Bureau for Global Health

The Challenge

Bureau for Global Health (GH) central programs support the joint State and USAID performance goal: "Improved global health, including child, maternal, and reproductive health, and the reduction of abortion and disease, especially HIV/AIDS, malaria, and tuberculosis." As a pillar bureau, GH strengthens field operations, develops technical and program innovations, and provides technical leadership on behalf of the Agency. New technical emphases center on the President's Malaria Initiative (PMI) and avian influenza. New major HIV/AIDS programs include the Supply Chain Management System which began in FY 2005, and the New Partners Initiative to start in FY 2006. The advantages of GH's mechanisms to support field missions include pre-positioned contracts and agreements; reduced contracting burden for missions; increased access to world-class expertise; and improved surge capacity to cope with unanticipated needs, such as rapid implementation of the PMI and response to avian influenza.

Objectives, Sectors and Workforce

Assistant Administrator: Kent R. Hill

Program Budget (Appropriations by Objective)	FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	Percent Change FY 04-07	2005 SO Performance Score		Direct SO Admin. Cost Ratio
936-001 Family Planning and Reproductive Health	130,200	120,000	108,648	84,637	-35.0%	1.01	Met	0.12
936-002 Maternal Health	14,000	15,082	15,332	20,000	42.9%	1.00	Met	0.09
936-003 Child Health and Nutrition	54,796	52,120	54,064	49,568	-9.5%	1.06	Met	0.15
936-004 AIDS Prevention and Control	144,317	222,432	180,495	180,495	25.1%	1.42	Exceeded	0.06
936-005 Infectious Disease Program	65,460	68,717	55,889	69,769	6.6%	0.97	Met	0.15
Country Total	**408,773**	**478,351**	**414,428**	**404,469**	**-1.1%**			

Program Budget (Appropriations by Account)	FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	Percent Change FY 04-07
Child Survival and Health Programs Fund	328,806	320,846	298,112	288,153	-12.4%
Development Assistance	1,000	0	0	0	N/A
Global HIV/AIDS Initiative	78,967	157,505	116,316	116,316	47.3%
Total	**408,773**	**478,351**	**414,428**	**404,469**	**-1.1%**

Program Budget by Sector and Account		FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	Percent Change FY 04-07
Basic Education	DA	1,000	0	0	0	N/A
Family Planning / Reproductive Health	CSH	130,200	120,000	108,648	84,637	-35.0%
HIV / AIDS	CSH	65,350	64,927	64,179	64,179	-1.8%
	GHAI	78,967	157,505	116,316	116,316	47.3%
Child Survival and Maternal Health	CSH	66,036	65,516	69,396	69,568	5.3%
Vulnerable Children	CSH	1,760	1,686	0	0	N/A
Other Infectious Diseases	CSH	65,460	68,717	55,889	69,769	6.6%
Total		**408,773**	**478,351**	**414,428**	**404,469**	**-1.1%**

Workforce	FY 2004	FY 2005	FY 2006	FY 2007	Percent Change FY 04-07
US Direct Hires	87	133	133	135	55.2%
US Non Direct Hires	135	111	118	123	-8.9%
Foriegn Nationals	0	0	0	0	N/A
Total	**222**	**244**	**251**	**258**	**16.2%**

Operating Expense	FY 2004 ($000)	FY 2005 ($000)	FY 2006 ($000)	FY 2007 ($000)	Percent Change FY 04-07
Salaries and benefits	0	0	0	0	N/A
Travel	250	250	250	250	0.0%
Transportation of things	0	0	0	0	N/A
Rent	0	0	0	0	N/A
Security	0	0	0	0	N/A
Equipment	0	0	0	0	N/A
ICASS - Operating Expense only	0	0	0	0	N/A
Other Operating Expense	229	229	181	181	-21.0%
Total OE Budget	**479**	**479**	**431**	**431**	**-10.0%**
US direct hire salary and benefits	0	0	0	0	N/A
Program Funded Administrative Expenses				28,706	
Country Total Administrative Budget				29,137	
Percent of Bureau OE Total				100.0%	

Operating Unit Summary	FY 2004	FY 2005	FY 2006	FY 2007
Program per US Direct Hire ($000)	4,699	3,597	3,116	2,996
Program per All US ($000)	1,841	1,960	1,651	1,568
Program per Position ($000)	1,841	1,960	1,651	1,568
Operating Expense as % of Program Funding				0.1%
Program Funded Admin Expense as % of Total Admin				98.5%
Total Admin Expense as % of Program Funding				7.2%

Other Major Donors:

Bilateral: The United States is by far the leading bilateral donor in the health sector, followed by the United Kingdom, Germany, Canada, and the Netherlands. USAID also works particularly closely with the Japanese Government, including the Ministry of Foreign Affairs and the Japan International Cooperation Agency (JICA). In FY 2005, USAID collaborated with the United Kingdom to create a task force on HIV/AIDS. USAID also has collaborations with Japan, particularly in the areas of polio and health systems support. USAID has a long-standing personnel exchange with JICA and a more recent exchange with the United Kingdom's Department for International Development.

Multilateral: USAID shares many priority interests with multilateral donors such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). GH participates on behalf of USAID in the U.S. Government delegations to the executive bodies of international organizations; USAID also coordinates programmatic activities with international organizations including the U.N. Children's Fund (UNICEF), the World Health Organization (WHO), the Joint U.N. Program on HIV/AIDS (UNAIDS), and the World Bank. For example, the GH Infectious Diseases Division Chief currently serves as the Chair of the STOP TB Partnership Coordinating Board. GH also assumed a leadership position in the new inter-agency Child Survival Partnership, joining UNICEF, the WHO, the World Bank, the Canadian International Development Agency, the Bill and Melinda Gates Foundation, and governments of developing countries themselves. In countries including Ethiopia and Cambodia, this Partnership carried out joint high-level visits that engaged political and religious leaders in the possibility of saving more children's lives from hunger and disease. In each partnership country, GH programs are strengthening coordination with other partners to achieve maximum impact with available resources. GH also plays a leadershi