

Report for Congress

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U.S. Global Health Priorities: USAID's Global Health FY2003 Budget

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U.S. Global Health Priorities: USAID FY2003 Budget

Summary

Global health has become a major focus of the U.S. foreign assistance program. Congressional proponents of more health assistance have successfully increased appropriations above Administration requests in recent years. Some have challenged the Administration's FY2003 budget proposal during the foreign operations debate, particularly the manner in which the Administration proposes the United States Agency for International Development (USAID) allocate its funds. It has requested a \$36 million increase in FY2003 for global health programs. It has proposed that more than 40% of the global health budget be spent on HIV/AIDS activities, up substantially from the previous fiscal year. USAID emphasizes that HIV/AIDS affects all sectors of societies, and thus it is a priority in global health. Some in Congress have expressed concern about the consequences of spending a significant portion of global health funds on HIV/AIDS, and suggested that more money be spent on other programs, namely infectious diseases and child survival. As Congress debated funding levels for FY2003 global health activities it discussed several issues including: global health funding versus other development assistance programs, and increasing funding to HIV/AIDS at the expense of other global health programs. This report will be updated as needed.

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U.S. Global Health Priorities: USAID FY2003

Background

The Administration has given priority to HIV/AIDS in its budget request for USAID programs. In its FY2003 global health budget proposal it dedicates more than 40% of its funding to HIV/AIDS activities, while only slightly increasing overall health spending. In response, some Members of Congress have expressed concern that reserving a significant portion of the global health budget for HIV/AIDS activities without increasing overall global health funding will leave other health programs without enough funds. Meanwhile, USAID maintains that in practice the increase in the overall global health budget is more important than the program in which the funding changes occur.¹ Additionally, it asserts that its integrative approach will minimize the impact of the lower budget allocations on the other health programs. This report will examine U.S. global health funding trends since 1999, review issues surrounding USAID's decision to funnel much of its money into HIV/AIDS activities, and analyze current spending priorities.

Global health activities have become a major component of U.S. foreign aid, partially due to growing concern among some policy makers that health could significantly impact economic growth, national security, and political stability in many parts of the world. According to a 2000 CIA report, *The Global Infectious Disease Threat and Its Implications for the United States*, the persistent infectious disease burden is likely to increase the risk of economic decay, social fragmentation, and political destabilization in the hardest hit countries in the developing and former communist worlds.² The report further indicates that the economic costs of infectious diseases, especially HIV/AIDS and malaria, are already significant and will take a heavy toll on productivity, profitability, and foreign investment, possibly reducing GDP by as much as 20% or more by 2010 in some sub-Saharan African countries.³

Infectious diseases could significantly affect not only those abroad, but also Americans at home. According to the CIA report, over the last 30 years, twenty well known diseases, including TB, malaria and cholera, have reemerged or spread geographically, often in more virulent and drug-resistant forms. Furthermore, at least 30 previously unknown incurable diseases have emerged since the 1970s. Although infectious diseases do not pose as great of a threat to American security as they do for other countries they could still have a significant impact. Many infectious

¹ U.S. House of Representatives Subcommittee on Foreign Operations Hearing, March 13, 2002, p.6.

² *The Global Infectious Disease Threat and Its Implications for the United States* [<http://www.cia.gov/cia/publications/nie/report/nie99-17d.html>].

³ Ibid.

diseases, most recently, the West Nile virus, originate outside U.S. borders and are introduced by international travelers, immigrants, returning U.S. military personnel, or imported animals and foodstuffs. The CIA report predicts that the most dangerous known infectious diseases likely to threaten the United States over the next two decades will be HIV/AIDS, hepatitis C, TB, and new, more lethal variants of influenza.⁴

U.S. health programs, for many years, have included programs that aim to thwart the spread of infectious diseases, address the disastrous effects of HIV/AIDS, and bolster the crumbling health infrastructures of many developing countries. Members of Congress have become increasingly aware of the potential dangers of the spread of infectious diseases. Consequently, the priority placed on global health funding within the broad scope of foreign aid has increased significantly since the mid 1990s. Congress has been especially supportive, and in many cases the initiator, of increased health spending.

