

U.S. Government Funding for HIV/AIDS in Resource Poor Settings

Todd Summers
Progressive Health Partners

Jennifer Kates
Kaiser Family Foundation

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Overview

The United States government began to fund international HIV/AIDS activities in Resource Poor settings in the mid-1980s. Since then, US funding for global HIV/AIDS has increased significantly, particularly over the past three years. US funding is channeled through both bilateral assistance and multilateral efforts. For purposes of this policy brief, resource poor settings include low- and middle-income countries and territories.

In FY 2003, the US Congress appropriated close to \$1.5 billion to combat HIV/AIDS globally, representing a 42% increase over the prior fiscal year and constituting nearly 9% of the total federal HIV/AIDS budget of \$16.6 billion.^{1,2} Of the \$1.5 billion, \$852 million (58%) was allocated to bilateral prevention, care, treatment, and support programs; \$348 million (24%) was for contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and \$263 million (18%) was for international HIV/AIDS research efforts at the US National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC).

Most US bilateral HIV/AIDS assistance is administered by the US Agency for International Development (USAID). FY 2003 funding for USAID totaled \$626 million, representing 43%, the largest share, of the total US global HIV/AIDS budget.^{1,2}

Bilateral HIV/AIDS assistance is also administered by the CDC. Its global HIV/AIDS funding for FY 2003 totaled \$183 million or 13% of the US global HIV/AIDS budget.

The breakdown of FY 2003 funding for the remainder of US agencies involved in international HIV/AIDS activities is as follows: \$25 million in food aid through the Department of Agriculture (USDA), \$7 million for the Department of Defense (DoD), and \$10 million for the Department of Labor.^{1,2}

Included within the FY 2003 global HIV/AIDS budget is \$140 million to fund the President's International Mother and Child HIV Prevention Initiative, first announced in June 2002. This funding comes from the global HIV/AIDS budgets at USAID (\$100 million) and CDC (\$40 million).^{1,2}

The US is a leading contributor to several multilateral initiatives that play important roles in global efforts to address HIV/AIDS, including the Joint United Nations Program on HIV/AIDS (UNAIDS), the Global Fund, and the World Bank. The US has been the largest overall supporter of the Global Fund, having pledged a total of \$1.6 billion to be paid through 2008. \$623 million has been paid thus far (or "contributed"), including \$348 million in FY 2003.¹⁻³

To date, 60% of grants awarded by the Global Fund have been for HIV/AIDS (the remainder has been for tuberculosis and malaria). Applying this proportion to US Global Fund contributions made in FY 2003 yields \$209 million, and reduces total US global HIV/AIDS appropriations to \$1.3 billion.⁴

To support international HIV/AIDS research activities in FY 2003, NIH budgeted \$252 million and CDC budgeted \$11 million. However, funding for HIV/AIDS research is typically excluded from estimates of global need or reports on overall spending prepared by UNAIDS and others, but is included in US government calculations of its support for global HIV/AIDS efforts. If further reduced by the amount of spending on international research (\$263 million), the FY 2003 appropriation for HIV/AIDS prevention, care, treatment and support activities would total \$1.1 billion.

In January 2003, President Bush announced a new Emergency Plan for AIDS Relief (EPAR), asking Congress to commit \$15 billion over 5 years to international HIV/AIDS efforts beginning in FY 2004.⁵ This would represent almost \$10 billion in new dollars. Enabling legislation followed, as Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law No: 108-25).⁶ The legislation, consistent with EPAR, established a new Coordinator of global HIV/AIDS activities at the State Department. EPAR focuses US global HIV/AIDS efforts on 14 countries (12 in Africa and 2 in the Caribbean).⁷ In FY 2004, the President requested close to \$2 billion for global HIV/AIDS activities, a 31% increase over FY 2003. Congressional action is pending but will likely result in additional funding.⁸

US government funding for global HIV/AIDS activities comes entirely from discretionary accounts — that is, the amount of funding avail-

able to federal agencies for global HIV/AIDS activities is determined annually by Congress. Five federal departments and their subsidiary agencies are responsible for most US international HIV/AIDS activities:

- Department of State
 - US Agency for International Development (USAID)
- Department of Health and Human Services (HHS)
 - Centers for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)
 - Health Resources and Services Administration (HRSA)
- Department of Agriculture (USDA)
- Department of Defense (DoD)
- Department of Labor (Labor)

US funding for global HIV/AIDS activities supports programs in nearly 100 resource poor countries. USAID alone works in 50 countries. Until recently, US activities in these countries have focused largely on prevention. Starting in 2001, the US broadened its response to support a comprehensive approach that includes prevention, care, support, and treatment services to people directly affected by the disease.

