

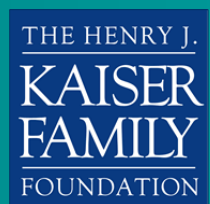


# **Global Funding for HIV/AIDS in Resource Poor Settings**

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# Global Funding for HIV/AIDS in Resource Poor Settings

## Overview

This policy brief summarizes available data on the financial resources currently directed to address the HIV/AIDS epidemic in resource-poor settings. For purposes of this policy brief, resource-poor settings include low- and middle-income countries and territories. Funding for global HIV/AIDS includes bilateral and multilateral support from donor governments; multilateral organizations; the private sector (businesses, foundations, and nongovernmental organizations); and domestic funding by the governments of aid-receiving countries.

Early analyses estimated \$7 to 10 billion would be needed annually to address the epidemic through programs of prevention, care, treatment, and impact mitigation (research needs were not included). Subsequent analyses projecting growth in need over time, tempered to reflect limitations in growth capacity, put total funding needs at \$4.7 billion for 2002, \$6.3 billion for 2003, rising to \$10.7 billion by 2005 and \$14.9 billion by 2007.<sup>1</sup> At least half is expected to come from international donors, with the remainder coming from public and private sources within affected countries.<sup>2</sup>

This report presents estimates of both budgeted funding and actual spending provided by donors in response to these needs. While distinguishing between these is challenging, “budgeted funding” reflects final appropriations by government donors and final commitments by private sector donors. “Actual spending” reflects disbursements or outlays. Total actual spending is typically less than budgeted funding, and in 2003 both are well below the estimated need of \$6.3 billion.

Budgeted funding for HIV/AIDS in 2003 totals an estimated \$4.2 billion. This includes budgeted funding from donor governments (\$2 billion); the share of government contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria used for HIV/AIDS (\$547 million); spending by United Nations (UN) Agencies (\$350 million); estimated grant equivalency of loan disbursements by the World Bank (\$120 million)<sup>3</sup>; and disbursements by foundations and major non-governmental organizations (\$200

million). It also includes an estimate by UNAIDS of resources provided by the national governments of affected countries (\$1 billion). (See Table 1.) Not included are estimates of individual and household spending by those in affected countries, although such expenditures may be significant.<sup>1</sup>

Actual spending in 2003 on global HIV/AIDS, derived primarily from estimates provided by the Joint United Nations Program on HIV/AIDS (UNAIDS), totals about \$3.6 billion, a 30% increase over the previous year’s actual spending estimate of \$2.8 billion.<sup>1</sup>

This estimate of actual spending is substantially less than the estimate of budgeted funding of \$4.2 billion. The difference, \$625 million, is attributable to the variance between budgeted and actual spending by donor governments and to the lag time between receipt and disbursement of contributions to the Global Fund. (Contributions made to the Global Fund from donors are considered “budgeted funding” and disbursements from the Global Fund to grantees are classified as “actual spending.”)

Donor governments provide the majority (61%) of budgeted funding to address HIV/AIDS in resource-poor countries utilizing bilateral and multilateral channels. In 2003, donor governments are budgeted to provide \$2.6 billion of HIV/AIDS support, most (\$2.0 billion or 79%) in the form of bilateral aid and the remainder (\$547 million or 21%) in contributions to the Global Fund. This does not include government contributions to multilateral institutions (especially to the UN and World Bank) not designated or restricted by donors for use on HIV/AIDS but which are nevertheless used by recipients for this purpose.

The United States is a leading government donor; its budgeted funding for global HIV/AIDS in its fiscal year (FY) 2003 totals about \$1.1 billion (excluding research). Of this, \$852 million (58%) was allocated to bilateral prevention, care, treatment and support programs; an additional \$209 million was contributed to the Global Fund to support HIV/AIDS programs as part of a larger contribution (the balance supported malaria and TB programs).<sup>4, 5</sup> The US is also the leading funder of HIV/AIDS research, a category of support typically

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<sup>1</sup> International assistance programs involving a single donor are “bilateral” and those involving multiple donors are “multilateral.”

**Table 1: Estimated Funding for Global HIV/AIDS—2003<sup>1, 4-6</sup>**  
(US\$ Millions)

	<b>Estimated Amounts</b>
1. US government bilateral	\$852
2. Other governments bilateral	1,163
3. Global Fund (HIV/AIDS only)	547
4. UN Agencies	350
5. World Bank	120
6. Foundations/NGOs	200
7. Affected Country Governments	1,000
<b>Total</b>	<b>\$4,232</b>

Line 1: Final appropriated amounts for U.S. bilateral assistance. Excludes Global Fund contributions and funding for international HIV/AIDS research at NIH and CDC.

Line 2: From UNAIDS<sup>1</sup>; estimate of bilateral funding from donor governments other than the U.S. for which final statutory and budget processes are complete.

Line 3: HIV/AIDS share of contributions to the Global Fund—from government donors only—paid in 2003.<sup>6</sup> Amount is 60% of total contributions, the proportion of grants approved to date for HIV/AIDS (the 40% balance funds grants for tuberculosis and malaria)<sup>7</sup>.

Line 4: From UNAIDS<sup>1</sup>; budgeted spending by UN agencies from their general funds (not designated by donors to be used for HIV/AIDS).

Line 5: From UNAIDS<sup>1</sup>; estimate as of mid-2003, of the grant equivalency of disbursements on loans for HIV/AIDS (based on the difference between what has been loaned and the real dollar value of what would be repaid).<sup>1</sup>

Line 6: From UNAIDS<sup>1</sup>; for foundations, estimate of disbursements on grants; for non-governmental organizations, estimate of funding obtained through independent fundraising (net of assistance received from government, foundation, and other donors listed in this table).

Line 7: From UNAIDS<sup>1</sup>; rough estimate of domestic spending by affected country governments.

Note: Line 1 (U.S. government) is for fiscal year 2003, whereas Line 2 (Other governments) is for calendar year 2003.

excluded from analyses of global funding or resource needs. (See Table 2 on page 6.)

UNAIDS estimates that national governments of resource-poor countries directed roughly \$1 billion to support domestic HIV/AIDS programs in 2002, an amount projected to rise only slightly for 2003 (data are incomplete, however). The ratio of domestic spending to donor spending varies widely by country.

Multilateral organizations providing significant support for addressing HIV/AIDS in resource poor settings include UN agencies, the World Bank, and the Global Fund.

UN agencies support global HIV/AIDS efforts, both directly and through UNAIDS. In aggregate, the UN is projected to spend \$350 million in 2003, more than double the \$150 million spent in 2002. In addition, the UN's World Food Program committed \$195 million to HIV/AIDS-related programs in 2002. (Figures presented for United Nations agencies represent funds from their general budgets used for HIV/AIDS but not specifically designated by donors for that purpose.)

The World Bank reports that it has committed almost \$2.2 billion to HIV/AIDS projects since 1986, primarily in the form of multi-year concessionary (below market-rate) loans to affected governments.<sup>8</sup> According to UNAIDS calculations, the grant equivalency of disbursements on World Bank loans for HIV/AIDS (based on the difference between what has been loaned and the real dollar value of what would be repaid) are estimated at \$78 million in 2001, \$95 million in 2002, and \$120 million as of mid-year 2003.<sup>1</sup>

The Global Fund, launched in 2001, is an independent, public-private partnership established to raise and disburse grants in support of programs to fight AIDS, tuberculosis, and malaria in resource-poor settings.<sup>9</sup>

As of November 2003, the Global Fund had received pledges of over \$4.8 billion payable through 2008, and had received payments on these pledges totaling \$1.7 billion. These payments have come from high-, middle-, and low-income countries (94%), foundations (6%), corporations, and individuals, though the vast majority has come from governments.<sup>6</sup> (See Table 6.)

A total of \$931 million in pledges was paid for the period 2001-2002. For 2003, \$961 million has been pledged, of which \$774 has already been paid.<sup>6</sup> It is important to note, however, that these pledges support grants not only for HIV/AIDS but also for tuberculosis and malaria. Pledge payments used for HIV/AIDS grants only total \$558 million for 2001-2002 and \$577 million for 2003. Almost all funds have come from government donors.

Private foundations and nongovernmental organizations (NGOs) have become an increasingly important source of global HIV/AIDS resources. Funders Concerned About AIDS, an affinity group of U.S.-based foundations, found that foundations committed \$292 million for HIV/AIDS programs in 2002. This was concentrated among 50 top donors,

who together provided \$287 million, of which \$161 million (56%) was for international HIV/AIDS grants and \$126 million (44%) for domestic grants.<sup>10</sup> Many of these commitments were for multi-year grants; UNAIDS has estimated that foundations and large NGOs together actually paid out at least \$200 million annually from 2001 to 2003 to support global HIV/AIDS programs. Corporations and businesses also support HIV/AIDS programs in resource-poor countries through non-cash mechanisms such as price reductions for HIV/AIDS medicines and in-kind supports.

To understand how these funds are used and where additional resources should be focused, data are often broken out into broad categories such as prevention, care and treatment, support for children orphaned by HIV/AIDS, and research, though actual programs may span multiple categories.

