

U.S. Government Funding for Global HIV/AIDS Through FY 2005

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Overview

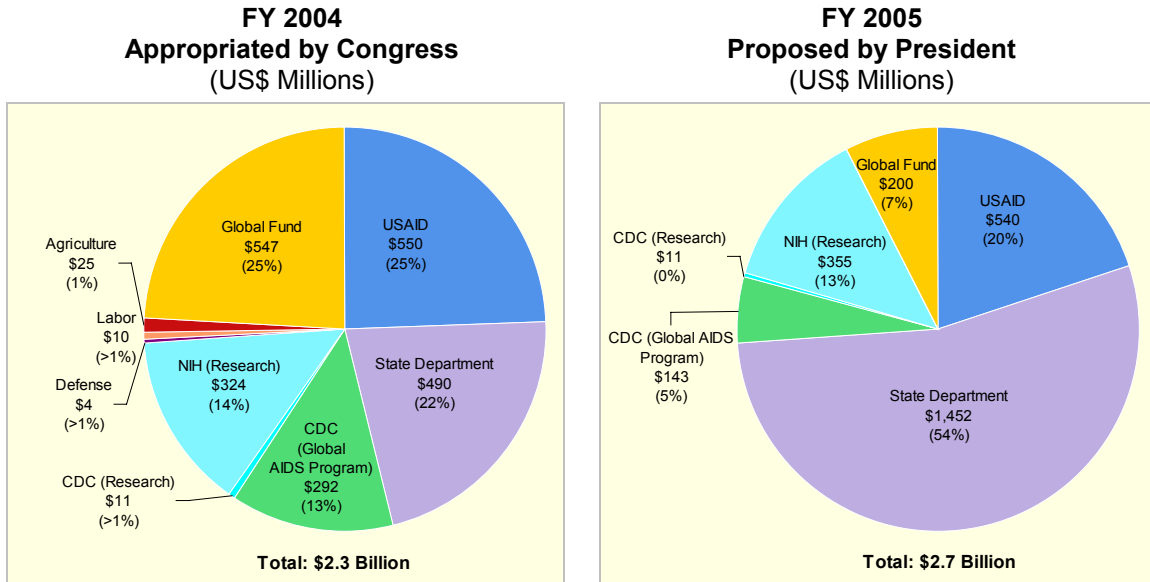
The United States government began funding global HIV/AIDS activities in resource-poor settings, defined as low and middle-income countries and regions, in the mid-1980s. Since then, U.S. funding for global HIV/AIDS has increased significantly, particularly in the past few years; it has also increased as a proportion of the overall U.S. HIV/AIDS budget. U.S. funding to address the global epidemic is channeled through both bilateral assistance and multilateral efforts.

In Fiscal Year (FY) 2004, U.S. funding for global HIV/AIDS is expected to total \$2.3 billion, and includes the first year of funding for the President's Emergency Plan for AIDS Relief (PEPFAR). The President's FY 2005 budget proposal to the U.S. Congress, still pending, requests \$2.7 billion for global HIV/AIDS. Congress is expected to finalize FY 2005 funding levels in late 2004.

The following charts provide detailed data on U.S. government funding for global HIV/AIDS through FY 2004, and for the FY 2005 budget request. Additional information on funding for global HIV/AIDS is available in other Kaiser Family Foundation reports and fact sheets, all of which are available on the Foundation's web site (www.kff.org/hivaids). See specifically:

- *Federal Funding for HIV/AIDS: The FY 2005 Budget Request* (Fact Sheet, Pub #7029)
- *Trends in U.S. Government Funding for HIV/AIDS* (Issue Brief, Pub #7032; Chartpack, Pub #7033)
- *Global Funding for HIV/AIDS in Resource-Poor Settings* (Fact Sheet, Pub # 6144; Issue Brief, Pub #6051-02)
- *U.S. Government Funding for HIV/AIDS In Resource-Poor Settings* (Fact Sheet, Pub #6115; Issue Brief, Pub #6050-02)

Chart 1: U.S. Funding for Global HIV/AIDS by Department & Agency—FY 2004 and FY 2005



Sources: U.S. Legislation^{1,2}, Office of Management and Budget³, Congressional Research Service⁴

Notes: FY 2004 data do not yet reflect actual spending levels; FY 2005 data are proposed in the President's budget submitted to Congress. Global Fund includes full amount of contributions from the U.S., which are then used by the Global Fund to support programs addressing HIV/AIDS, tuberculosis, and malaria.

