

GLOBAL GOALS AND FINANCIAL COMMITMENTS

The HIV/AIDS epidemic requires substantial funding to develop and sustain prevention, care and support, treatment and research programs. The funding must be provided by all sectors including donor organizations, the private sector and governments whose countries have been affected by HIV/AIDS. There have been a series of international HIV/AIDS commitments recognizing that the scale of the AIDS epidemic requires a global partnership to integrate efforts at all levels. This section provides a brief overview of these major commitments and discusses the key sectors that provide financial resources to combat HIV/AIDS.

Global Goals

The United Nations General Assembly adopted two major documents establishing significant goals in the global fight against HIV/AIDS. In 2000, all nations agreed to global HIV targets to halt and begin to reverse the spread of HIV by 2015, as part of the UN Millennium Development Goals (MDGs). In 2001, nations attending the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the first such session devoted to HIV, adopted a blueprint for action in "The Declaration of Commitment on HIV/AIDS (DoC)." The UN describes this as a landmark document, which "identifies goals and targets based on human rights law and principles in four areas: prevention of new infections, provision of improved care, support and treatment for those infected with and affected by HIV/AIDS, reduction of vulnerability, and mitigation of the social and economic impact of HIV/AIDS." There are numerous goals in the Declaration, such as reducing the percentage of young people who are HIV-positive by 25% and reducing the percentage of HIV-infected newborns by 50% by 2010. In 2008, Secretary General Ban Ki-moon reported that while there have been "some important achievements" much remains to be done to reach the UNGASS goals. More information about the progress of individual countries can be found at www.unaids.org.

In 2003, UNAIDS and the World Health Organization established the 3x5 Initiative, an ambitious goal of providing access to treatment to 3 million people in the developing world by the year 2005. Although global treatment access has been significantly increased since that time, the 3x5 Initiative did not meet its targeted goal. In recognition of that, and in an effort to achieve the Millennium Development Goals, an even more ambitious program was established. In 2005, at the Group of Eight Summit and then at the UN General Assembly World Summit, where there was a call "to implement a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it."

Funding The Response

Financing a sufficient and sustained response to the HIV/AIDS epidemic in low- and middle- income countries has emerged as one of the world's greatest health and development challenges. Despite significant increases in funding for HIV/AIDS over the last decade, the difference between resources needed and resources available leaves an estimated funding gap of \$6.5 billion in 2008, a figure which is projected to rise over time. Often, the countries most affected by HIV/AIDS have the fewest resources. Consequently, the role of international donor assistance in low- and middle-income countries is critical. Available financial resources would have to quadruple over current levels to meet the targets described above. If not, the gap between what is provided and what is needed would remain, and progress toward achieving universal access to treatment would be slow.

Financing for HIV/AIDS in low- and middle-income countries is provided by four major funding streams, which are described below:

Donor Governments: Donor governments provide virtually all of the world's development assistance for HIV/AIDS. The funds are typically given through bilateral channels, either given directly by one government to a country through its government, a non-governmental organization (NGO), or another entity. Donor governments may also contribute funds through multilateral organizations, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, the bulk of donor government assistance comes bilaterally from the

G8 countries: Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the U.S., which provides the largest commitment of any donor.

Other donor governments, outside of the G8, who contribute significant amounts include the Netherlands and Sweden.

Multilateral Organizations: Multilateral organizations provide significant resources to combating HIV/ AIDS. They receive their funding primarily from governments but may also receive funding from private organizations and individuals. The main multilateral organizations in the fight against HIV/AIDS are: the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was established in 2002 and is an independent, public-private partnership; the World Bank, which has been supporting AIDS efforts since 1986, including through its Multi-Country HIV/AIDS Program (MAP) for Africa and the Caribbean; and numerous entities within the United Nations whose activities are coordinated by UNAIDS.

Private Sector: The private sector includes foundations, corporations, international NGOs and individuals. Together they represent an important funding stream for HIV/AIDS, often acting to pilot new and innovative strategies, leveraging existing ones and developing partnerships within the private sector. The Bill & Melinda Gates Foundation has played a major role, committing \$2.3 billion for HIV to date. Support can also come in the form of non-cash commodities such as price reductions for AIDS drugs and in-kind support.

Domestic Resources: Spending by governments and individuals in affected countries represents a significant part of the response to HIV/AIDS. The extent of support by domestic governments varies greatly and depends upon income, debt, availability of external resources and political commitment. In addition to domestic government support, households and individuals within affected countries often shoulder at least some, if not much, of the financial burden.

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