Introduction

This policy brief examines US federal funding to address the global HIV/AIDS epidemic, emphasizing activities that benefit resource poor countries. For purposes of this policy brief, resource poor settings include low- and middle-income countries and territories. Although funding for domestic HIV/AIDS programs is not included here, in some cases there is no clear distinction between domestic and global activities.

US funding is channeled through both bilateral assistance and multilateral efforts. International assistance programs involving a single donor are “bilateral” and those involving multiple donors are “multilateral.”

In fiscal year (FY) 2003, the US appropriated close to \$1.5 billion for combating the global HIV/AIDS epidemic.^{1, 2, 9} This was nearly 9% of the total federal HIV/AIDS budget of \$16.6 billion and represents a 42% increase over FY 2002 funding within the same accounts.^{9, 10} Of the \$1.5 billion, \$852 million (58%) was allocated to bilateral prevention, care, treatment, and support programs; \$348 million (24%) was for contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and \$263 million (18%) was for international HIV/AIDS research efforts at the US National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC).

The President’s FY 2004 budget request to Congress for global HIV/AIDS was \$1.9 billion, a net increase of \$458 million (31%) over FY 2003 funding for the same accounts.^{2, 11} While final legislation is pending, Congress is likely to provide more than the President requested.^{8, 12-14}

US government funding for global HIV/AIDS activities comes entirely from discretionary accounts for which funding amounts are determined annually by Congress through appropriations legislation. Reports on final funding 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. In addition to final funding levels, the government tracks actual spending, which are the amounts obligated or disbursed. In some cases, these actual spending amounts can be significantly less than appropriated or final funding levels. The variances can reflect delays in spending as newly funded programs build to capacity, the reservation of funds to fulfill multi-year contracts, or reprogramming of funds to different uses.

US global HIV/AIDS activities are conducted primarily through five federal departments and their subsidiary agencies:

- Department of State
 - US Agency for International Development (USAID)
- Department of Health and Human Services (HHS)
 - Centers for Disease Control and Prevention (CDC)
 - National Institutes of Health (NIH)
 - Health Resources and Services Administration (HRSA)
- Department of Agriculture (USDA)
- Department of Defense (DoD)
- Department of Labor (Labor).

While the majority of US funding for global HIV/AIDS goes through bilateral channels, the US also provides significant contributions to several multilateral organizations: the Global Fund; the World Bank; and the Joint United Nations Program on HIV/AIDS (UNAIDS). (Detailed information on US support for these organizations is provided below.)

In addition, through its general support to the United Nations (UN), indirect funding is provided to a wide variety of UN organizations involved in HIV/AIDS activities (such as the World Health Organization, UN Children's Fund, UN Development Program, and World Bank). Because the US does not designate specific amounts for HIV/AIDS activities by these organizations within its general contributions, they are typically excluded from estimates of total US global HIV/AIDS funding.

Appropriations legislation sets funding levels through both specific references included in the actual text of bills as well as through "report language" from the written reports developed by the various Congressional appropriations committees. Most figures in this paper represent funds specifically designated ("earmarked") for global HIV/AIDS programs or initiatives in either bill text or final report language.

One major exception is the substantial portfolio of international AIDS research funded by the US at the NIH and CDC. Estimates included here for international research activities reflect self-reporting of expenditures by NIH and CDC over time and their estimates of future funding (based on current scientific priorities). Excluded from these estimates is funding for an array of basic scientific research conducted in the US, although such activities have significant applications in international settings. It is important to

note that HIV/AIDS research is typically excluded from estimates of global need or overall spending done by UNAIDS and others, but is included in US government calculations of its support for global HIV/AIDS efforts.