Funding for global HIV/AIDS activities by the U.S. government is expected to total \$2.3 billion in FY 2004, including funding for prevention, care, treatment, and research activities (funding totals \$1.9 billion without international research). FY 2004 also marks the first year of funding for the President's Emergency Plan for AIDS Relief (PEPFAR), a five-year, \$15 billion initiative to address HIV/AIDS, TB, and malaria in the developing world. The President's FY 2005 budget request includes \$2.7 billion for global HIV/AIDS (\$2.3 billion without international research), and would represent a 20% increase over FY 2004 levels. Congressional action on the FY 2005 budget request is pending.

In FY 2004, the U.S. Agency for International Development (USAID) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) each represent one quarter of U.S. global HIV/AIDS funding. Funding for a new Global HIV/AIDS Initiative (GAI) Account and Global AIDS Coordinator at the State Department (created as part of PEPFAR) represents slightly more than one-fifth (22%) of funding in FY 2004. The remainder of funding is distributed across the Centers for Disease Control and Prevention (CDC), and other departments and agencies.

Funding for the GAI is expected to ramp up significantly over time, and in the President's FY 2005 budget request, it represents more than half (54%) of the global HIV/AIDS budget. The FY 2005 budget request includes a slight decrease in funding for global HIV/AIDS efforts at USAID and at CDC (the decrease at CDC reflects a transfer of funding for the U.S. International Mother and Child HIV Prevention Initiative from CDC to the GAI account at the State Department). There is no funding in the FY 2005 budget request for global HIV/AIDS activities at the Departments of Agriculture, Labor, and Defense.

Chart 2:
U.S. Funding for Global HIV/AIDS:
Detail by Department & Agency—
FY 2002 to FY 2005

(US\$ Millions)

Federal Department/Agency	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate	FY 2005 Proposed	Change FY 2004-2005	
					\$	%
1. USAID	\$600	\$626	\$550	\$540	\$(10)	- 2%
1.1 Child Survival & Health	395	588	514	500	(14)	- 3%
1.2 Other Bilateral	205	39	36	40	4	+ 11%
2. State Department	\$0	\$2	\$490	\$1,452	\$962	+ 196%
2.1 Global AIDS Initiative	0	0	488	1,450	962	+ 197%
2.2 Foreign Military Financing	0	2	2	2	0	+ 0%
3. CDC	\$155	\$194	\$303	\$154	\$(149)	- 49%
3.1 Global AIDS Program	144	143	143	143	0	+ 0%
3.2 PMTCT Initiative	0	40	149	0	(149)	- 100%
3.3 International Research	11	11	11	11	0	+ 0%
4. NIH (International Research)	\$218	\$279	\$324	\$355	\$31	+ 10%
5. Department of Defense	\$14	\$7	\$4	\$0	\$(4)	- 100%
6. Department of Labor	\$9	\$10	\$10	\$0	\$(10)	- 100%
7. Department of Agriculture	\$25	\$25	\$25	\$0	\$(25)	- 100%
8. Global Fund	\$175	\$347	\$547	\$200	\$(347)	- 63%
8.1 Through USAID	50	248	398	100	(298)	- 75%
8.2 Through NIH	125	99	149	100	(49)	- 33%
Total – With Research	\$1,196	\$1,490	\$2,253	\$2,701	\$448	+ 20%
Total – Without Research	\$967	\$1,200	\$1,918	\$2,335	\$417	+ 22%