USAID is the U.S. agency primarily responsible for implementing international health programs. The global health pillar, one of USAID's four program pillars, covers a range of health programs and resources whose funding came from preexisting accounts that funded child survival and disease activities. Those accounts are:

- Child Survival and Health Programs Fund (CSH)
- Economic Support Fund (ESF)
- Assistance for Eastern Europe and the Baltic States (AEEB)
- Assistance for the Independent States of the Former Soviet Union (FSU)
- P.L. 480 Title II Food Aid (PL 480)

Table 3 shows the funding levels of USAID global health programs since 1999. As the table illustrates, while the global health program is funded through a number of sources most program activities are financed through the Child Survival and Health Programs Fund (CSH). Nearly 90% of the global health budget comes from the CSH account. CSH is the most significant part of the global health budget, and consistently receives bicameral and bipartisan support in Congress.

⁴ Ibid.

Table 3. USAID Global Health Programs
(in millions of dollars)

CSH/Development Assistance^a	Enacted FY1999	Enacted FY2000	Enacted FY2001	Estimated FY2002	Proposed FY2003^b
Child Survival & Maternal Health	312 ^c	280	295	320	283
Vulnerable Children	-	-	15	25	13
HIV/AIDS	135	175	404	445	700
Other Infectious Diseases	50	62	124	155	110
Family Planning & Reproductive Health	335	328	376	369	369
UNICEF	105	110	110	120	(120 ^d)
Subtotal	936	955	1,324	1,434	1,594
ESF, FSA, AEEB, PL 480	FY1999	FY2000	FY2001	FY2002	FY2003^b
Child Survival & Maternal Health	91	187	66	63	61
Vulnerable Children	-	-	7	7	7
HIV/AIDS	4	21	28	40	40
Other Infectious Diseases	14	8	16	13	12
Family Planning and Reproductive Health	46	45	48	78	57
UNICEF	-	-	-	-	-
Subtotal	155	261	165	201	177
All Accounts	FY1999	FY2000	FY2001	FY2002	FY2003^b
Child Survival & Maternal Health	403	467	361	383	344
Vulnerable Children	-	-	22	32	20
HIV/AIDS	139	196	433	485 ^d	740
Other Infectious Diseases	64	70	140	168	122
Family Planning and Reproductive Health	381	372	424	447	425
UNICEF	105	110	110	120	(120 ^e)
GRAND TOTAL	1,091	1,215	1,490	1,635	1,771

Source: USAID Budget Office, April 15, 2002.

^a The Administration did not request funds from the CSH account in FY2003, rather it requested the Global Health Programs funds under the Development Assistance account.

^b USAID proposed budget, including the FY2003 request for an additional \$100 million for the President's new initiative, Mother to Child Transmission Initiative (MTCT).

^c Includes \$50 million supplemental.

^d This does not include contributions to the Global Fund. See RL31433 for Global Fund contributions.

^e The Administration did not request funds for the UNICEF contribution in its FY 2003 global health budget proposal, rather it is included in the State Department's budget request. It is on this chart and throughout the report for comparative purposes.

The Child Survival and Health Programs Fund, created in FY1996, is an account that funds a compilation of global health programs that enhance the likelihood of child survival, address maternal health concerns and curb the spread of infectious diseases. The CSH was created when there was significant pressure to cut foreign aid spending as part of the overall effort to eliminate the federal budget deficit.⁵ In an effort to protect the most vulnerable populations in the poorest parts of the world the House Subcommittee on Foreign Operations, Chaired by Representative Sonny Callahan, added language that would introduce the Child Survival and Disease Fund into the Foreign Operations appropriation legislation. The objective was to ensure that there would be no reductions in programs that directly affect younger children, and to accelerate efforts to eradicate diseases that threaten younger children.⁶ Funding for CSH was derived from preexisting child survival and adult disease accounts. Those accounts were:

- The Development Assistance Fund (DA);
- The Development Fund for Africa (DFA);
- The Economic Support Fund (ESF);
- Assistance for Eastern Europe and the Baltic States (AEEB);
- Assistance for the New Independent States of the Former Soviet Union (FSU);
- and the UNICEF portion of International Organizations and Programs.⁷

Initially, the Child Survival and Health Programs Fund (originally called the Child Survival and Disease Programs Fund) account did not include reproductive health and population activities, and included basic education for children's initiatives. Education programs are no longer part of the CSH account, while reproductive health and population programs have been added. Currently, CSH is used for activities related to:

- immunizations;
- oral rehydration;
- health and nutrition;
- water and sanitation;
- a grant to UNICEF;
- displaced and orphaned children;
- reproductive health and population activities;
- the treatment, prevention and research for tuberculosis, HIV/AIDS, polio, malaria and other diseases;⁸
- and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

⁵ Interview with Staffer, U.S. House of Representatives Committee on Appropriations, April 12, 2002.

⁶ U.S. House of Representatives Subcommittee on Foreign Operations Committee Report: H.Rept. 104-143, June 15, 1995, p. 12.

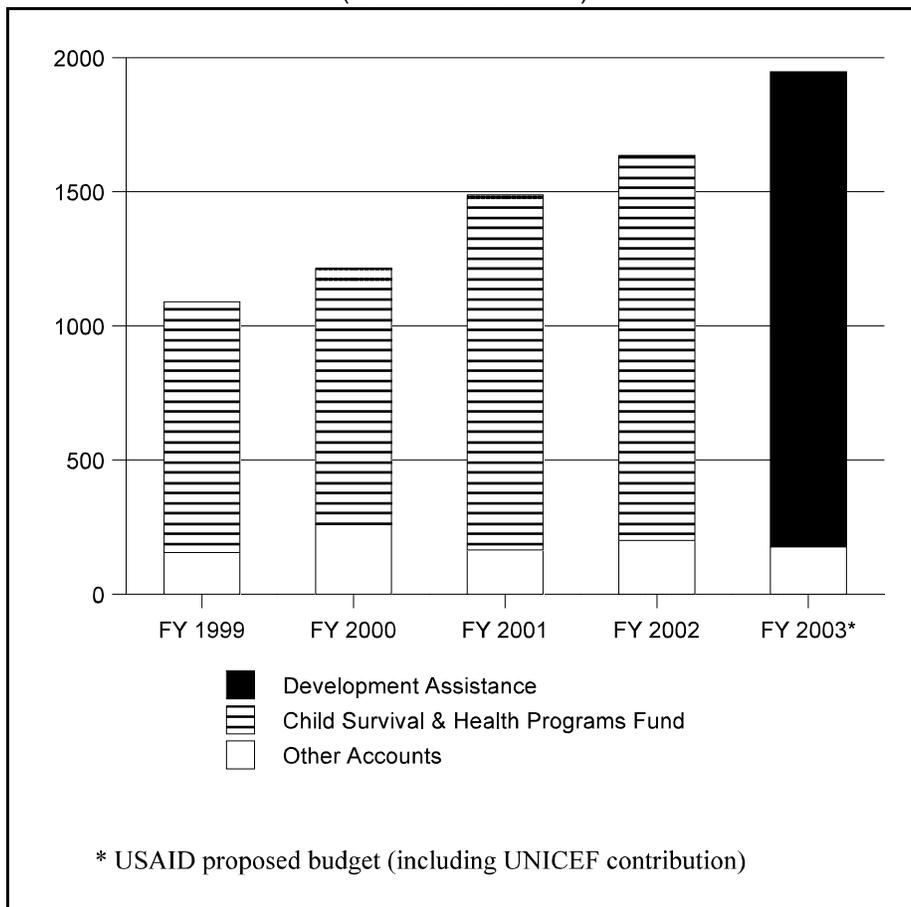
⁷ Ibid, p. 16.