Other US government agencies are also addressing global HIV/AIDS, though to date they have not received funding targeted by Congress for this purpose. These include HRSA, which provides support for treatment and care; the US Census Bureau, which supports international epidemiology estimates; and the Peace Corps, which provides volunteers in many highly-affected countries.

Background

Funding for international HIV/AIDS activities by the United States government began in earnest in 1986 with a \$1.1 million commitment. Funding levels increased steadily but slowly through 1999. Since then, funding has accelerated at a faster pace: from fiscal years 1999 to 2001, US funding for global HIV/AIDS increased significantly from \$219 million to \$756 million (see Figure 1).¹⁶ A significant portion of this increase was due to the first US contribution of \$100 million to the Global Fund. There were also significant increases in funding for USAID, CDC, and NIH; and the addition of funding for the DoD, Labor, and USDA for global HIV/AIDS activities.

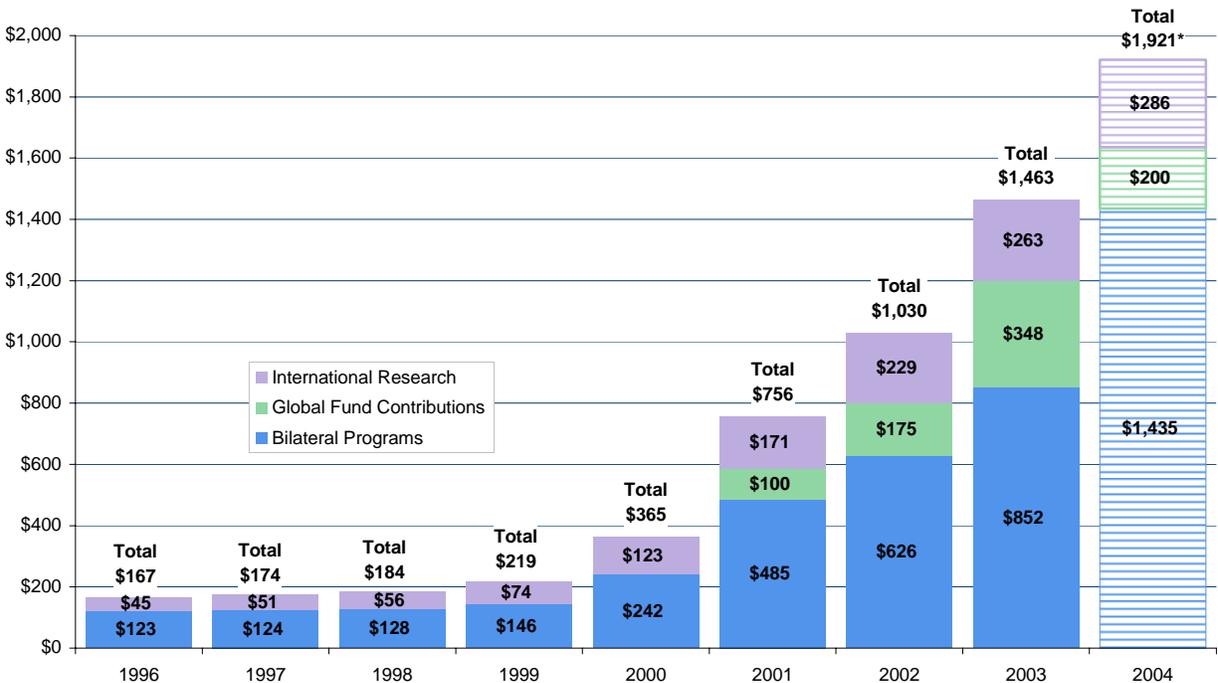
The increase in US funding in FY 2002 for global HIV/AIDS was again significant, when funding climbed to \$1.03 billion—36% higher than the previous year. The trend continued in FY 2003, with total funding at \$1.46 billion, an increase of 42% over the FY 2002 level.^{1, 17} Increases are also anticipated for FY 2004.^{8, 12-14}

Until FY 2000, USAID was the only agency to receive targeted funds for global HIV/AIDS programs (other federal agencies involved in global HIV/AIDS activities used non-targeted funds). USAID's appropriation for HIV/AIDS in FY 2003 (excluding its share of the Global Fund contribution) was \$626 million^{1, 2}, up from \$435 million in FY 2002¹⁷ (an increase of 44%) and represents the largest share (43%) of total FY 2003 global HIV/AIDS funding by the US.