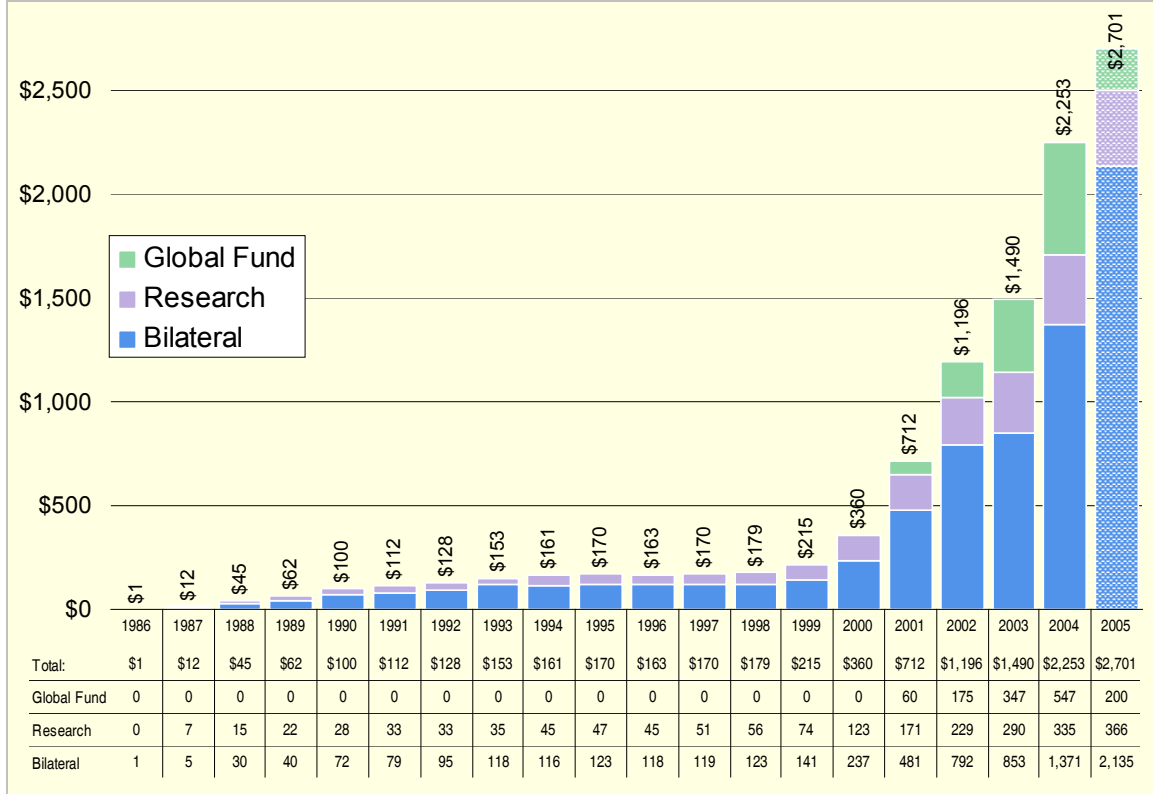
Sources: U.S. Legislation^{1, 5-8}, Global Fund⁹, Congressional Research Service¹⁰, Office of Management and Budget³, National Institutes of Health¹¹

Notes: FY 2004 data do not yet reflect actual spending levels; FY 2005 data are proposed in the President's budget submitted to Congress. The PMTCT Initiative (line 3.2) is the U.S. International Mother and Child Prevention Initiative, which has been funded through CDC through FY 2004. In the President's FY 2005 budget request, funding for this Initiative is moved to the State Department's Global AIDS Initiative (line 2.1). Global Fund contributions (line 8) include funding for HIV/AIDS, tuberculosis and malaria. HIV/AIDS share is approximately 60% of the total, based on the percentage of grants approved to date by the Global Fund that are for HIV/AIDS programs; the balance are for tuberculosis and malaria.¹²

Detailed funding data by department or agency and year are presented above. U.S. government funding for global HIV/AIDS activities is primarily directed through Congressional appropriations bills for foreign operations and international health activities. The Departments of Defense, Labor, and Agriculture also conduct global HIV/AIDS activities. Totals are shown with and without international research funding from the CDC and the National Institutes of Health (NIH) because many global estimates of HIV/AIDS resource flows and needs do not include research.

The United States has provided the highest dollar amount of funding among donors to the global effort on HIV/AIDS, committing in aggregate over \$7 billion since 1986.¹³