⁸ Foreign Operations Conference Report: H.Rept. 107-345, December 19, 2001, p. 3.

Figure 1 illustrates the trend in CSH and global health funding since 1999. Although CSH is only one part of the global health budget it has become a significant part, receiving bicameral and bipartisan support in Congress. It accounts for nearly 90% of the FY2002 global health budget. Since it was created in FY1996, allocations for CSH have increased from \$592.6 million to \$1.434 billion in FY2002. When combined with funds from all accounts, including CSH, funding for the global health budget reached \$1.635 billion in FY2002.

For FY2003, the Administration did not request CSH funds. Instead, it requested that \$1.594 billion of the global health budget (ordinarily funded through CSH) be funded through development assistance. It requested that the remaining \$177 million come from the other accounts, bringing the total global health budget request to \$1.771 billion. USAID believes that funding the global health programs through the development assistance account would give it greater flexibility in project implementation. As in past years, the UNICEF contribution in FY2003 is included in the State Department’s budget request rather than in the USAID budget request. Congress has challenged both of these decisions. Protecting the Child Survival and Health Programs Fund and maintaining UNICEF contributions have remained a high priority for many in Congress. Consequently, funding for global health programs and UNICEF were placed under the Child Survival and Health Programs account for FY2003 in the Senate and House Foreign Operations bills.

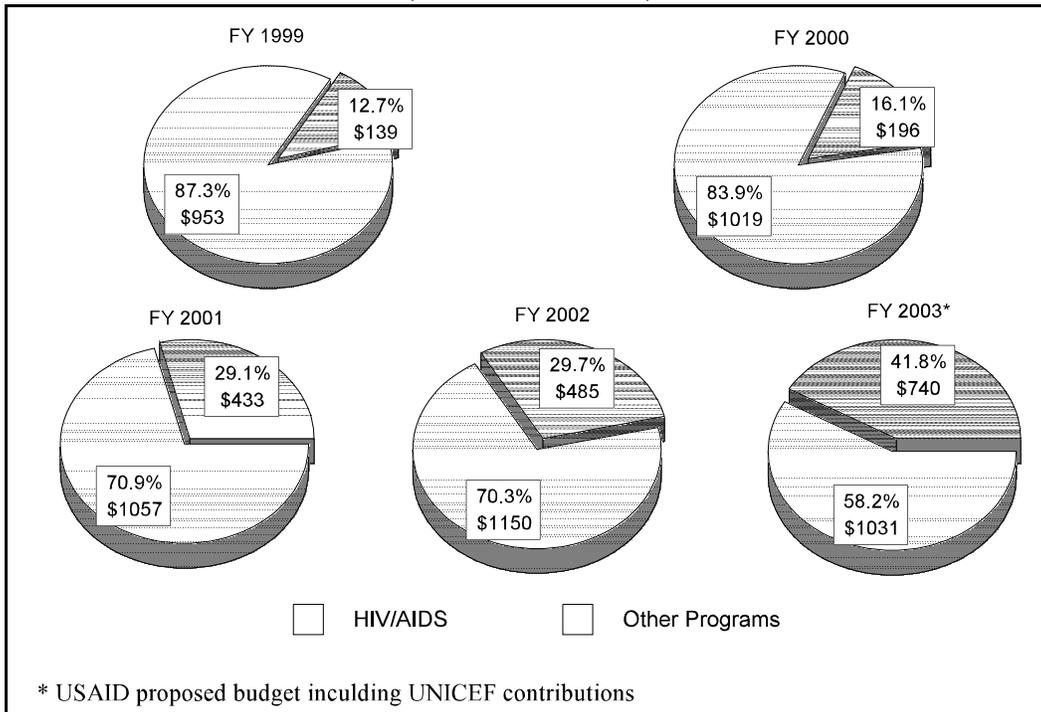
Figure 1. Total Allocations for Global Health
(in millions of dollars)