CDC received its first targeted HIV/AIDS funding in FY 2000 (\$35 million) as part of the Clinton administration's global HIV/AIDS effort.^{18, 19} CDC's funding increased to \$183 million in FY 2003.^{1, 2, 17} In each of these years, CDC also reported an additional \$11 million in funding for international HIV/AIDS research activities.²

Three additional federal agencies first received targeted HIV/AIDS funding for global programs in FY 2001: DoD (\$10 million), Labor (\$10 million), and USDA (\$25 million). These amounts have remained relatively steady through FY 2002 and FY 2003.²

Figure 1: Funding by the US for Global HIV/AIDS—FY 1996-2004^{1, 2, 10, 11, 15}
(US\$ Millions)



* FY 2004 figures reflect the President's budget request and are under consideration by Congress.

Note: Global Fund contributions include amounts used to support tuberculosis and malaria programs. International research figures are estimates from NIH and CDC.

Current and Proposed Funding

The US Congress appropriated nearly \$1.5 billion for global HIV/AIDS activities for FY 2003, accounting for almost 9% of the total federal HIV/AIDS budget.^{1,2} This represents an increase of 42% over FY 2002.

USAID had the largest share of the US global HIV/AIDS budget (43%) in FY 2003, while CDC accounted for 13%, and Global Fund contributions represented 24%.^{1,2} Funding for international HIV/AIDS research activities at NIH and CDC represented 18% (see Figure 2).² President Bush has requested approximately \$1.9 billion for international HIV/AIDS activities in FY 2004 (see Table 1).¹¹ Congressional action on that request is pending.

Emergency Plan for AIDS Relief

In January 2003, President Bush announced a new Emergency Plan for AIDS Relief (EPAR) during the State of the Union Address, asking Congress to commit \$15 billion over 5 years to international HIV/AIDS efforts, including \$1 billion for the Global Fund, to begin in FY 2004.⁵ This would represent almost \$10 billion in new dollars. Enabling legislation followed, as Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law No: 108-25).⁶ This "Leadership Act" included authorization to spend up to \$3 billion in FY 2004 and \$15 billion over 5 years to address HIV/AIDS (as well as tuberculosis and malaria).⁶

The legislation, consistent with EPAR, established a new Coordinator of global HIV/AIDS activities at the State Department (that position has since been filled). In addition to planning and reporting requirements, the Coordinator has some authority to prioritize US global HIV/AIDS funding. The Coordinator also controls a new budget account at the State Department, initiated with a \$450 million request by the President in his FY 2004 budget request.^{5, 11} The budget also provides for this account to grow rapidly in coming years, with funding increasing to \$2.6 billion by FY 2008.¹¹

EPAR includes specific targets: preventing 7 million new HIV infections; treating 2 million people with HIV; and caring for 10 million HIV-positive individuals and children orphaned by AIDS.⁵ It focuses US efforts on 14 countries (12 in Africa and 2 in the Caribbean) that would receive most of the new US bilateral spending commitments (almost \$9 billion) over the next 5 years.⁷ (See Table 11 for list of countries.)

Table 1: US Funding for Global HIV/AIDS—FY 2002–2004¹⁻³
(US\$ Millions)

	2002	2003	2004*
USAID**	435	626	690
State Department	0	2	452
Global Fund***	175	348	200
CDC-GAP	144	183	294
CDC-Intl Research	11	11	11
DoD	14	7	0
Labor	9	10	0
USDA	25	25	0
NIH	218	252	275
Total	\$1,031	\$1,463	\$1,921

Net of Share of Global Fund Contributions For Tuberculosis and Malaria

Less Global Fund non-HIV/AIDS****	(70)	(139)	(80)
Adjusted Total	\$962	\$1,326	\$1,843