**Chart 3:
U.S. Funding for Global HIV/AIDS—
FY 1986 to FY 2005**
(US\$ Millions)



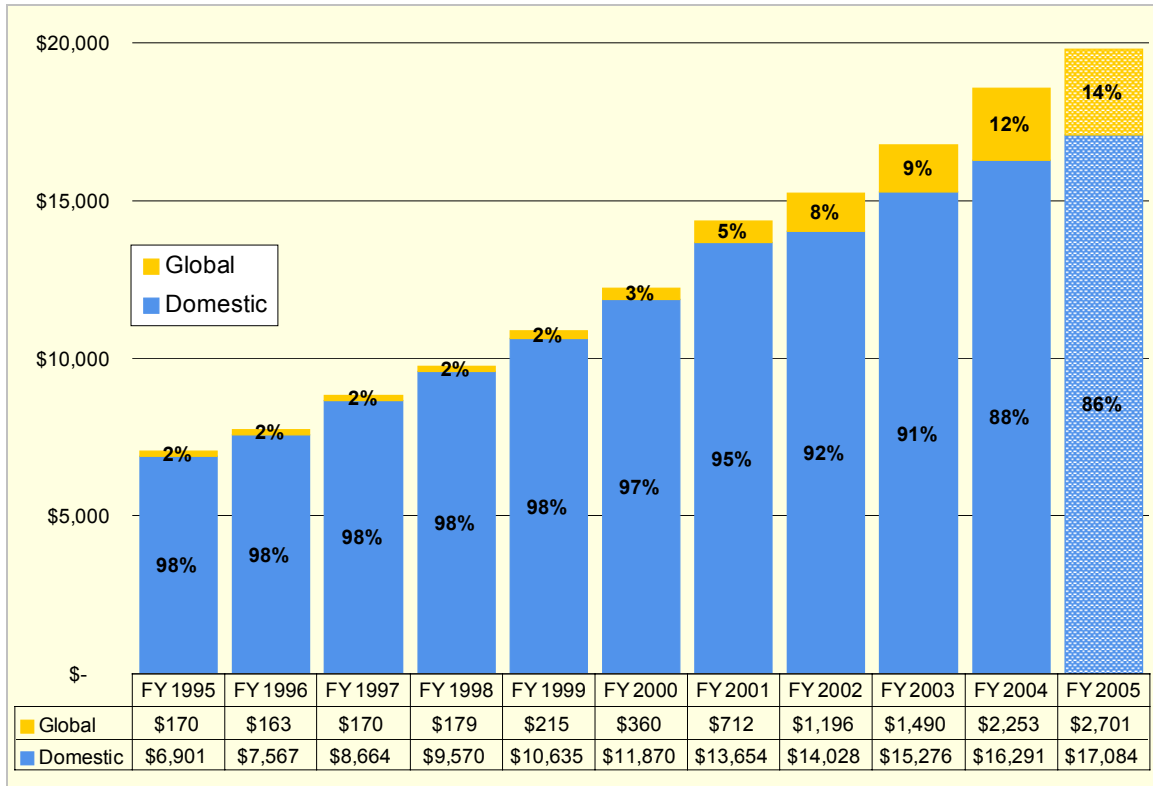
Sources: U.S. Agency for International Development¹⁴, Congressional Research Service^{10, 15}, Office of Management and Budget³, U.S. Legislation^{1, 2, 5, 16}, National Institutes of Health¹¹

Notes: FY 2004 data do not yet reflect actual spending levels; FY 2005 data are proposed in the President’s budget submitted to Congress. Included in “Bilateral” is funding provided to USAID, the State Department, the CDC’s Global AIDS Program, and global HIV/AIDS programs at the Departments of Defense, Agriculture, and Labor. Also included is funding for microbicide and vaccine research provided by USAID (often in the form of contributions to international public-private research partnerships) and support to the core budget of UNAIDS. Included in “Global Fund” are the full amounts of U.S. contributions to the Global Fund, which supports programs to address HIV/AIDS, tuberculosis, and malaria. Included in “Research” is estimated international HIV/AIDS research funding at NIH and CDC.

U.S. government funding for global HIV/AIDS activities began in FY 1986 with \$1 million at USAID and has risen dramatically since that time, particularly in the last few years. Funding between FY 1986 and FY 1999 increased relatively slowly; since that time funding has increased much more sharply, in part due to new initiatives such as: the 1999 Leadership and Investment in Fighting an Epidemic (LIFE) Initiative under President Clinton; the creation of the Global Fund in 2001, an independent public-private partnership which became operational in 2002; and President Bush’s Emergency Plan for AIDS Relief (PEPFAR), announced in 2003 with funding beginning in FY 2004. Most of the increases in U.S. funding for global HIV/AIDS have been directed through bilateral channels.

The President’s budget request for FY 2005 would represent a 20% increase over FY 2004 funding levels. This comes after a more than 50% increase between FY 2003 and FY 2004.

