

## 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, members adopted the Millennium Development Goals (MDGs). While not specific to HIV/AIDS, the MDGs do call for a halt to the spread of AIDS by 2015. 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 2006, then Secretary General Kofi Annan reported uneven progress in reaching the UNGASS goals. UNAIDS is reviewing country progress reports and plans to issue an update on UNGASS in 2008. (Refer to [www.unaids.org](http://www.unaids.org) for an update on this.)

In 2003, UNAIDS and the World Health Organization established the 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 this 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 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

Funding for HIV/AIDS has increased significantly over the last decade. Still, securing the money needed to meet the goals described above has emerged as one of the world's greatest challenges. Often, the countries most affected have the fewest resources. Consequently, the role of international donor assistance in low- and middle-income countries is critical. Analysis by UNAIDS and others indicate there is a significant gap between the resources that are needed and the funding that is available. Funding needs for achieving universal access are projected to rise over time. UNAIDS has estimated that the cost of achieving universal access would reach US\$30 billion in 2009 and US\$42 billion by 2010. Available financial resources would have to quadruple over current levels to meet these targets. If not, the gap between what is provided and what is needed would remain.

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 either given directly by one government to a country through its government, a non-governmental organization (NGO), or another entity. The donor government may also contribute to

multilateral organizations. The bulk of donor government assistance comes from the G8-Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the U.S. The U.S. 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 2001 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. 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.

## REFERENCES AND ADDITIONAL RESOURCES

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