USAID Global Health Priorities

The Administration request for FY2003 includes a significant increase in HIV/AIDS spending and a decrease in nearly all of the other health programs. Figure 2 illustrates the rate at which HIV/AIDS spending has increased relative to the other health programs. In FY1999, USAID spent 12.7% (\$139 million) of its global health budget on HIV/AIDS. In FY2002, it 29.7% (\$485 million) of its global health budget was reserved for HIV/AIDS activities. Meanwhile, for FY2003, USAID proposes that 41.8% (\$740 million) of its global health budget be spent on HIV/AIDS activities, including the President’s \$100 million request for his new initiative, the International Mother to Child Transmission (MTCT) Initiative.⁹ The FY2003 request would increase HIV/AIDS spending by about 34% within one fiscal year. If Congress were to approve the Administration’s request, spending on other programs would fall more than 25% from FY1999 spending levels and nearly 9% from FY2002 spending levels. All figures exclude Global Fund contributions.

Figure 2. HIV/AIDS Spending in Global Health Budget
(in millions of dollars)



The Administration has stated that it remains committed to global health. Although it has proposed cutting spending in some of the global health categories, it argues that it has had to set priorities within a budget with limited room for expansion. Consequently, it had to balance health and non-health areas of international assistance. USAID officials say that \$740 million for HIV/AIDS, as determined by the Office of Management and Budget (OMB), is the appropriate level to support the President’s commitment to countering the global spread of HIV/AIDS.

⁹ see p.11.

USAID reiterates that it continues to support international health programs, including those for child survival and maternal health, vulnerable children, and other infectious diseases. Although the Administration proposes that some of the funds for these programs be reduced in FY2003, USAID maintains that it will seek to minimize the impact of the reductions by focusing on populations most in need, and by leveraging other donors.¹⁰

Instead of focusing on the cuts in some programs USAID argues that the most important thing to concentrate on is the integrative nature of the programs, and that spending on global health will increase overall. On March 13, 2002, USAID Administrator Andrew Natsios testified before the House Foreign Operations Subcommittee. During that hearing Mr. Natsios stated,

There are a number of things we do in HIV/AIDS which is also something we do in maternal health and in child survival. For example, a mother that has a sexually transmitted disease that is pregnant has a very high risk of the kid dying when the child is born. The survival rate dramatically drops if the woman has an STD when she's pregnant. So part of our child survival strategy is STD strategy. That's also part of our HIV strategy. So a lot of these programs in the field are actually integrated together and they have to be or they don't work... The important factor I would point out here in all of these health accounts is the bottom line is up \$60 million.¹¹ And so there's \$60 million more being spent on health programs than there were before. And I think that's a good message.¹²

Issues and Options for Congress

In its continued deliberations over the FY2003 appropriations for global health in the foreign operations bill, Congress is considering a number of issues, including: the adequacy of the global health budget, global health funding versus other development assistance, HIV/AIDS versus other global health programs, and the number of directives in global health programs.

Adequacy of Global Health Budget

Given the trade-offs that proposed funding levels for global health seem to be facing, are the funding levels adequate to meet U.S. health objectives? As HIV/AIDS continues to ravage developing countries and emerging states, the Administration has determined that it is necessary to place a substantial amount of resources into activities that counter the spread of HIV/AIDS. Some at USAID have argued that

¹⁰ Interview with USAID, April 12, 2002.

¹¹ The \$60 million increase that Mr. Natsios refers to only considers the Child Survival and Health Programs Fund account and excludes the UNICEF contribution. The FY2003 request for the Child Survival and Health Programs Fund, which does not include the UNICEF grant, totals \$1.374 billion. The equivalent total for CSH in FY2002, excluding the \$120 million to UNICEF, is \$1.314 billion, leaving a difference of \$60 million.