Chart 4:
U.S. Funding for Global HIV/AIDS
As a Proportion of the Overall HIV/AIDS Budget—
FY 1995 to FY 2005
 (US\$ Millions)



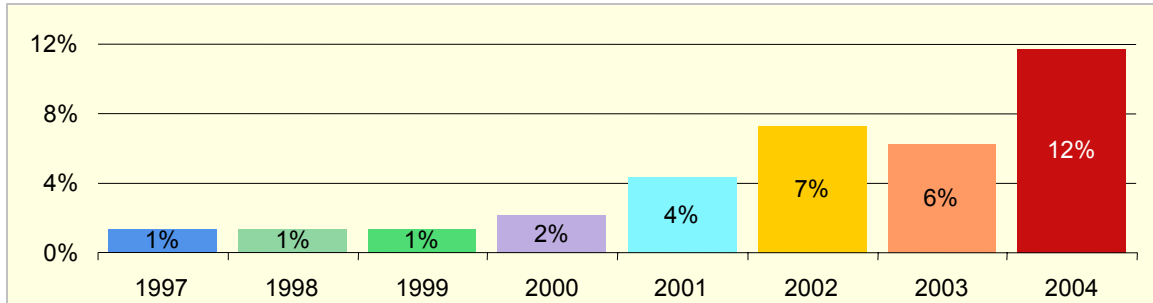
Sources: U.S. Agency for International Development¹⁴, Congressional Research Service^{10, 15}, Office of Management and Budget³, U.S. Legislation^{1, 2, 5, 16}, National Institutes of Health¹¹

Notes: FY 2004 data do not yet reflect actual spending levels; FY 2005 data are proposed in the President's budget submitted to Congress. Figures include estimates for international research at NIH and CDC and full amounts of U.S. contributions to the Global Fund, which supports programs to address HIV/AIDS, tuberculosis, and malaria.

Funding for global HIV/AIDS has increased as a percentage of the overall U.S. budget for HIV/AIDS, rising from just 2% in FY 1995 to 12% in FY 2004; in the President's budget request for FY 2005, global HIV/AIDS activities would represent 14% of U.S. government funding for HIV/AIDS (including international research activities).

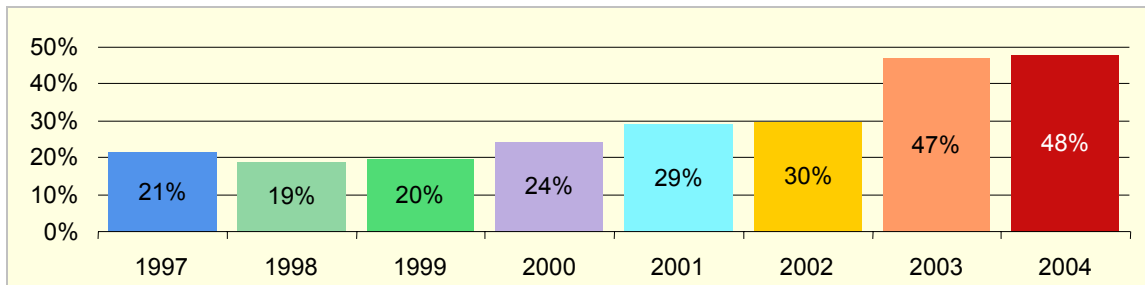
Chart 5: U.S. Funding for Global HIV/AIDS Through Foreign Operations Accounts— FY 1997 - FY 2004

Figure A: As Percentage of Foreign Operations Budget



Sources: U.S. Agency for International Development¹⁴, Congressional Research Service^{10, 15, 17, 18}, Office of Management and Budget³, U.S. Legislation^{1, 2, 5, 16}

**Figure B: As Percentage of Global Health Accounts
Within Foreign Operations Budget**



Sources: U.S. Agency for International Development^{14, 19}, Congressional Research Service^{10, 15, 17, 18}, Office of Management and Budget³, U.S. Legislation^{1, 2, 5, 16}

Notes: Figures A and B present the share of HIV/AIDS funding that comes through the foreign operations appropriations budgets. These accounts are used to fund a broad range of foreign assistance activities, primarily at USAID and the State Department. Figure A presents HIV/AIDS funding as a proportion of all foreign operations funding while Figure B presents HIV/AIDS funding as a share of the global health accounts within foreign operations. Data for foreign operations funding includes base and supplemental appropriations; FY 1999 amount excludes contribution to the International Monetary Fund and FY 2004 amount excludes \$19.4 billion for Iraq reconstruction.