## Introduction

This policy brief summarizes available data on the financial resources currently directed to address the HIV/AIDS epidemic in resource-poor settings. For purposes of this policy brief, resource-poor settings include low- and middle-income countries and territories. It updates *Global Spending on HIV/AIDS in Resource-Poor Settings*, released in 2002 as part of a three-part series on HIV/AIDS spending.<sup>11</sup> Additional information is available in a companion document, *U.S. Government Funding for HIV/AIDS in Resource Poor Settings*.

Donor government funding for global HIV/AIDS includes bilateral and multilateral assistance. International assistance programs involving one donor only are “bilateral” and those involving multiple donors are “multilateral.” For example, U.S. government assistance provided directly to programs in South Africa, either through U.S.-funded contractors or to the South African government, is considered bilateral while U.S. contributions to the Global Fund that are pooled with funds from other donors and become part of a grant to South Africa are considered multilateral.

In 2003, estimated funding for HIV/AIDS totals \$4.2 billion. That total represents budgeted funding from donor governments (\$2 billion); an estimate of government contributions made to the Global Fund in 2003 used to fund grants for HIV/AIDS (\$547 million); spending by UN Agencies (\$350 million); estimated grant equivalency of loan disbursements by the World Bank (\$120 million)<sup>3</sup>; and disbursements by foundations and major non-governmental organizations (\$200 million). It also includes an estimate by UNAIDS of resources provided by the national governments of affected countries (\$1 billion). Not included are estimates of individual and household spending by those in affected countries, although in many cases, such expenditures are significant. (See Table 1.)

## METHODOLOGY AND LIMITATIONS

There are many challenges and limitations involved in gathering and analyzing information on global funding for HIV/AIDS. No uniform reporting system exists, and so data are collected through a variety of mechanisms by many different organizations. Donors typically report actual expenditures with at least a one-year delay, making it difficult to provide timely information. When data are reported, HIV/AIDS

funding is often integrated into broader categories (typically related to reproductive and sexual health). In addition, because estimates are constantly refined and updated, tracking efforts must be ongoing.

Distinguishing budgeted from actual spending is also difficult and subject to interpretation, particularly when funds flow through multiple entities before reaching direct service providers or beneficiaries. For example, countries making contributions to the Global Fund transmit their funds to its trustee (the World Bank), which transfers monies to grantees—that are then used to fund sub-grantees. Donors consider their funds expended when sent to the Global Fund's accounts, whereas front-line providers may not see them for months.

In this report, “budgeted” amounts represent final appropriations by government donors and final commitments by private sector donors (unless otherwise noted). “Actual spending” reflects disbursements or outlays. For some governments, “actual spending” can also include the obligation of budgeted funds through legal agreements, contracts, or purchase orders.

There is typically a difference between budgeted funding levels and the actual amounts disbursed, particularly with large donors. The variances can reflect delays in spending by donors as newly funded programs build to capacity or the reservation of funds to fulfill multi-year contracts. These variances can be significant. For example, UNAIDS has estimated that actual disbursements from U.S. bilateral HIV/AIDS programs in 2003 will be about 30 percent less than budgeted amounts.<sup>1</sup>

Government data other than for the United States are drawn heavily from information provided by the Joint United Nations Program on HIV/AIDS (UNAIDS). UNAIDS maintains a database to track allocations of funding for global HIV/AIDS by source and use based on data provided by a variety of external partners and supplemented by direct inquiries.<sup>1, 12</sup> UNAIDS' effort is part of a collaboration with UNFPA (UN Population Fund, a cosponsor organization of UNAIDS) and the Netherlands Demographic Institute (NIDI) called the Financial Resources Flows Project.<sup>13</sup> Data are collected annually at the international level from bilateral, multilateral institutions, and major international NGOs and foundations, and biannually from developing countries and countries in transition.<sup>12</sup> UNAIDS provided data for this report through publicly available documents and

directly through a collaborative agreement with the Henry J. Kaiser Family Foundation.

U.S. government data are drawn directly from a variety of primary sources, including pertinent Congressional appropriations legislation, federal budget documents, reports and estimates from government agencies, and analyses by the U.S. Congressional Research Service. U.S. and other major donor government support for global HIV/AIDS does not include their general support to multilateral institutions (e.g., to the UN and World Bank) not designated specifically by donors for use on HIV/AIDS even though these funds may be used by recipients for this purpose.

Domestic spending on HIV/AIDS by affected countries represents an important resource for addressing the epidemic. Obtaining reliable estimates of country-level spending, however, is difficult. There is no effective mechanism to collect and report current, accurate, and comparable data on HIV/AIDS spending. In part, this is because health budgets in many affected countries do not isolate HIV/AIDS from other health and social service categories. Also, many countries affected by HIV/AIDS lack the government infrastructure needed to maintain detailed budgetary information on a broadly impacting disease like HIV. UNAIDS has several initiatives to collect data on HIV/AIDS and STD project expenditures by national governments of resource-poor countries and these estimates are used here.

Foundation and corporate data come primarily from two sources. Funders Concerned About AIDS (FCAA), an affinity group of US-based foundations making grants to address HIV/AIDS, provides estimates of HIV/AIDS-related grantmaking by foundations and corporations. UNAIDS provides estimates of actual disbursements by foundations and large international NGOs. Giving for HIV/AIDS by foundations and corporations is difficult to track because grant making is often reported under broad and non-standardized categories not specifically identified as HIV/AIDS (such as reproductive health and community-based health care).<sup>14</sup> As a result, more HIV/AIDS giving may be occurring than is being reported.<sup>14</sup> In addition, foundations and corporations frequently make multi-year grant commitments, making it difficult to estimate single-year funding. Estimating HIV/AIDS-related contributions by large, international NGOs is also difficult since no tracking system currently exists to capture their funding.



## Estimates of Current Need

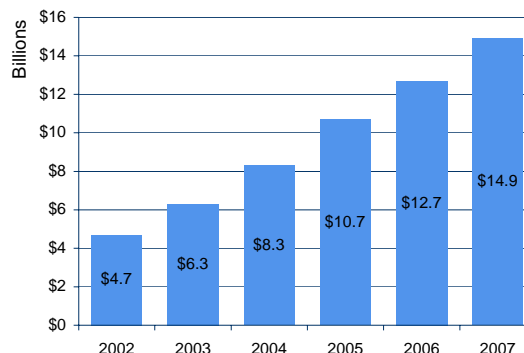
There are few comprehensive estimates of current and future funding needs for addressing HIV/AIDS in resource poor settings. UNAIDS has developed several estimates that are regularly updated to reflect new information on the numbers of people needing services or the costs of delivering those services.

The World Health Organization's Commission on Macroeconomics and Health (CMH) provided some of the first detailed estimates in a December 2001 report.<sup>2</sup> CMH estimated that between \$13.6 and \$15.4 billion should be spent on HIV/AIDS prevention and care (including strengthening infrastructure) in 83 selected low- and middle-income countries by 2007, in addition to what is currently being spent. This amount increases to between \$21 and \$25 billion by 2015. In 2007, the majority of resources would go toward HIV prevention. The next priority would be antiretroviral treatment, followed by other HIV/AIDS care and support efforts. By 2015, an equal amount of resources would go toward prevention and antiretroviral treatment, with the remainder going to HIV/AIDS care and support.<sup>2</sup>

In addition to estimating funding needs, CMH attempted to identify how those needs could be met, suggesting that recipient governments had an important role to play in funding HIV/AIDS programs. While situations vary from country to country based on relative wealth and other factors, CMH concluded that one-third to one-half of the total amounts needed to mount a comprehensive global effort on HIV/AIDS can come from public and private sources within affected countries, with the balance needed from international donors.<sup>2</sup>

In *Resource Needs for HIV/AIDS*, Schwartländer and colleagues identified a core set of prevention and care services that form the basis for UNAIDS' estimates of financing needs.<sup>15</sup> The analysis adjusts the mix between prevention, care, and orphan services based on regional variations in the maturity of the epidemic, the rate of new infections, and healthcare system capacity. Overall, of the estimated need for 2003, 53% is for prevention; 40% for care, support, and treatment; and 7% for orphan support. In hard-hit African countries with higher prevalence of HIV/AIDS, a greater percentage is allocated to care, treatment, and orphan support; in Asia, a greater percentage is allocated to prevention. The proportions also

**Figure 1: Estimated Total Need for HIV/AIDS Funding—2002-2007<sup>1</sup>**  
(US\$ Billions)



change over time as more and more people are in need of more expensive antiretroviral care.<sup>15</sup>

The latest estimates of need, available from UNAIDS, are that \$6.3 billion will be needed in 2003. That figure will rise to \$10.7 billion in 2005 and \$14.9 billion by 2007.<sup>16</sup> (See Figure 1.)

## Current Funding

In 2003, estimated funding to support HIV/AIDS programs in resource-poor countries totals \$4.2 billion. That total represents budgeted funding from donor governments (\$2 billion); the share of government contributions to the Global Fund in 2003 used for HIV/AIDS grants (\$547 million); spending by UN Agencies (\$350 million); estimated grant equivalency of loan disbursements by the World Bank (\$120 million)<sup>3</sup>; and disbursements by foundations and major non-governmental organizations (\$200 million). It also includes an estimate by UNAIDS of resources provided by the national governments of affected countries (\$1 billion). (See Table 1.) Not included are estimates of individual and household spending by those in affected countries, although in many cases, such expenditures are significant.<sup>1</sup>

UNAIDS analyses of global HIV/AIDS resources focus on actual spending or disbursements, which are typically less than budgeted amounts. For 2003, UNAIDS estimates that actual spending to support HIV/AIDS programs in resource-poor countries totals approximately \$3.6 billion, a 30% increase over its estimate of actual spending in 2002 of \$2.8 billion.<sup>1</sup>

This is substantially less than the budgeted funding total of \$4.2 billion. The difference, \$625 million, is attributable to the variance between budgeted and actual spending by donor governments and to the lag time between receipt and disbursement of contributions to the Global Fund. (Contributions made to the Global Fund from donors are considered “budgeted funding” and disbursements from the Global Fund to grantees are classified as “actual spending.”)

