staffing and technical support.
USAID, Inspector General	5.6	3.4	Until expended	Oversight of Ebola response in West Africa.
USAID, International Disaster Assistance (IDA)	1,436.3	542.4	Until expended	Disaster assistance to address humanitarian needs for West Africa, such as rapid response, maintaining surveillance, screening, and contact tracing.
USAID, Global Health Programs	312.0	148.0	Until expended	Expanded USAID global health security activities to control infectious diseases and limit spread of Ebola, including surveillance and building lab capacity.

Agency and Account or Activity	P.L. 113-235 ^a	Unobligated Funds	Period of Availability	Purpose(s)
State/USAID, Economic Support Fund	711.7	583.0	Until Sept. 30, 2016	Training and program assistance to prevent economic and government instability during Ebola crisis, including reimbursement for earlier response. Activities include rehabilitation of the water infrastructure, strengthening health information systems, and developing technology to prevent the spread of Ebola.
State, Diplomatic, Consular Programs (D&CP)	36.4	2.2	Until Sept. 30, 2016	Medical support and evacuation capacity, repatriation assistance, and other needs.
State, Repatriation Loans Program	ns	ns	ns	Repatriation loans to U.S. citizens as necessary related to Ebola outbreak. Funding not specified in P.L. 113-235. Explicit transfer authority is provided for up to \$1 million from D&CP into this account. ^c
State, International Organizations and Programs (IO&P)	ns	ns	ns	Estimated U.S. contributions to UNMEER. Funding not specified in P.L. 113-235. Explicit transfer authority is provided for up to \$35.3 million from IDA for this account. ^c
State, Contributions to International Organizations (CIO)	ns	ns	ns	Funding not specified in P.L. 113-235. Explicit transfer authority is provided for up to \$35.3 million from IDA and \$50 million from Global Health Programs for this account. ^c
State, Nonproliferation, Anti-terrorism, Demining, and Related Programs	5.3	0.0	Until Sept. 30, 2016	Biosafety and hazardous materials training in affected countries, efforts to mitigate illicit acquisition of Ebola virus and to promote biosecurity practices associated with outbreak response efforts.
State/USAID Total	2,526.3	1,294.2	—	—
DEPARTMENT OF DEFENSE				
Defense/DARPA: Defense-wide research, development, testing, and evaluation (RDT&E)	95.0	17.2	Until Sept. 30, 2016	Developing medical countermeasures technologies (e.g., using antibodies from survivors) and shortening vaccine development time.
Defense/DARPA: Defense-wide procurement	17.0	0.1	Until Sept. 30, 2017	Procurement of detection and diagnostic systems, mortuary supplies, and isolation transport units. ^d
Defense Total	112.0	17.3	—	—
TOTAL	5,405.3	2,772.9	—	—

Sources: Departmental spend plans and/or quarterly reports for HHS, State/USAID, and Defense, as required by P.L. 113-235, and obtained by CRS; and additional departmental communications.

Note: Amounts may not add due to rounding; “ns” means not specified.

Glossary: ASPR is HHS Assistant Secretary for Preparedness and Response; BARDA is HHS Biomedical Advanced Research and Development Authority; CDC is HHS Centers for Disease Control and Prevention; DARPA is Defense Advanced Research Projects Agency; FDA is HHS Food and Drug Administration; NIAID is NIH National Institute of Allergy and Infectious Diseases; NIH is HHS National Institutes of Health; PHSSEF is HHS Public Health and Social Services Emergency Fund, administered by the HHS Secretary; PPE is personal protective equipment; UNMEER is United Nations Mission for Ebola Emergency Response, and WHO is World Health Organization.

- a. HHS amounts reflect transfers between the funded agencies, as permitted by the law. P.L. 113-235, 128 Stat. 2522, Sec. 604, December 16, 2014.
- b. For more information, see CDC, Global Health Security Agenda, <http://www.cdc.gov/globalhealth/security/index.htm>.
- c. P.L. 113-235, 128 Stat. 2694, Sec. 9001.
- d. Explanatory statement accompanying H.R. 83, *Congressional Record*, vol. 160 (December 11, 2015), p. H9635.

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