Most U.S. funding for global HIV/AIDS is provided through budget accounts used to support “foreign operations,” which includes funding for both foreign assistance and global health at USAID and the State Department. U.S. funding for global HIV/AIDS activities within these foreign operations accounts has increased as a percentage of the total. In FY 1997, HIV/AIDS was about 1% of overall funding through foreign operations accounts; by FY 2004, it was 12% of the total (see Figure A).

Similarly, within the various global health activities included in foreign operations accounts, HIV/AIDS has increased as a percentage of the total, growing from about one-fifth in FY 1997 to almost one-half in FY 2004 (see Figure B).

Chart 6:
**U.S. Contributions to the Global Fund
to Fight AIDS, Tuberculosis and Malaria**
(US\$ Millions)

	FY 2001 Actual	FY 2002 Actual	FY 2003 Actual	FY 2004 Estimate	Subtotal Through FY 2004	FY 2005 Proposed	Total Including FY 2005
USAID	100	50	248	398	796	100	\$896
NIH	0	125	99	149	373	100	\$473
Total Contribution	\$100	\$175	\$347	\$547	\$1,169	\$200	\$1,369
Less TB, Malaria Share	(40)	(70)	(139)	(219)	(468)	(80)	(548)
Net Share for HIV/AIDS	\$60	\$105	\$208	\$328	\$701	\$120	\$821

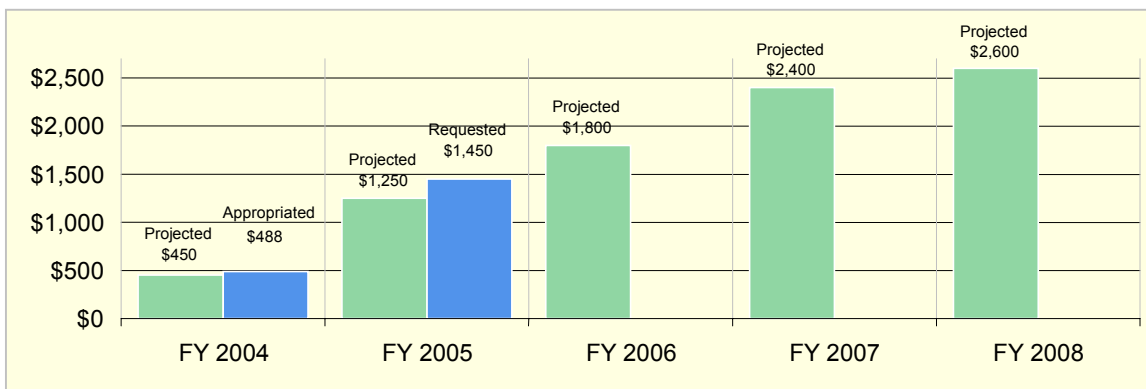
Sources: U.S. Legislation^{1, 2, 5}, Global Fund¹², Congressional Research Service¹⁰

Notes: FY 2004 data do not yet reflect actual spending levels; FY 2005 data are proposed in the President's budget submitted to Congress. The "TB, Malaria" share, deducted from total Global Fund contributions, reflects the share of grant funds provided by the Global Fund for tuberculosis and malaria projects (40%) in the three funding rounds approved through January 2004.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria was established in 2001 as an independent public-private partnership to raise and disburse funds to address HIV/AIDS, TB, and malaria programs globally. It became operational in 2002. The U.S. made the first government pledge to the Global Fund, which has become an increasing channel for U.S. global HIV/AIDS funding (representing one quarter of U.S. global HIV/AIDS funding in FY 2004). Cumulatively through FY 2004, Congress has appropriated a total of \$1.2 billion to the Global Fund, of which \$623 million has been transferred to the Global Fund's accounts. The President's FY 2005 budget request includes \$200 million for the Global Fund, the same amount included in the President's FY 2004 budget request and consistent with his commitment of \$1 billion for the Global Fund over five years as part of the PEPFAR initiative. However, Congress has historically approved higher amounts for the Global Fund than requested by the President.

The Global Fund provides grants to address HIV/AIDS, tuberculosis, and malaria. To date, 60% of grants approved by the Global Fund have been for HIV/AIDS and 40% for TB and malaria. Applying this proportion to the cumulative U.S. contribution of \$1.2 billion through FY 2004 yields \$701 million for HIV/AIDS.