### DONOR GOVERNMENTS

Donor governments provide the majority (61%) of budgeted funding to address HIV/AIDS in resource-poor countries utilizing bilateral and multilateral channels. In 2003, donor governments are budgeted to provide \$2.6 billion of HIV/AIDS support, most (\$2.0 billion or 79%) in the form of bilateral aid and the remainder (\$547 million or 21%) in contributions to the Global Fund. As mentioned above, this does not include government contributions to multilateral institutions (especially to the UN and

**Table 2: U.S. Funding for Global HIV/AIDS—  
FY 2002–2003<sup>4,6</sup>**  
(US\$ Millions)

	FY 2002	FY 2003	Change
USAID	435	626	44%
CDC	144	183	27%
Agriculture	25	25	-1%
Defense	14	7	-50%
Labor	9	10	16%
State	0	2	n/a
<i>Subtotal bilateral</i>	\$626	\$852	36%
Global Fund**	105	209	99%
<b>Total</b>	<b>\$731</b>	<b>\$1,061</b>	<b>45%</b>

\* Figures do not include funding at NIH or CDC for international HIV/AIDS research.

\*\* Global Fund figures are adjusted by projected amounts used to fund grants for tuberculosis and malaria. Amounts reflect 60% of total contributions to the Fund for 2003, the proportion of grants approved to date for HIV/AIDS<sup>7</sup>.

World Bank) not designated or restricted by donors for use on HIV/AIDS but which are nevertheless used by recipients for this purpose.

Among donor governments, the majority (81%) of budgeted bilateral and Global Fund support for HIV/AIDS comes from members of the Group of Seven (G-7): United States, United Kingdom, France, Germany, Italy, Canada, and Japan.<sup>17</sup> In 2003, about \$2.1 billion (49%) of the \$4.2 billion budgeted funding for global HIV/AIDS will come from G-7 countries.

### Funding from the United States

The United States has provided the highest amount of funding among donors to the global effort on HIV/AIDS, committing in aggregate over \$3 billion since 1996.

Support for international HIV/AIDS activities by the U.S. began in earnest in 1986 with a \$1.1 million investment. Funding levels rose slowly until 1999, but have increased significantly since then.

In fiscal year (FY) 2003, the U.S. government will provide an estimated \$1.1 billion to support international HIV/AIDS activities, with \$852 million provided bilaterally and \$209 million contributed to the Global Fund for HIV/AIDS grants. This was a 43% increase over FY 2002 funding of \$731 million (\$626 million for bilateral assistance and \$105 million to the Global Fund).<sup>4,5</sup> (See Table 2.)

These figures exclude that portion of U.S. contributions to the Global Fund not used for

HIV/AIDS. The adjustments are based on the percentage of Global Fund grants approved to date for malaria and TB (40%). Also excluded is estimated funding for international research activities by the NIH and CDC. If 100% of Global Fund contributions and funding for international research are included, budgeted U.S. support for global HIV/AIDS efforts would total \$1.0 billion in 2002 and \$1.5 billion in 2003, a difference of \$299 million and \$402 respectively.

The U.S. Agency for International Development (USAID) administers most U.S. government international HIV/AIDS support. It supports a broad range of prevention, care and support, orphan relief, and technical assistance activities in most of the countries highly affected by HIV/AIDS. In addition, U.S. contributions to the Global Fund have been channeled through USAID (and in some years also through NIH).

Additional technical and programmatic support for global HIV/AIDS is provided by the CDC, and the Departments of Defense, Agriculture, and Labor.

In his January 2003 State of the Union address, President Bush announced a new Emergency Plan for AIDS Relief (EPAR) that would include substantial increases in U.S.

funding, providing a total of \$15 billion over five years (about \$5 billion to continue current programs and almost \$10 billion in new funding; \$1 billion of the total was designated by the President for the Global Fund over this five-year period). In addition, he announced the creation of a new senior position at the Department of State with broad authority to coordinate U.S. government activities on and funding for global HIV/AIDS.

EPAR was subsequently supported by Congress, which enacted the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003* (Public Law No: 108-25).<sup>18</sup> Actual funding and how it will be designated for that initiative is currently under consideration by Congress with FY 2004 appropriations legislation.

More complete information is available in a companion report from the Kaiser Family Foundation, *U.S. Government Funding for HIV/AIDS in Resource Poor Settings*.

#### **Other Major Donor Countries**

Major donor countries other than the United States are budgeted to spend nearly \$1.2 billion in 2003 for bilateral assistance on HIV/AIDS and

**Table 3: Total Estimated HIV/AIDS Funding from Major Donor Nations, with Ranking per US\$1 billion of GDP—2003<sup>1, 4, 6, 7, 19-21</sup>**  
(US\$ Millions)

Total Estimated HIV/AIDS Funding—2003				Total Estimated HIV/AIDS Funding for 2003 per US\$1 million of GDP*	
	Bilateral**	Global Fund***	Total		
United States	\$852	\$209	\$1,061	Ireland	431
United Kingdom	408	24	432	Norway	322
Germany	134	22	156	UK	270
Japan	95	48	143	Netherlands	248
European Commission	93	30	123	Canada	152
Canada	94	15	109	United States	102
Netherlands	82	20	102	Australia	95
Italy	36	60	96	Italy	80
France	36	35	72	Germany	78
Norway	51	10	61	France	51
Ireland	45	7	52	Japan	36
Australia	39	0	39	European Commission	n/a
Other	50	66	116	Other	n/a
<b>Total</b>	<b>\$2,015</b>	<b>\$ 546</b>	<b>\$2,562</b>		

\* 2002 Gross domestic product (GDP) figures from World Bank<sup>19</sup>

\*\* Bilateral amounts do not include funding for international research. Data for U.S. derived by authors from primary sources<sup>4, 20</sup>, other countries from UNAIDS<sup>1</sup>

\*\*\* Global Fund amounts represent 60% of total contributed to the Global Fund for 2003, which is the percentage of grants awarded to date specifically for HIV/AIDS efforts (the balance was for malaria and TB)<sup>6, 7</sup>



an additional \$338 in contributions to the Global Fund for HIV/AIDS grants.<sup>1,6</sup> The United Kingdom was the second largest donor for 2003 after the US, contributing an estimated \$432 million (\$408 million in bilateral assistance and \$24 million to the Global Fund) for international HIV/AIDS assistance.<sup>1</sup> (See Table 3.)

Comparing donor commitments across countries is difficult, but can be approximated. Bilateral support and Global Fund commitments from donors represent the bulk of their international assistance for HIV/AIDS in resource poor settings. One way to gauge proportionality based on relative wealth is to compare a country's global HIV/AIDS support with its gross domestic product (GDP). For example, while the U.S. made the highest dollar commitment to global HIV/AIDS in 2003, Ireland provided the highest commitment in proportion to its gross domestic product while the U.S. ranked sixth. That is, for global HIV/AIDS support excluding research, Ireland spent \$431 per million of its GDP while the U.S. spent \$102 per million of its GDP. (See Table 3.)

Another way to compare across nations is to compare their share of total HIV/AIDS funding

with their share of the global economy. For example, while the U.S. accounts for 32% of the world's GDP, its funding for global HIV/AIDS in 2003 was 41% of total government funding, and 25% of total funding from all sources, for HIV/AIDS. The United Kingdom accounts for 5% of the world's GDP, while its 2003 funding for global HIV/AIDS was 17% of government funding and 10% of total funding. Information on these and other major donor countries is presented in Table 4.

## GOVERNMENTS OF AFFECTED COUNTRIES

UNAIDS has several initiatives to collect data on HIV/AIDS and STD project expenditures by national governments of resource-poor countries. This data collecting is increasingly important as domestic spending by affected countries increases to respond to a growing epidemic. UNAIDS and others have determined that, in the aggregate, lower income countries mobilizing to address HIV/AIDS can provide one-third to one-half of required funding from domestic resources.<sup>2</sup> This figure varies dramatically by country, with those in southern Africa, for example, requiring external support for up to 80 percent of HIV/AIDS program costs. According to UNAIDS, domestic HIV/AIDS spending by governments of resource-poor countries now approaches \$1 billion annually.<sup>1</sup>

Detailed information on HIV/AIDS spending is available for only a limited number of countries. Botswana, a country in which as many as 1 in 3 of its 1.7 million citizens is living with HIV/AIDS, budgeted \$70 million of its own funds (along with \$42 million of public and private donor assistance) for 2002 to implement its national AIDS strategy.<sup>22</sup> In Botswana's case, domestic government funding thus amounts to about \$41 per citizen.

