



Estimating the human impact of global health funding in the President's fiscal year 2013 budget proposal

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The President's fiscal year 2013 budget proposes a cut of \$562.9 million, or 12.3 percent, in bilateral HIV/AIDS spending through the President's Emergency Plan for AIDS Relief (PEPFAR). It also proposes a cut of \$12 million in USAID funding for tuberculosis programs, and \$31 million for USAID malaria initiatives. The budget proposal would provide an increase of \$350 million, or 26.9 percent, to the Global Fund to Fight AIDS, Tuberculosis and Malaria. This analysis estimates potential human impacts of funding changes proposed in the President's fiscal year 2013 budget request when compared to current operating budget levels (fiscal year 2012).

Overall findings

Proposed increases to the Global Fund would lead to a significant expansion in services to address malaria and tuberculosis. The proposed cuts to U.S. bilateral services to address these diseases would have a serious impact on U.S. government activity in these areas. However, taken together, the Global Fund and USAID tuberculosis and malaria programming elements of the FY13 budget proposal would lead to a net increase in malaria and tuberculosis services.

In contrast, the steep proposed cut to PEPFAR could result in a significant net loss of HIV/AIDS services that would otherwise have been delivered. Taken together, proposed changes in funding for the Global Fund and PEPFAR could lead to significant reductions in lifesaving AIDS treatment delivery, services to orphans and other vulnerable children, prevention of vertical HIV transmission (from mother-to-child) services, and HIV testing services that could otherwise have been delivered with flat funding for PEPFAR.

In December 2011, new targets were set for delivery of AIDS treatment and other services through the PEPFAR program. *The analysis here does not suggest that these targets will not be met.* Instead, it provides an estimate of the services that will not be delivered but which could have been delivered with flat funding for PEPFAR in FY13.

Projected human impact of proposed funding cuts to PEPFAR's HIV/AIDS programs:

- 430,000 fewer people living with HIV/AIDS will be supported on antiretroviral treatment than could have been at current budget levels.
 - As a result, 98,000 HIV-positive individuals would be expected to die as a result of their untreated disease.
 - Additionally, 190,000 children would be expected to be orphaned within a year.
- 32,000 children will be born with HIV as a result of cuts in services intended to prevent vertical HIV transmission (from mother to child).
- 5.2 million people will not receive HIV counseling and testing services.

- 540,000 orphans and other vulnerable children will not receive food, education, and livelihood assistance through PEPFAR's Orphans and Vulnerable Children program.

Projected impact of proposed funding cuts to USAID's malaria and tuberculosis programs:

- 37,000 people fewer people will receive treatment for tuberculosis.
- 930,000 fewer insecticide-treated bed nets to prevent malaria will be available.
- 2.2 million fewer people will be treated for malaria.

Projected impact of proposed funding increases for the Global Fund to Fight AIDS, Tuberculosis and Malaria:

- 320,000 more people living with HIV/AIDS will be provided with antiretroviral treatment.
- 8,600 fewer children will be born with HIV as a result of increased services intended to prevent vertical HIV transmission (from mother to child).
- 2.9 million more people will receive HIV counseling and testing services.
- 290,000 more people will receive treatment for tuberculosis.
- 8.1 million more insecticide-treated bed nets to prevent malaria will be distributed.
- 4.7 million more people will be treated for malaria.

Assumptions and Methodology

The figures here are intended to illustrate the possible human impact of implementing the President's FY 2013 budget request relative to current operating budget levels (FY 2012). It is understood that Congress and U.S. government agencies have a range of budgetary options at their disposal and may choose to fund particular global health programs at higher or lower levels than those assumed in this brief. The estimates used in this brief are based on publicly available information and direct communications with agencies and organizations regarding federal budget figures, services delivered, unit costs, and the impact of various health interventions. Where unit cost data was not available, we examined total program funding and units of services delivered in past years to estimate the impact of a change in financing for that program. *For additional details about our approach to estimating human impact, please contact amfAR's public policy office at +1 202.331.8600.*

Data sources

Fiscal Year 2013 Budget Tracker, Kaiser Family Foundation, February 2012, retrieved from: http://www.kff.org/globalhealth/upload/8045_FY2013.pdf; Fiscal year 2011 Budget Tracker, Kaiser Family Foundation, November 2011, retrieved from: http://www.kff.org/globalhealth/upload/8045_FY2011.pdf; Fast Facts: The President's Malaria Initiative (PMI), USAID, April 2011, retrieved from http://www.pmi.gov/resources/reports/pmi_fastfacts.pdf; Report on Costs of Treatment in the President's Emergency Plan for AIDS Relief (PEPFAR), January 2012, retrieved from: <http://www.pepfar.gov/progress/index.htm>; The Impact of Treatment as Prevention: Models to Guide Ending the Epidemic [webinar] (January 26, 2012). Retrieved from <http://www.avac.org/meetingreports>