Chart 7: Funding for PEPFAR's Global AIDS Initiative (GAI): Projected, Requested, and Appropriated Amounts— FY 2004 to FY 2008 (US\$ millions)



Sources: Office of Management and Budget^{3, 20}, U.S. Legislation^{1, 2}

Notes: This figure compares the budget for the Global AIDS Initiative at the State Department as projected in the President's FY 2004 budget proposal to Congress²⁰ with the amounts appropriated by Congress for FY 2004 and requested by the President for FY 2005.

In his January 2003 State of the Union Address, President Bush announced his Emergency Plan for AIDS Relief (PEPFAR), asking Congress to commit \$15 billion over 5 years to international HIV/AIDS, TB, and malaria efforts. Enabling legislation followed, as Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. PEPFAR includes almost \$10 billion in new funding and \$5 billion to fund ongoing programs; up to \$1 billion of the \$15 billion has been designated for contribution to the Global Fund. The Initiative will direct most of the new funding to 14 priority countries in Africa and the Caribbean (Congress subsequently added a fifteenth country outside of Africa and the Caribbean which has yet to be named). Funding for PEPFAR began in FY 2004.

As part of PEPFAR, the President's FY 2004 budget request to Congress included \$450 million for a new Global AIDS Initiative (GAI) Account and Global AIDS Coordinator at the State Department. It also presented a five-year projection for the new GAI account indicating rapid growth from \$450 million in FY 2004 to \$2.6 billion by FY 2008, as shown above.

For FY 2004, Congress appropriated a higher amount (\$488 million) than requested (\$450 million) for the GAI. The FY 2005 budget request from the President asks for a higher amount (\$1.45 billion) than projected in the prior year budget request (\$1.25 billion). Congressional action on the FY 2005 request is pending.

**Chart 8:
Allocation of PEPFAR's
Global AIDS Initiative Budget—
FY 2004 and FY 2005**
(US\$ Millions)

Priority Country	FY 2004	FY 2005
Botswana	8,806,473	\$34,700,000
Côte d'Ivoire	7,522,507	25,620,000
Ethiopia	15,281,018	78,690,000
Guyana	5,096,543	18,300,000
Haiti	13,046,735	40,260,000
Kenya	34,631,316	139,080,000
Mozambique	11,083,177	49,480,000
Namibia	14,146,734	42,090,000
Nigeria	25,415,286	108,970,000
Rwanda	16,711,856	64,050,000
South Africa	31,787,258	129,100,000
Tanzania	25,026,759	89,670,000
Uganda	44,598,435	159,210,000
Zambia	29,209,659	120,780,000
Undesignated Priority Country	10,000,000	
Subtotal: Country-Specific Allocations	292,363,756	\$1,100,000,000
Centrally Funded Mechanisms		
<i>Antiretroviral Therapy</i>	34,000,000	
<i>Safe Injections</i>	24,805,000	
<i>Safe Blood</i>	24,350,000	
<i>Abstinence/Faithfulness</i>	20,000,000	
<i>Orphans and Vulnerable Children</i>	20,000,000	
<i>Supply Chain Management</i>	5,842,423	
<i>Quality Assurance</i>	300,000	
Subtotal: Centrally Funded Mechanisms	129,297,423	350,000,000
Administrative Costs	48,441,919	
Additional Amounts to Non-Priority Countries	18,000,000	
Total	\$488,103,098	\$1,450,000,000

Sources: State Department^{21, 22}

Notes: FY 2004 amounts are as provided in a notice to Congress from the State Department. FY 2005 amounts are included in Congressional justifications provided by the State Department with the FY 2005 budget request to Congress. Country allocations are subject to completion and approval of strategic and operational plans. Details on funding for centrally funding mechanisms are not yet available for FY 2005.

Funding for global HIV/AIDS through the GAI Coordinator's Office includes funding for PEPFAR's 15 priority countries, for centrally-funded mechanisms, and some funding for non-priority countries, which also receive funding through other accounts. For FY 2004, the 15 priority countries are expected to receive \$292 million or 60% of the total appropriated by Congress for the GAI; 26% for centrally funding mechanisms; and 4% to supplement other sources for non-priority countries. For FY 2005, the President's budget proposal targets three-quarters (76%) of its funding to 14 priority countries; no funding is indicated for the 15th, as of yet undesignated, priority country or as additional amounts for non-priority countries.