Neighboring South Africa, a country of about 43 million of whom 1 in 5 is HIV-positive, recently announced a new national initiative to increase access to antiretroviral therapy. To support the initiative, the South African government proposes to triple its domestic funding for HIV/AIDS to \$502 million in 2004/2005 (about \$12 per citizen), rising to \$643 million in 2005/2006 and \$753 million the year after.<sup>23, 24</sup>

A study by the Regional AIDS Initiative for Latin America and the Caribbean (SIDALAC),

**Table 4: Total Estimated HIV/AIDS Funding for 2003 from Selected Countries Compared with Their Share of the Global Economy<sup>19</sup>**

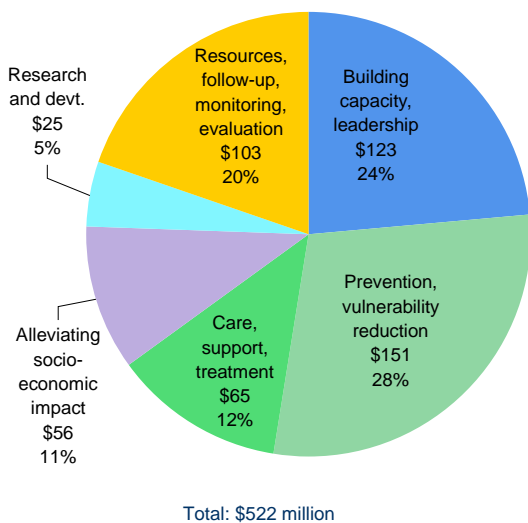
	Share of World GDP (a)	Share of Govt. Funding for HIV/AIDS (b)	Share of Total Funding for HIV/AIDS (c)
United States	32%	41%	25%
Japan	12%	6%	3%
Germany	6%	6%	4%
United Kingdom	5%	17%	10%
France	4%	3%	2%
Italy	4%	4%	2%
Canada	2%	4%	3%
Netherlands	1%	4%	2%
Norway	1%	2%	1%
Australia	1%	2%	1%
Ireland	<1%	2%	1%

GDP: Gross domestic product for 2002 from World Bank.<sup>19</sup> Column (a) is GDP of country as percentage of total GDP of all countries. Column (b) is country's budgeted bilateral funding, plus the HIV/AIDS share of its Global Fund contributions in 2003, divided by total of those from all government donors. Column (c) is the same as column (b), but divided by total funding from all donors, not just governments.

Note: Does not include funding for international research.

found that, in ten countries studied, over \$346 million was spent by governments on HIV/AIDS services in 2002,<sup>25</sup> less than \$1 dollar per person.

**Figure 2: Budget for HIV/AIDS Activities Among UNAIDS Cosponsors By Activity Area—2004-2005<sup>26</sup>**  
(US\$ Millions)



## MULTILATERAL ORGANIZATIONS

In addition to their bilateral programs, donors channel funds through international institutions such as the United Nations, World Bank, and Global Fund to support activities implemented at the global, regional, and national levels. Funds transferred to these agencies are designated specifically for HIV/AIDS or for general support that may or may not be used for HIV/AIDS at the discretion of recipient institutions. The proportion of global HIV/AIDS funding channeled through multilateral versus bilateral channels decreased significantly between 1987 to 2000 in relation to bilateral donations.<sup>1, 27</sup> This trend has changed in recent years, especially since creation of the Global Fund.<sup>1</sup>

In tracking global HIV/AIDS resources, UNAIDS includes contributions to the UN agencies designated by donors for HIV/AIDS within estimates of donor support. Undesignated contributions used for HIV/AIDS, on the other hand, are attributed to the recipient institutions.<sup>1</sup> For example, U.S. contributions to support UNAIDS are included within estimates of U.S. funding, whereas U.S. contributions to the UN Children's Fund's (UNICEF's) general budget that are then programmed by UNICEF for HIV/AIDS are included within the spending figures for UN agencies.

### United Nations

Efforts within the United Nations to address HIV/AIDS are coordinated by UNAIDS, which comprises both the collective effort of the UN and a central UNAIDS Secretariat. Official cosponsors of UNAIDS are:

- UN Children's Fund (UNICEF);
- UN Development Program (UNDP);
- UN Population Fund (UNFPA);
- UN Educational, Scientific, and Cultural Organization (UNESCO);
- UN Drug Control Program (UNDCP);
- World Health Organization (WHO);
- World Bank;
- International Labor Organization; and most recently the
- World Food Program.<sup>28</sup>

The UNAIDS Secretariat coordinates HIV/AIDS-related activities of these cosponsors, encourages global action on the epidemic, and provides technical support in many hard-hit countries. Most country-level programs,

however, are implemented by the cosponsors and not by UNAIDS.

Each cosponsor participates with the UNAIDS Secretariat in developing a Unified Budget and Workplan (UBW), laying out two-year budgets and work plans for much of the UN's response to HIV/AIDS. These budgets include designated and non-designated funds from donor countries (funds designated by donors to be used for HIV/AIDS efforts, and undesignated funds that UN agencies allocate to HIV/AIDS).

Designated funds are identified in the UBW as "Core Funds" and "Additional Core Funds" needed to accomplish basic work (the latter support increased interagency activities at the country level).<sup>26</sup> Included are budgets for the UNAIDS Secretariat, for cosponsors (except for the World Food Program, which joined as a cosponsor in October 2003<sup>29</sup>), and for interagency activities. A second category of "Supplemental Budgets" includes budgets for projects by cosponsors that are of lower priority and get support only after Core budgets are funded. Activities undertaken by the cosponsors with their own undesignated global and regional funds make up a third category.

The core budget for 2004-2005 is \$270 million, an increase of 42% over the 2002-2003 core budget of \$190 million and more than double the budget for 1998-99.<sup>26</sup> Also for 2004-2005, the Supplemental Budget is \$141 million, the cosponsor budget for their own undesignated funds is \$111 million, and the total

budget for all three categories is \$522 million (see Figure 2).<sup>26</sup>

In addition, for 2004-2005, over \$818 million budgeted for HIV/AIDS activities at the country level is excluded from the UBW (this information is presented in the UBW for informational purposes only).<sup>26</sup> Together, the UN's total effort on HIV/AIDS for 2004-2005 is budgeted at \$1.34 billion. (See Table 5.)

Activities and their related budgets are organized into six areas of work:

- Building capacity and leadership;
- Prevention and vulnerability reduction;
- Care, support and treatment;
- Alleviating socioeconomic impact;
- Research and development; and
- Resources, follow-up, monitoring and evaluation.

Funding to support the budget of the UNAIDS secretariat in particular comes primarily from designated contributions by donor governments. The United States is a leading donor: in 2002, it provided \$18 million (20%) of the \$92 million UNAIDS budget (through USAID) and is expected to provide an equal amount for FY 2003.<sup>4</sup> The Netherlands has also been a principal donor, committing over \$20 million to UNAIDS' \$95 million budget for 2003.<sup>30, 31</sup>

**Table 5: Budget for HIV/AIDS Activities Among UNAIDS Cosponsors—2004-2005<sup>26</sup>**  
(US\$ Millions)

Agency	Core Budget	Supplemental Budget	Cosponsor Resources	Total UBW*	Non-UBW Cosponsor Budgets	Grand Total
UNAIDS	91.2	0	0	91.2	0	91.2
UNICEF	16.0	19.0	15.0	50.0	280.0	330.0
UNDP	9.4	15.6	20.0	45.0	120.0	165.0
UNFPA	13.2	19.4	16.0	48.6	75.6	124.2
UNODC	4.5	5.2	2.0	11.7	12.5	24.2
ILO	6.5	7.4	5.6	19.5	14.0	33.5
UNESCO	7.2	6.5	4.3	18.0	18.0	36.0
WHO	21.5	58.5	26.8	106.8	98.0	204.8
World Bank	7.4	9.0	21.5	37.9	200.0	237.9
Interagency Activities	93.6	0	0	93.6	0	93.6
<b>Total</b>	<b>\$ 270.5</b>	<b>\$ 140.6</b>	<b>\$ 111.2</b>	<b>\$ 522.3</b>	<b>\$ 818.1</b>	<b>\$1,340.4</b>

\*UBW: Unified Budget and Workplan, a bi-annual budget and planning document for UNAIDS' cosponsors and secretariat.

Note: Figures do not include the budget for the World Food Program, which joined UNAIDS as a cosponsor in October 2003.<sup>29</sup>

### **World Bank**

The World Bank, a cosponsor of UNAIDS and trustee of the Global Fund, makes grants, no-interest (“concessionary”) loans and below-market-rate loans to governments of many highly-affected countries, working with them and with NGOs, bilateral organizations, and multilateral agencies to support country-level and regional responses to HIV/AIDS.

Owned by its 183 member countries, the World Bank reports that it has committed about \$2.2 billion to at least 110 HIV/AIDS-related projects in more than 50 countries since 1986.<sup>32</sup>

The bulk of World Bank HIV/AIDS loans are made through its “Multi-country AIDS Program” program (MAP), primarily in sub-Saharan countries.<sup>33</sup> Through this initiative, launched in June 2001, the Bank expects to provide a total of \$1 billion in grants and no-interest loans to help increase access to HIV/AIDS prevention, care, support, and treatment programs.<sup>33, 34</sup> So far, \$865 million has been committed to MAP projects in 24 countries and one multi-country project.