¹² U.S. House of Representatives Subcommittee on Foreign Operations Hearing, March 13, 2002, p.22.

funding for global health activities is not sufficient to meet the needs in the field. They say that it is often difficult to balance competing priorities within the global health budget. Consequently, they say that the size of the global health budget necessitates that as funding increases in one program area it decreases in others.

On January 23, 2003, the Senate Appropriations Committee passed H.J.Res. 2, as amended by S.Amdt. 1, an FY2003 omnibus appropriations bill, which included \$1.79 billion for CSH. Most global health programs (except family planning and reproductive health initiatives) were funded above requested levels. The increase was most significant for HIV/AIDS. Directed funds in the CSH account include \$741.5 million for the fight against HIV/AIDS. This figure is \$1.5 million above the Administration's request of \$740 million, including the President's \$100 million request for the International Mother and Child HIV Transmission (MTCT) initiative on September 3, 2002.¹³ The HIV/AIDS fund includes \$200 million for the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria. \$350 million is directed for maternal and child health activities, the Administration requested \$344 million. The President only requested \$122 million to fight other infectious diseases, while the Senate set aside \$185 million. The Senate provided \$368.5 million to fund family planning and reproductive health activities, \$56.5 million below the \$425 million request from the Administration. Finally, the Senate Appropriations Committee voted to give \$120 million to the United Nations Children's Fund (UNICEF) through the CSH account although the Administration did not request funding for UNICEF under the account.¹⁴ The omnibus bill also reserves an additional \$100 million for the Global Fund through the Labor, HHS, and Education Appropriation, allocating \$300 million in total for the Global Fund. Some analysts expect the bill to be heavily debated in the House-Senate conference as appropriators search for funds for competing priorities, including education, drought relief, and Amtrak.¹⁵

Global Health Versus Other Development Assistance

Is global health funding at proposed levels affecting the implementation of other development assistance programs? Some are concerned with what they perceive as an overemphasis on global health vis-à-vis other development programs. In FY2002, health programs accounted for about 60% of all development assistance.¹⁶ Critics believe that other areas also need support, namely education, democracy, trade and investment, and agriculture. These areas also significantly impact development and health, critics argue. Some claim if the programs that build human capacity, promote stable governments, encourage private investment and foster environmentally-friendly growth are not simultaneously supported, then the health programs will not be sustainable.

¹³ see, p.11.

¹⁴ All figures quoted from U.S. Senate Committee on Appropriations website, "*Committee Approves FY03 Foreign Operations Bill*," July 18, 2002. [<http://appropriations.senate.gov/>]

¹⁵ The National Journal website, "*Conference on FY03 Omnibus May Take Weeks to Finish*." January 24, 2003. [<http://nationaljournal.com/pubs/congressdaily/>]

¹⁶ Interview with USAID staff, April 12, 2002.

This issue has been raised during some of the Foreign Operations hearings. USAID Administrator Andrew Natsios noted that while agriculture is vital in countering poverty and supporting health programs, the trend has been to reduce funding to agricultural programs as other issues, such as HIV/AIDS and famines demand immediate responses. “[T]he only way you’re going to reduce poverty in the world and reduce hunger is not by constant humanitarian programs, but by teaching people how to grow more food. And we’re not doing that because all of the money has been shifted to accounts where there is more and legitimate interest.”¹⁷ “If you have child survival projects and you keep kids alive until they’re 5 years old – you know what happens after 5? They become malnourished, because the parents are still so poor they can’t provide for them. We should look at the countries where we have child survival programs for older kids to see what the malnutrition rates are. They have been disturbingly high.”¹⁸ U.S. Representative Jerry Lewis conceded that agriculture does impact poverty reduction, good governance, and a host of other development issues. “[I]ndeed, I’ve felt for many, many years it’s very difficult to talk to developing countries about democracy and freedom and peace, and indeed terrorism, if their children go to bed with their stomachs hurting every night.”¹⁹