Chart 9:
**U.S. Contributions to International Organizations
and Other Initiatives for Global HIV/AIDS**
(US\$ Millions)

Table A: Contributions to UNAIDS												
Fiscal Years	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Totals
	\$1.5	17	15	15	15	15	15	18	18	25	0	\$155

Table B: Funding for Vaccine and Microbicide Research Through USAID							
Fiscal Years	2001	2002	2003	2004	2005	Totals	
Vaccines	8	8	11	26	0	\$52	
Microbicides	12	15	18	22	0	\$67	
Totals	\$20	\$23	\$29	\$48	\$0	\$119	

Table C: U.S. International Mother and Child HIV Prevention Initiative					
Fiscal Years	2003	2004	2005	Totals	
CDC	40	149	0	189	
USAID	99	0	0	99	
Totals	\$139	\$149	\$0	\$288	

Sources: General Accounting Office²³, State Department^{14, 22, 24}, UNAIDS²⁵, USAID²⁶, U.S. Legislation^{1, 2, 5}

Notes: FY 2004 data do not yet reflect actual spending levels; FY 2005 data are proposed in the President's budget submitted to Congress.

Table A: Up until FY 2004, these contributions were recommended by Congress to USAID; in the FY 2004 appropriations legislation, UNAIDS received for the first time a specific earmark of \$25 million.² The FY 2005 President's budget request does not include a specific amount for contribution to UNAIDS. (The U.S. is also a major supporter of UNAIDS' cosponsors, but estimates of how much of that support is used for HIV/AIDS are not available).

Table B: Figures for FY 2001 to FY 2003 reflect amounts reported by USAID as having been provided to support research on preventive HIV vaccines and microbicides. Figures for FY 2004 reflect amounts requested by Congress in appropriations language and accompanying reports. Until FY 2004, vaccine funding went to the International AIDS Vaccine Initiative (IAVI). The FY 2004 vaccine amount added funding to support an AIDS vaccine initiative of the European Union. The FY 2005 President's budget request does not include a specific amount to support vaccine or microbicide research through USAID.

Table C: Reflects amounts provided through USAID and CDC for the "International Mother and Child HIV Prevention Initiative." For FY 2005, the President did not include a specific amount in his budget proposal to Congress but did indicate that it would be funded out of the Global AIDS Initiative at the State Department.²²

Included within overall U.S. funding for global HIV/AIDS is funding for several specific initiatives and organizations, some created by the U.S., others that are larger efforts supported by the U.S. In addition to the Global Fund (see Chart 6), other key initiatives and organizations that receive U.S. support include: the Joint United Nations Program on HIV/AIDS (UNAIDS); vaccine and microbicide research through USAID (in addition to what is funded through NIH); and the U.S. International Mother and Child HIV Prevention Initiative. Most of this support is channeled through bilateral funding accounts. In some cases, Congress has designated ("earmarked") specific amounts for these organizations and initiatives within appropriations legislation, or has supported them through references in accompanying committee reports (the latter are recommendations from Congress but lack the authority of actual legislation). Some support for global HIV/AIDS is also provided by organizations that receive general contributions from the U.S., such as other parts of the United Nations system and the World Bank.

Methodology & Data Sources

U.S. government data are drawn directly from a variety of primary sources, including: Congressional appropriations legislation; Congressional committee reports that accompany legislation; federal budget documents; government agency reports and estimates; and analyses by the U.S. Congressional Research Service. Global Fund data are also obtained from the Global Fund.

All U.S. government funding for global HIV/AIDS activities comes entirely from discretionary accounts for which Congress determines funding levels annually through appropriations legislation. FY 2003 data reflect an across the board rescission of .065%, as specified in FY 2003 appropriations legislation; FY 2004 data reflect an across the board rescission of .059%, as specified in FY 2004 appropriations legislation.

Final reports on actual spending levels (which may be equal to or less than appropriated amounts) are typically not available for at least one year after the fiscal year concludes. Therefore, all FY 2004 used in this report, while reflecting final Congressional appropriations levels, are not yet considered "actual." All FY 2005 data used in this report are proposed by the President in his budget request to Congress and are expected to be acted on by Congress in late 2004. In some cases, actual spending in a given fiscal year can be significantly less than appropriated amounts for that year. The variance can reflect delays in spending as newly funded programs build to capacity or the reservation of funds to fulfill multi-year contracts.

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