The World Bank also reserved \$155 million in 2002 for a similar initiative to combat HIV/AIDS in the Caribbean (the “Multi-Country HIV/AIDS Prevention and Control Project for the Caribbean”).<sup>32</sup> To date, \$85 million has been committed to countries through Caribbean MAP.<sup>8</sup>

The Bank also offers significant grants and concessionary lending to many affected countries outside of sub-Saharan Africa and the Caribbean. To date, more than \$1.2 billion has been committed to more than 30 countries.<sup>8</sup>

In its analyses of global HIV/AIDS spending, UNAIDS has estimated the grant value equivalent of World Bank loan disbursements based on the difference between what has been loaned and the real dollar value of what would be repaid. Based on these adjustments, UNAIDS reports that the World Bank has disbursed the grant equivalent of \$95 million in 2002 and \$120 million as of mid-2003.

In addition to the MAP programs, the World Bank has a “Leadership Program on AIDS,” part of the World Bank Institute, through which it supports intensified efforts in AIDS lending and research and contributes to needed leadership and capacity building. The Leadership program has been developed in collaboration with World Bank staff and country clients, UNAIDS, bilateral and multilateral donors, researchers and

practitioners, business leaders and the NGO community as well as other partners as appropriate.<sup>35</sup> Its particular areas of focus are training journalists, assessing economic impacts of HIV/AIDS, and bridging HIV/AIDS with broader health initiatives at the Bank.<sup>36</sup> The Bank also disseminates analytical work on the economic impact of the epidemic that helps guide strategic planning by national and regional policymakers.

### **Global Fund to Fight AIDS, TB, and Malaria**

Formally launched in June 2001 at the United Nations General Assembly Special Session on HIV/AIDS, the Global Fund is an independent, public-private partnership. Its primary objectives are to raise new resources to fight AIDS, tuberculosis, and malaria and to issue grants to support prevention, care, and treatment programs to countries with the greatest need.<sup>9</sup>

Applications for grants of up to five years duration are prepared by Country Coordinating Mechanisms and submitted for review by an independent Technical Review Panel. Final approval is provided by the Global Fund board of directors, with representatives of donor and recipient countries as well as affected communities and multilateral partners. Upon approval, formal grant agreements are negotiated with a Principal Recipient designated by the Country Coordinating Mechanism (to date, about half have been governmental agencies<sup>7</sup>). The Global Fund makes quarterly disbursements based on the achievement by grantees of pre-established milestones. Independent monitoring of progress and systems is done on the Global Fund’s behalf by Local Fund Agents.

To date, three funding rounds approved by the Global Fund’s board of directors total over \$2 billion (\$565 million in April 2002, \$866 million in January 2003, and \$623 million in October 2003).<sup>7</sup> Disbursements of \$164 million have been made to grantees as of Dec. 1, 2003.<sup>37</sup>

In May 2001 President Bush pledged \$200 million, the first commitment by a government to the Global Fund. By July 2001 at the Group of Seven (G-7)<sup>17</sup> Summit in Genoa, Italy, international leaders had committed a total of \$1.3 billion to the Global Fund.

By November 2003, the Global Fund had received pledges of \$4.8 billion payable through 2008, and had received payments on these pledges totaling \$1.7 billion. These payments have come from high-, middle-, and low-income countries (94%), foundations (6%), corporations, and individuals, though the vast majority has come from governments.<sup>6</sup> (See Table 6.)

A total of \$931 million in pledges was paid for the period 2001-2002. For 2003, \$961 million has been pledged, of which \$774 has been paid.<sup>6</sup> These pledges support grants not only for HIV/AIDS but also for tuberculosis and malaria. About 60% of approved amounts for the Global Fund's first, second, and third grant rounds were for HIV/AIDS programs. Based on that same percentage, pledge payments for 2001-2002 allocated to HIV/AIDS total \$558 million; pledges and payments for 2003 total \$577 million and \$465 million respectively.

Most pledges to the Global Fund have come from governments (98%).<sup>6</sup> Of the total pledged to date, about \$17 million has been put forward by the African countries of Burkina Faso, Cameroon, Kenya, Liberia, Niger, Nigeria, Rwanda, South Africa, Uganda, Zambia, and Zimbabwe. The highest pledging governments include the United States, the United Kingdom, Japan and Italy. The Bill and Melinda Gates Foundation has pledged \$100 million, which accounts for nearly all of the foundation and corporate giving to the Global Fund.<sup>6</sup> (See Table 6.)

The Global Fund's grants have been issued to support a wide range of prevention and treatment programs. All approved HIV/AIDS grants have included some prevention component, and most have included some support for treatment. More than half of first, second, and third grant rounds (58%) were awarded to programs in Africa. The remaining

**Table 6: Pledges and Payments to the Global Fund to Fight AIDS, Tuberculosis and Malaria<sup>6</sup>**  
(US\$ Millions)

	2001-2002		2003		2004	2005	2006	2007	2008**	Total Pledged		Total Paid	
	Pledge	Paid	Pledge	Paid	Pledge	Pledge	Pledge	Pledge	Pledge	Amt	%	Amt	%
United States	275.0	275.0	347.7	347.7	200.0	200.0	200.0	200.0	200.0	1,622.7	34%	622.7	37%
France	137.0	137.0	49.9	0.0	249.4	49.9	49.9			536.1	11%	137.0	8%
EC	100.0	108.6	100.0	103.3	117.4	117.4				434.8	9%	211.9	12%
Italy	80.0	80.4	80.0	0.0	40.0					200.0	4%	80.4	5%
Germany	78.2	78.2	40.0	40.0	51.1	56.2	40.0	10.0		275.5	6%	118.2	7%
UK	57.6	57.6	58.7	58.7	176.1	176.4	176.1			644.9	13%	116.3	7%
Japan	25.0	25.0	25.0	25.0	25.0	25.0				100.0	2%	50.0	3%
Netherlands	22.4	22.4	24.5	11.5	26.0					72.9	2%	33.9	2%
Canada	18.0	18.0	16.9	16.9	17.8					52.7	1%	34.9	2%
Sweden	14.8	14.8	13.4	13.4						28.2	1%	28.2	2%
Norway	12.2	12.2	7.0	0.0						19.2	0%	12.2	1%
Denmark	12.0	12.0	37.4	37.4	44.6	84.5	84.5	92.1		355.1	7%	49.4	3%
Ireland	9.8	9.8	11.2	11.2						21.0	0%	21.0	1%
Belgium	8.1	8.1	42.1	8.1	53.4	53.4				157.0	3%	16.2	1%
Other	18.0	18.1	57.3	50.9	26.7	10.1	10.4	33.0	4.3	159.8	3%	69.1	4%
<b>Subtotal</b>	<b>\$868.2</b>	<b>877.3</b>	<b>911.1</b>	<b>724.1</b>	<b>1,027.5</b>	<b>772.9</b>	<b>560.9</b>	<b>335.1</b>	<b>204.3</b>	<b>4,680.0</b>	<b>98%</b>	<b>1,601.5</b>	<b>94%</b>
Foundations	50.1	50.1	50.0	50.0						100.1	2%	100.1	6%
Corporations	1.5	1.6	0.1	0.0						1.6	0%	1.6	0%
Individuals	1.6	1.6	0.1	0.1						1.7	0%	1.7	0%
<b>Total</b>	<b>\$921.4</b>	<b>930.6</b>	<b>961.3</b>	<b>774.2</b>	<b>1,027.5</b>	<b>772.9</b>	<b>560.9</b>	<b>335.1</b>	<b>204.3</b>	<b>4,783.4</b>	<b>100%</b>	<b>1,704.9</b>	<b>100%</b>
Less 40% for TB & malaria***	(368.6)	(372.2)	(384.5)	(309.7)	(411.0)	(309.2)	(224.4)	(134.0)	(81.7)	(1913.4)		(682.0)	
<b>Adjusted Total for HIV/AIDS</b>	<b>\$552.8</b>	<b>558.4</b>	<b>576.8</b>	<b>464.5</b>	<b>616.5</b>	<b>463.7</b>	<b>336.5</b>	<b>201.1</b>	<b>122.6</b>	<b>2,870.0</b>		<b>1,022.9</b>	

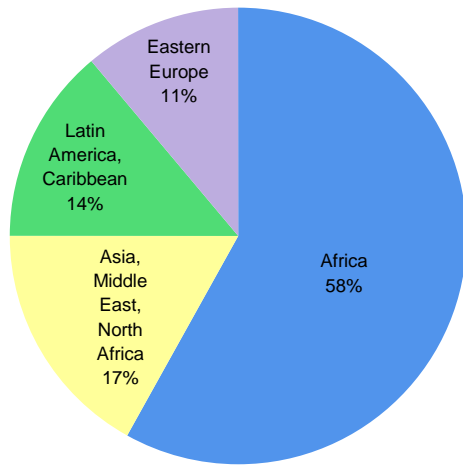
\* US pledged amounts reflect commitments from President Bush. Actual amounts provided by Congress may differ; for 2004, the U.S. Congress is considering legislation that may increase the contribution amount for this fiscal year.<sup>38</sup>

\*\* Figures for 2008 pledges also include pledges of \$4.4 million for which timing of payment is undetermined.