Although some may like to see some of the foreign assistance money spent on other development assistance activities, Chairman Kolbe described the difficulty that many in Congress faced while considering the President’s request. “If Congress fully funds the HIV/AIDS request that the president has made, it’s going to have to be something reduced somewhere else: economic growth, agriculture, trade. That happens, the advocates of trade promotion, basic education, microcredit, all of which are represented before this committee, are going to face some tough choices. [T]he question is, if we go complete funding of what there’s a huge amount of public pressure now to do...the other kinds of things in agriculture, trade promotion are going to likely suffer.”²⁰ The FY2003 Omnibus Appropriations bill, H.J.Res.2, S.Amdt. 1, passed by the Senate funded most global health programs above requested levels. Although it is unclear whether family planning programs were funded below requested levels to fund increases in other global health programs, some requests for cuts have been made in other areas. For example, S. 2779 cuts the Andean Regional Initiative request by nearly \$100 million, and USAID’s capital investment fund request is cut \$30 million. The House made similar, although different choices.²¹

HIV/AIDS Versus Other Global Health Programs

How does funneling a significant portion of the global health budget to HIV/AIDS programs affect the other health programs? Congress has placed heavy emphasis on halting the spread of infectious diseases, particularly those that are becoming increasingly antimicrobial resistant. Consequently, both chambers have

¹⁷ U.S. House Subcommittee on Foreign Operations Hearing, May 17, 2001, p. 47.

¹⁸ *Ibid*, March 13, 2002, p.29.

¹⁹ *Ibid*, p.30.

²⁰ *Ibid*, p.26.

²¹ For more information on the foreign operations bills see CRS Report RL31311.

passed directives that sought to bolster the resources for infectious disease programs. In FY1998, the Senate and House Subcommittees on Foreign Operations expressed concern that USAID had not placed enough emphasis on combating the spread of infectious diseases.²² Recognizing the correlation between HIV/AIDS and TB, in FY2001, the House and Senate Subcommittees on Foreign Operations urged USAID to increase its activities related to HIV/AIDS and TB prevention, as well as those that seek to treat and prevent sexually transmitted diseases. They also recognized the promising results of microbicide research and urged USAID to increase its work in that area.²³ Still later the House Subcommittee on Foreign Operations expressed concern in FY2002 that USAID had not placed enough emphasis on halting emerging epidemics.²⁴ Finally, in FY2002, the Senate Subcommittee on Foreign Operations added that USAID should seek to provide resources to build the capacity of governments to effectively use additional funds for the prevention and treatment of HIV/AIDS programs so that they can reach people in need.²⁵

Not only are some in Congress particularly concerned about the spread of infectious diseases, but they are also concerned about the other programs in global health. At the hearing on the USAID budget proposal for FY2003, some Members expressed concern about the impact of increasing spending on HIV/AIDS activities at the expense of other global health programs. Representative Jesse Jackson stated, “I am concerned with what the Administration has proposed to this subcommittee regarding international health. The Administration’s budget cuts funding for TB, malaria, and child survival programs, all programs I believe Congress strongly supports, and wraps up the stand-alone child survival and health account, created by my good friend from Alabama, Sonny Callahan, into development assistance accounts. I think some of the increases we are making in our bilateral contributions for HIV/AIDS is a good first step. But, it seems to me that we are simply robbing Peter to pay Paul. Could you explain to us why we’re not growing all the global health accounts equally?”²⁶

Although many in Congress also deem countering the spread of HIV/AIDS a priority, they differ from the Administration in that they do not want to boost HIV/AIDS funding at the expense of other health programs. Congressional support for HIV/AIDS programs is illustrated by the inclusion of additional funding for HIV/AIDS through the FY2002 supplemental, H.R. 4775.²⁷ After passing the House on May 24, 2002, and later the Senate on June 6, 2002, the FY2002 Supplemental

²² U.S. Senate Subcommittee on Foreign Operations Report: S.Rept. 105-35, June 24, 1997, p. 9.