\*\*\* Amounts for Global Fund are adjusted by projected amounts used to fund grants for TB and malaria. Budgeted amounts reflect 60% of total pledges by donors to the Fund for 2003, the proportion of grants approved to date for HIV/AIDS only.<sup>7</sup>



**Figure 3: Geographic Distribution of Approved Global Fund Grants for HIV/AIDS<sup>39</sup>**



grants were split among Asia, Middle East, and North Africa (17%); Latin America and Caribbean (14%); and Eastern Europe (11%).<sup>39</sup> (See Figure 3.)

### PRIVATE SECTOR DONORS

Foundations and private businesses provide significant funding for global HIV/AIDS activities, with U.S.-based foundations representing a key source of support. These foundations include private charitable foundations, typically funded with income earnings from endowments established by wealthy individuals or families, and corporate foundations, funded by businesses and corporations as a mechanism for managing their charitable activities.

#### Foundations

While overall philanthropic giving by U.S.-based foundations has grown steadily in the last decade, HIV/AIDS-specific giving—for both domestic and international programs—fluctuated from 1994 to 1998 but have increased steadily since 1999.<sup>10</sup> According to a recent report by FCAA, giving by foundations (as measured by commitments, some of which may be multi-year) for global and U.S. HIV/AIDS programs increased from 1998 to 1999 by 38%.<sup>10</sup> From 1999 to 2000, giving increased sharply (31%) to \$312 million,<sup>10</sup> about 60% of which was attributable to new, multi-year international HIV/AIDS initiatives by the Bill and Melinda

Gates Foundation announced during that year.<sup>10</sup> Grantmaking continued to increase again in 2001, to about \$500 million, including more large, multi-year initiatives by the Bill and Melinda Gates Foundation.<sup>10</sup>

In 2002, the latest year for which comprehensive data are available, total HIV/AIDS grant commitments by U.S.-based foundations declined to \$292 million (a decline of \$208 million or 42%).<sup>10</sup> (See Figure 4.) This decrease reflects reduced commitments, but does not necessarily reflect reduced payments since many foundations made multi-year commitments in previous years for projects still underway in 2002.

Disaggregating HIV/AIDS grant commitments for domestic and international uses is difficult as foundations do not systematically report this information. Funders Concerned About AIDS estimates that among the top 50 donors, most international HIV/AIDS grantmaking is provided by the largest grantmakers. In total, the top 50 grantmakers committed roughly \$287 million, of which \$161 million (56%) was for international HIV/AIDS grants and \$126 million (44%) for domestic grants.<sup>10</sup>

Among the ten foundations providing the highest amounts of HIV/AIDS grants, roughly two-thirds (63%) is for international uses (\$126 million) and one-third (37%) for domestic uses (\$74 million).<sup>10</sup> Among the next fifteen grantmakers, less than half (48%) of their HIV/AIDS-related commitments (\$29 million) were for international grants, with the balance (52%) for domestic (about \$32 million). For the final 25 grantmakers, more than three-quarters (78%) went for domestic programs (\$20 million), with the balance (22%) for international HIV/AIDS grants (\$6 million).

As mentioned above, however, giving for HIV/AIDS by foundations is difficult to track because grant making is often reported under broad and non-standardized categories not specifically identified as HIV/AIDS (such as reproductive health and community-based health care).<sup>14</sup> As a result, more HIV/AIDS giving may be occurring than is being reported.<sup>14</sup> In addition, foundations frequently make multi-year grant commitments, making it difficult to estimate single-year expenditures.

Select examples of foundation efforts are provided below.

### Bill and Melinda Gates Foundation

Established in January 2000, the Bill and Melinda Gates Foundation currently has an endowment of approximately \$24 billion.<sup>40</sup> It operates a significant global health program, with the prevention of HIV/AIDS as its top global health priority.<sup>41</sup> To date, the Gates Foundation has committed approximately \$500 million in multi-year HIV/AIDS grants.

While the Foundation's commitments to HIV/AIDS activities continued to increase in 2002, actual grants awarded have declined. According to FCAA, in 2001 the Foundation awarded nearly \$300 million in multi-year HIV/AIDS grants, including a \$100 million grant over ten years to the Global Fund<sup>42</sup> (40% or \$40 million of that Global Fund grant is attributable to tuberculosis and malaria). The Gates Foundation also provided a \$100 million grant over five years to the International AIDS Vaccine Initiative in.<sup>43</sup> In 2002, the Foundation approved \$89 million in HIV/AIDS grants.<sup>44</sup>

In 2002, the Gates Foundation announced \$100 million of initial support to the India AIDS Initiative, a new program to help prevent the rapid spread of HIV/AIDS in the world's second-most populous nation<sup>45</sup> (though grant commitments have yet to be made). The Foundation also announced funding to help establish a new foundation within the U.S. National Institutes of Health focused on accelerating scientific progress in addressing the diseases that affect the most impoverished people, such as HIV/AIDS.

Also in 2002, the Gates Foundation and the Henry J. Kaiser Family Foundation convened the Global HIV Prevention Working Group, an international panel of nearly 40 leading public

health experts, clinicians, biomedical and behavioral researchers, and people affected by HIV/AIDS. The Working Group seeks to inform global policymaking, program planning, and donor decisions on HIV prevention, and to promote a comprehensive response to HIV/AIDS that integrates prevention and care.

### Ford Foundation

FCAA reports that in 2000, the Ford Foundation issued \$89 million in grants relating to human development and reproductive health,<sup>46</sup> including grants with HIV/AIDS components. About \$7 million was dedicated specifically for global HIV/AIDS grants, most supporting programs in Africa.<sup>46</sup> The Ford Foundation issued approximately \$9 million in global HIV/AIDS grants in 2001<sup>47</sup> and \$14 million in 2002.<sup>10</sup>

The Ford Foundation's support for HIV/AIDS programs typically comes through its Peace and Social Justice work, one of three top-level categories of grantmaking. Though it does not have a public health agenda *per se*, the Ford Foundation supports a wide variety of community mobilization, advocacy, education, and care programs throughout the world.<sup>48</sup> In a few priority regions, the Ford Foundation operates regional offices. These often address HIV/AIDS issues at the regional, national, and sub-national levels.

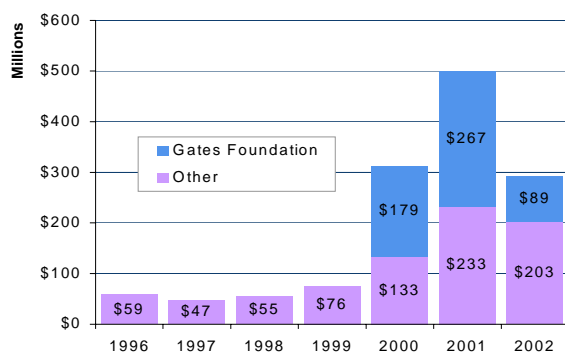
### The Henry J. Kaiser Family Foundation

The Kaiser Family Foundation (KFF), a California-based independent philanthropy focused on major health care issues, has included HIV/AIDS as one of its top priorities for more than a decade. Unlike foundations that focus on grantmaking, KFF is an operating foundation. It develops and runs its own policy and communications programs, providing facts, analyses, and public education on HIV/AIDS to policymakers, media, community organizations, and the general public.

In 2000, KFF committed \$27 million to HIV/AIDS policy and public education activities and projects, including those focused on the U.S. and global epidemics (and including support for programs in South Africa). Many of these commitments were multi-year. In 2001 and 2002, KFF committed an additional \$16 million in each year, respectively, to HIV/AIDS efforts.<sup>10</sup>

KFF often conducts projects in partnership with other organizations, especially media

**Figure 4: Total HIV/AIDS-Related Grant Commitments by Foundations—1996-2002<sup>10</sup>**  
(US\$ Millions)



organizations such as the Washington Post, National Public Radio, The NewsHour, MTV, BET, Univision, and Nickelodeon. In 2002, KFF and the Bill & Melinda Gates Foundation jointly convened the Global HIV Prevention Working Group, as noted above. In 2003, the International AIDS Society and KFF announced a partnership to provide worldwide online access to the XV International AIDS Conference in Bangkok, Thailand in 2004.

KFF provides significant support to South Africa's national HIV prevention initiative for young people, "loveLife," a program that KFF helped develop. loveLife targets young South Africans with a national-scale multi-media campaign combined with a country-wide program of community-level outreach and services. KFF has committed \$62 million to loveLife over the past five years. Additional support for loveLife is provided by the Gates Foundation, the South African Government, the Nelson Mandela Foundation, and the Global Fund.<sup>49</sup> HIV-related work is also integrated into broader KFF programs devoted to public opinion research, health care disparities, reproductive health, Medicaid, and Medicare.<sup>50</sup>

Finally, KFF is involved in several large-scale public education campaigns on HIV/AIDS, including partnerships with Viacom, MTV (domestic and international), BET, Univision and the BBC. KNOW HIV/AIDS, the Foundation's initiative with Viacom, is one of the largest coordinated efforts to combat HIV/AIDS. The global campaign includes public service messages (PSAs), television and radio programming, and free print and online information resources. KFF and Viacom recently announced a partnership with the BBC World Service to launch a public education campaign on HIV/AIDS in Africa and the Caribbean.<sup>51, 52</sup>

#### Rockefeller Foundation

The Rockefeller Foundation has been supporting HIV/AIDS research and prevention for more than a decade: it helped launch the International AIDS Vaccine Initiative in 1996, a new Partnership for Microbicides in 2002, and a Columbia University program to reduce mother-to-child transmission of HIV in 2003.<sup>53</sup>

FCAA reports that in 2001, the Rockefeller Foundation provided \$5 million in HIV/AIDS-related grants and an additional \$13 million in 2002.<sup>10</sup>

#### United Nations Foundation

Ted Turner established the United Nations Foundation (UNF) with a commitment of \$1 billion to build support for the UN and its efforts. Most of UNF's grants are made to and through United Nations agencies, though it also provides support to external entities.

FCAA reports that in 2001, UNF committed \$6.8 million in grants and announced that up to \$16 million in funding would be made available for new HIV/AIDS programs focused on youth. In 2002, the foundation awarded \$12 million in grants for HIV/AIDS activities.<sup>54</sup> In collaboration with the Ad Council, it started the public service campaign "Apathy is Lethal" to raise awareness about the global epidemic and solicit support for the Global Fund.<sup>10</sup>

#### Open Society Institute/Soros Foundation

The Open Society Institute, a private operating and grantmaking foundation based in New York City, serves as the hub of the Soros foundations network, a group of foundations and organizations in more than 50 countries. Its Public Health Programs support public health initiatives that address HIV/AIDS. It operates throughout the world, but historically has focused on Central and Eastern European and Eurasian countries.

The International Harm Reduction Development program (IHRD) is one of OSI's higher profile efforts to decrease rates of drug use and HIV infection in Eastern Europe and the former Soviet Union. Launched in 1995, IHRD is designed to diminish the individual and social harms associated with drug use—particularly the risk of HIV infection. IHRD supports more than 200 projects in 23 countries in Eastern Europe and the former Soviet Union.<sup>55</sup>

FCAA reports that OSI provided \$5.5 million in HIV/AIDS-related grant commitments in 2001, and \$7.8 million in 2002 (an increase of 42%).<sup>10</sup>

#### Clinton Foundation

The William J. Clinton Presidential Foundation, established by former U.S. President Bill Clinton, has made global HIV/AIDS a central focus of its work. While it has not provided significant funding, the Clinton Foundation has played a highly visible role in efforts to expand access to HIV/AIDS prevention and treatment.

The Clinton Foundation supported South Africa's expanded HIV/AIDS prevention and treatment plan, announced in November 2003. The Foundation initiated negotiations with drug producers that resulted in substantial price discounts to South Africa. It also helped deliver technical assistance with plan development.<sup>56, 57</sup>

The Foundation established and convenes an HIV/AIDS Treatment Consortium of organizations involved in prevention, care and treatment. Its work is done primarily through an array of volunteer doctors, business leaders, and educators.<sup>58</sup>

### Major Corporate Support

Corporations and businesses support HIV/AIDS programs in resource-poor countries through a variety of mechanisms including grants, in-kind donations, and concessionary pricing of commodities such as pharmaceuticals and medical equipment. This support takes place at local, regional, national and international levels and is made either directly or through related corporate foundations.

The Global Business Coalition on HIV/AIDS, an association of businesses committed to addressing AIDS in their workplaces and communities, lists over 125 members on its web site.<sup>59</sup> Businesses that operate in highly-affected areas (such as DaimlerChrysler South Africa, Ford Motor Company, DeBeers, Coca Cola, and the Body Shop) support workplace prevention and education programs to reduce the risk of HIV exposure by employees and customers.<sup>60, 61</sup> Some augment prevention efforts with voluntary counseling and testing and with treatment support for HIV-positive employees and family members.<sup>60</sup>

Major media outlets, including Viacom, Time Warner, Yahoo, and MTV, support prevention and public information initiatives tailored to their respective core markets.<sup>60</sup>

Pharmaceutical companies play an especially important role. As producers of drugs that reduce risk of infection from mothers to babies, prevent and treat opportunistic infections, and slow the progression of HIV/AIDS, they are integral to any comprehensive effort. Their assistance comes in many forms—price reductions, in-kind contributions, and grants.

Abbott Laboratories, Boehringer Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, Hoffman La Roche, Johnson & Johnson, Merck, and Pfizer are among those that have announced concessionary pricing and contribution programs related to HIV/AIDS.<sup>62</sup> Obtaining estimates of the value of such programs or actual spending on publicized commitments, however, is difficult because much of this information is proprietary.

Select examples of corporate efforts are provided below.

#### Abbott Laboratories

Abbott Laboratories offers a number of different humanitarian and philanthropic initiatives related to HIV/AIDS.

**Table 7: Top 20 U.S.-Based Grantmakers Based on Commitments for Domestic and International HIV/AIDS Programs—2001 and 2002<sup>10</sup>**  
(US\$ Millions)

	2001		2002
Gates Foundation	\$267.0	Gates Foundation	\$89.0
David & Lucile Packard Foundation	35.7	Bristol-Myers Squibb Foundation	16.9
Henry J. Kaiser Family Foundation	16.3	Henry J. Kaiser Family Foundation	16.2
Ford Foundation	15.5	Ford Foundation	14.0
Wm. Hewlett Foundation	14.8	Rockefeller Foundation	13.0
Bristol-Myers Squibb Foundation	14.5	United Nations Foundation	12.3
Merck Company Foundation	11.4	Elizabeth Glaser Pediatric AIDS Found.	11.8
Elizabeth Glaser Pediatric AIDS Fdn	9.2	Merck Company Foundation	11.4
United Nations Foundation	6.7	Open Society Institute/ Soros Foundation	7.8
Intl Fund Health & Family Planning	6.4	Robert Wood Johnson Foundation	7.8
Abbott Laboratories Fund	6.2	Abbott Laboratories Fund	7.0
Broadway Cares/Equity Fights AIDS	6.1	M.A.C. AIDS Fund	5.6
Open Society Institute/ Soros Found.	5.5	Starr Foundation	5.5
Rockefeller Foundation	5.3	Kellogg Foundation	5.4
MacArthur Foundation	5.3	Broadway Cares/Equity Fights AIDS	5.4
Starr Foundation	5.2	Duke Charitable Foundation	4.9
California Endowment	4.8	Tides Foundation	4.5
American Foundation for AIDS Research	4.5	Wm. Hewlett Foundation	4.3
M.A.C. AIDS Fund	2.9	American Foundation for AIDS Research	3.6
Levi Strauss Foundation	2.7	David & Lucile Packard Foundation	2.9

\* Figures include funding grant commitments (some multi-year) for both domestic and international programs.



In 2000, Abbott established “Step Forward,” a program developed to address the needs of AIDS orphans and vulnerable children. Currently active in Tanzania, Burkina Faso, India, and Romania, the program focuses on health care, voluntary counseling and testing, basic assistance, and education, and is.<sup>63</sup> Through its “Abbott Access” program, launched in 2001, Abbott offers rapid HIV testing kits and several antiretroviral drugs at below-cost prices in 68 countries including all of Africa.<sup>62</sup>

In 2002, it announced that over five years it will donate up to 20 million additional HIV testing kits to programs to fight mother-to-child transmission of HIV.

Abbott also cosponsors with the government of Tanzania, an initiative to broaden access to HIV care by increasing the capacity of the health care infrastructure called “Tanzania Care.” Most of Abbott’s 2002 grants and product donations, totaling \$165 million, were directed at the Step Forward and Tanzania Care programs.<sup>62, 64</sup>

The Abbott Laboratories Fund was reported by FCAA to have provided grants totaling \$6.2 million in 2001 and \$7.0 million in 2002.

#### Boehringer Ingelheim

In 2000, Boehringer Ingelheim (BI) started its Viramune Distribution Program through which it has offered to provide Viramune (nevirapine)<sup>65</sup> free of charge over five years in more than 100 eligible developing countries. Recipients include 63 programs to prevent mother-to-child HIV transmission operating in 36 countries.

BI South Africa granted a generic drug manufacturer (Aspen Pharmacare) a license to manufacture and sell nevirapine for use in South Africa and in 13 other countries in the region.<sup>62</sup>

#### Bristol-Myers Squibb

The signature HIV/AIDS program for Bristol-Myers Squibb (BMS) is “Secure the Future,” a \$115 million five-year initiative in selected Southern and West African countries. Funding supports capacity building of governmental and non-governmental providers, community education and outreach, and medical research. Major BMS partners in this initiative include Baylor College of Medicine, Catholic Medical Mission Board, Harvard AIDS Institute, International Association of Physicians in AIDS Care, Medical University of Southern Africa, Texas Children’s Hospital, and UNAIDS.

Beyond “Secure the Future,” BMS donates HIV/AIDS medicines to a number of non-

governmental organizations to support care and treatment in a number of resource-poor countries.<sup>62</sup>

FCAA reports grants by the BMS Foundation of \$14.5 million in 2001 and \$16.9 million in 2002 (the second-highest of all grantmakers that year).<sup>10</sup>

#### GlaxoSmithKline

Created in 1992, “Positive Action” is GlaxoSmithKline’s program of international HIV education, care, treatment, and community support in 49 countries in Central and South America, Asia, and Africa. An estimated \$55 million has been invested by GSK since the program’s inception 11 years ago.<sup>62, 66</sup>

In addition to “Positive Action,” GSK offers preferential prices for its HIV/AIDS antiretroviral treatments to governments of resource-poor countries.<sup>67</sup>

#### Merck & Company

Merck has undertaken several initiatives to address the HIV/AIDS epidemic in resource-poor countries. In 1998 it implemented the “Enhancing Care Initiative” in collaboration with the Harvard AIDS Institute. Currently underway in Thailand, Senegal, Brazil, and South Africa, this initiative supports local experts working to improve delivery of HIV/AIDS care in resource-poor countries.<sup>62, 68</sup>

In July 2000, Merck, in collaboration with the Republic of Botswana and the Bill and Melinda Gates Foundation, established the “African Comprehensive HIV/AIDS Partnership” (ACHAP), a five-year commitment designed to improve HIV/AIDS prevention, care, and treatment in the country. Merck and the Gates Foundation each contributed \$50 million for development and management of the program; Merck is also donating its antiretroviral medicines for treatment programs during the length of the program.