²³ U.S. House of Representatives Subcommittee on Foreign Operations Committee Report: H.Rept. 106-720, July 10, 2000, p. 18.

²⁴ U.S. House of Representatives Subcommittee on Foreign Operations Report: H.Rept. 107-142, July, 17, 2001, p.11.

²⁵ U.S. Senate Subcommittee on Foreign Operations Committee Report: S.Rept. 107-58, September 4, 2001, p. 11.

²⁶ U.S. House of Representatives Subcommittee on Foreign Operations Hearing, March 13, 2002, p.21.

²⁷ H.R.4775, p.28.

Appropriation became Public Law 107-206 on August 2, 2002. The \$28.9 billion bill included \$200 million to fight HIV/AIDS with at least \$100 million reserved for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.

The additional \$200 million for HIV/AIDS was part of a \$5.1 billion contingency emergency package that was attached to the supplemental bill. As provided by P.L. 107-206, the President had until September 1, 2002, to decide whether to obligate all of the funds or spend none of it.²⁸ At an economic forum held in Waco, Texas on August, 13, 2002, the President announced that he would not obligate the contingency funding because he felt that the government needed to practice fiscal discipline. Some Democrats reportedly said that they perceived the action as “a White House effort to portray the withholding of the funds as a struggle between the President and Democrats, even though the appropriations had broad Republican support.”²⁹ Critics also accused the President of blocking funding to his own programs. The President acknowledged that he supported some of the initiatives in the contingency package, however he said that he would request support for his priorities, including HIV/AIDS from the FY2003 appropriations.

On September 3, 2002, the President proposed changes to the FY2003 Department of Health and Human Services (HHS) Appropriations and the Foreign Operations Appropriations to request \$200 million for his new initiative, the International Mother and Child HIV Prevention Initiative. The President requested that the money be shared equally between HHS and the USAID. H.J.Res. 2, S.Amdt. 1 includes \$100 million for the new initiative.

Number of Directives in Global Health Programs

How do congressional directives affect the United States’ ability to adjust health assistance programs to match the conditions in the field quickly? In an attempt to demonstrate the impact of the directives, representatives from USAID stated that only \$207 million, the portion of the FY2002 global health budget designated to reduce the main causes of child mortality and morbidity, does not contain specific directives as to the allocation of funds. They reported that it is not the large directives that significantly impact the global health programs, rather it is the small ones that become substantial when totaled.³⁰

Legislative directives have become more specific as Congress has become increasingly concerned about global health issues. When global health programs first began Congress offered few directives. As criticisms about the effectiveness of

²⁸ The debate surrounding the supplemental bill is discussed further in CRS Report RL31406.

²⁹ Arizona Daily Star, “*Bush won’t spend \$5.1B Congress OK’d.*” August 15, 2002, p.1. [<http://www.azstarnet.com/star/wed/20814NBUSH-SPEND-NYT.html>]

³⁰ Interview with USAID staff, April 12, 2002.

foreign aid mounted, Congress began to clearly earmark areas of high priority, ultimately leading to the creation of the Child Survival and Health Programs Fund.³¹

Although the Administration has expressed dissatisfaction with the level of congressional directives, Congress attached directives to the FY2003 global health budget, as it has in the past, to ensure that its spending priorities are protected. Chairman Kolbe's comments during Secretary Powell's hearing in February 2002 illustrate differing spending priorities in the global health budget between Congress and USAID. "This budget would increase funding for AIDS so rapidly that it calls for sharp cutbacks in maternal health, child survival, and the equally critical struggle against resurgent tuberculosis and malaria."³² Directives have remained in the FY2003 global health budget this fiscal year, and may continue in the future to the extent that Congress' spending priorities differ from those of USAID.

³¹ Interview with Staffer, U.S. House Committee on Appropriations, April 12, 2002.

³² U.S. House of Representatives Subcommittee on Foreign Operations Hearing, February 13, 2002, p.2.