In addition to ACHAP, Merck offers two of its HIV/AIDS drugs at no profit in resource-poor countries.<sup>62, 68</sup>

The Merck Company Foundation is reported by FCAA to have provided \$11.4 million in both 2001 and 2002 for HIV/AIDS-related grants.<sup>10</sup>

#### Pfizer

Pfizer announced several major HIV/AIDS initiatives in 2001. First, its “Diflucan Partnership Program” offered Diflucan (fluconazole), its



treatment for AIDS-related fungal infections, at no charge to 50 countries identified by the UN as being least-developed and having the highest HIV prevalence.<sup>62, 69</sup> As of April 2003, over 8 million Diflucan tablets have been given out.<sup>70</sup>

Pfizer has also announced funding for construction and staffing of an "Infectious Disease Institute" at Makerere University in Kampala, Uganda. The Institute has established several clinical care and clinician training programs.<sup>70</sup> Through its "International HIV/AIDS Health Literacy" program, the company awards grants to support HIV/AIDS health awareness among people living in developing countries.<sup>70</sup>

FCAA reports that the Pfizer Foundation provided \$1.6 million in support in 2001 and an additional \$2.5 million in 2002.<sup>10</sup>

### Viacom

As mentioned above, Viacom, one of the world's largest media companies, has partnered with the Kaiser Family Foundation to develop KNOW HIV/AIDS, a global public education initiative on HIV/AIDS.<sup>51</sup> It is the first global cross-platform public education initiative on HIV/AIDS conducted by a major media company. The U.S. component of the multi-year effort, launched in January 2003, includes targeted television, radio and outdoor PSAs, special HIV-themed television and radio programming, free print and online resources, and other outreach involving all of the company's properties. The ad placement value committed for the first year of the campaign exceeds \$120 million (not including programming contributions).<sup>51</sup> The campaign includes a global expansion effort.

## HOUSEHOLD SPENDING

Not included in this report's funding figures are estimates of household spending on HIV/AIDS, such as the purchase with personal funds of condoms to prevent HIV infection or medications to treat HIV disease. These estimates are gathered from a variety of sources, including household surveys and reports by vendors. One difficulty in including this source of funds in analyses of funding needs is that there is no ability to gauge the proportionality of these out-of-pocket expenses to income. It is an area of ongoing research, and one with important implications to the overall funding situation.

In its first analysis of household spending in middle-income countries, UNAIDS estimates that \$1 billion was spent on prevention, care, and treatment in 2003.<sup>1</sup>

## Current Uses of Funding

Few data are available on the allocation of global HIV/AIDS funding by function—usually broken into four broad categories: prevention, care, orphan support, and research. In the discussion below on the various uses of current global HIV/AIDS funding, U.S. information is relied upon heavily because it is comprehensive and a significant proportion of global HIV/AIDS assistance.

### PREVENTION

Numerous prevention strategies have been identified, including voluntary counseling and testing; reducing mother-to-child transmission; improving blood safety; prevention and care of sexually transmitted diseases; avoiding occupational exposure among healthcare workers; youth intervention; public-private partnerships; behavioral change communications with youth and other vulnerable groups; and preventing transmission through injection drug use.<sup>21, 71, 72</sup>

Proportionately, prevention activities represent about one-third (39%) of funding requirements for 2001. According to UNAIDS that figure will remain steady at 39% of total HIV/AIDS funding needs through 2007.<sup>21</sup> The total funding requirement for prevention is expected to increase from \$1.4 billion in 2001 to \$6.6 billion in 2007.<sup>21</sup>

A UNAIDS-sponsored report estimated actual spending for HIV/AIDS prevention in resource-poor countries was about \$800 million in 2001.<sup>15</sup> A later report published by the Global HIV Prevention Working Group convened by the Gates and Kaiser Family Foundations estimated spending on prevention in 2002 at \$1.9 billion, still less than one-third of what UNAIDS estimated will be needed for 2005.<sup>73</sup>

### CARE

Care services encompass palliative care<sup>74</sup>, HIV testing, treatment and prophylaxis for opportunistic infections, and antiretroviral therapy (ARV therapy). In its estimates of resource needs, UNAIDS projected that treatment of opportunistic infections accounted for 25% of annual funding requirements for HIV/AIDS care in resource-poor countries during

2001, decreasing to 8% of total resource needs by 2007.<sup>21</sup>

In contrast, the funding requirements for ARV therapy, which accounted for 14% of needs in 2001, are expected to increase to 25% of total needs by 2007 as the number of people receiving ARV therapy increases and costs of delivering that therapy decrease. Expanded access to ARV therapy and resulting improvements in health are also factors leading to decreased spending on treatment of AIDS-related opportunistic infections.<sup>21</sup>

Estimated spending on care and treatment was \$1 billion in 2001 (the most current estimate available).<sup>15</sup>

There has been increased spending to support access to HIV care and treatment, particularly antiretroviral therapy. Because of increased spending by both public and private donors and by affected countries, as well as concessionary pricing and product donations from pharmaceuticals, 2002 and 2003 will likely show increased spending to support access to HIV care and treatment.

An increasing number of U.S.-supported global HIV/AIDS programs include care and treatment components.<sup>75</sup> USAID has articulated the goal of helping local institutions extend basic care and psychosocial support services to at least 25% of persons living with HIV/AIDS and providing community support services to at least 25% of children affected by AIDS in high prevalence countries by 2007.<sup>76</sup> USAID currently has 25 care and treatment projects in 14 countries<sup>77</sup> and devoted about 12% of its 2001 and 2002 global HIV/AIDS spending to care and treatment.<sup>78</sup>

For 2004 and beyond, care and treatment are expected to play an increasingly important role in U.S. strategy on global HIV/AIDS. A key goal of President Bush's Emergency Plan for AIDS Relief is to get 2 million people on treatment by 2008, a significant increase from the current worldwide coverage level of 800,000 people (500,000 of whom live in developed countries).<sup>79, 80</sup> The newly-elected Director-General of the World Health Organization, Jong-Wook Lee, recently announced the goal of getting 3 million people on treatment by 2005 (the "3 by 5" initiative).<sup>81</sup>

## ORPHAN SUPPORT

To provide support for orphans and vulnerable children, funding is needed for orphanages, community support, and school fees. Estimates of future needs in this area are based on providing support to all children under age 15 who have lost their mother to AIDS or some other cause and to vulnerable children whose mothers are likely to die within a year.<sup>21</sup> Meeting these needs is expected to require an additional \$900 million by 2007.<sup>21</sup>

## RESEARCH

Spending on biomedical and behavioral research, though critical to discovering and improving HIV prevention and treatment services<sup>16</sup>, is typically not included in analyses of global spending on HIV/AIDS. Many governments do not disaggregate HIV/AIDS research from other biomedical and behavioral research spending, and data on privately financed research are usually considered proprietary and not disclosed.

An important exception is the U.S. National Institutes of Health (NIH), the world's largest funder of research. NIH reports a budget of \$2.6 billion for HIV/AIDS-related research in FY 2003, of which \$252 million supports international research. The amount spent on international research has increased over time (see Table 8).

NIH's estimates cover only research outside of the U.S., most of which is conducted in developing countries,<sup>82</sup> as well as research training in the U.S. of scientists from other countries. International research at the NIH has increased in relation to its overall HIV/AIDS research budget; in FY 2001, it represented 7.1% of the total HIV/AIDS research budget while in FY 2003 it represented 9.7%.

These NIH funding estimates do not include a broad range of biomedical and behavioral research that may benefit those outside of the

U.S.<sup>4</sup> Also excluded is the share of the U.S. contribution to the Global Fund passed through NIH, which was \$99.3 million in FY 2003. The CDC estimates that it funded \$11 million in international HIV/AIDS research in FY 2003.

## Conclusion

This policy brief provides an overview of the current state of global funding for HIV/AIDS in resource poor settings, including bilateral and multilateral support from donor countries; multilateral organizations; the private sector; and government funding by affected countries themselves. It is important to note that this funding picture is constantly changing and tracking such figures is complex, but increasingly important. The past few years have seen significant increases in funding for global HIV/AIDS by all major sectors and the formation of important new efforts and institutions to address the epidemic; still, current funding for global HIV/AIDS is less than estimated need and the enormity of the epidemic will continue to present funding challenges to all donors and particularly to those countries most affected by HIV/AIDS.

**Table 8: NIH Funding for Global HIV/AIDS—  
FY 2001–2004 Appropriations<sup>4, 83</sup>**  
(US\$ Millions)

	2001	2002	2003	2004*
Int'l. Research	\$160	\$218	\$252	\$275
% Change	43%	36%	16%	9%

\* FY 2004 figures reflect the President's budget proposal to Congress

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