Net of NIH & CDC International Research Funding

Less Intl Research	(229)	(263)	(286)
Adjusted Total	\$732	\$1,062	\$1,557

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.⁸

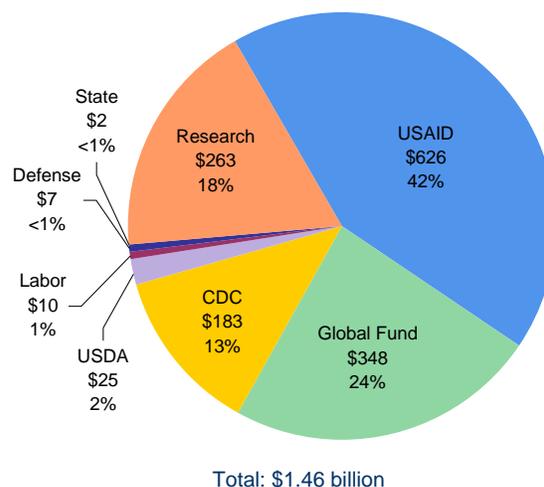
** Includes bilateral and other economic assistance under multiple budget accounts.²

*** Combined contributions from USAID and NIH accounts.

**** Includes funding for GAP and international research.

***** Adjustment is made by deducting 40% of contributions, the percentage of Global Fund grants approved to date used for TB and malaria programs.⁴

Figure 2: US Funding for Global HIV/AIDS By Agency and for Global Fund—FY 2003^{1, 2}
(US\$ Millions)



Note: Amount for USAID is exclusive of Global Fund contributions made through their accounts.

US Agency for International Development

USAID, the principal US agency for disaster, poverty and development assistance, has the largest share of the US global HIV/AIDS budget (43%) in FY 2003. Its funding is appropriated under Title II (“Bilateral Economic Assistance”) of the Foreign Operations appropriations legislation. These funds are largely directed to the Child Survival and Health (CSH) Programs Fund.

For FY 2003, USAID received an appropriation of \$875 million for HIV/AIDS activities, including \$626 million for bilateral assistance²⁰ and \$248 million for a portion of the US contribution to the Global Fund.^{1, 2} Excluding its share of the Global Fund contribution, this was an increase of \$191 million (44%) over the previous year.

For FY 2004, the President requested \$790 million for global HIV/AIDS support at USAID, including \$690 million for bilateral assistance and \$100 million for part of the US Global Fund contribution.^{2, 11} Excluding its share of the Global Fund contribution, USAID would receive an increase of \$64 million (10%) over FY 2003 (see Table 2).

In carrying out its programs, USAID routinely collaborates with other governments, US businesses, nongovernmental organizations (NGOs), private voluntary organizations, academic institutions, and other US agencies. USAID has eight regional programs and conducts activities in more than 50 countries. In general, its assistance is restricted to low-income countries; for HIV/AIDS, however, it does support some programs in hard-hit middle-income countries otherwise ineligible for other USAID assistance. In FY 2003, the list of priority countries was expanded from 17 to 23.²¹ In the past, “highest priority” had been given to four countries: Cambodia, Kenya, Uganda, and Zambia.²² Resources have also been targeted toward 19 other hard-hit “priority” countries, primarily in sub-Saharan Africa. Regional programs provide technical and program develop-

ment assistance to an additional 31 non-priority “basic” countries. (See Table 11.)

Program strategies vary by country, but all USAID HIV/AIDS programs seek to:

- Reduce or keep prevalence rates low;
- Reduce mother-to-child transmission;
- Increase care, treatment, and support services for people living with and affected by HIV/AIDS.²²

In the past, a majority of USAID’s global HIV/AIDS funding went to prevention programs.^{16, 23} Prevention remains a cornerstone of USAID’s efforts, but the Agency is significantly expanding programs for care, treatment, and support of people infected and affected by HIV/AIDS, most notably in high-prevalence settings.²¹

USAID’s care and treatment activities have included pilot and demonstration programs to introduce antiretroviral therapy; home-based care; prevention and treatment of tuberculosis and other opportunistic infections; support for children affected by HIV/AIDS; nutrition and food aid; psychosocial and palliative care; and micro-business lending.²²

Of the \$875 million appropriated to the Agency in FY 2003, \$376 million was designated by Congress for specific uses: \$248 million for the Global Fund, \$18 million for microbicide research, \$10 million for the International AIDS Vaccine Initiative (IAVI), and \$100 million for the International Mother and Child HIV Prevention Initiative.^{1, 2}

The Mother and Child HIV Prevention Initiative, announced by President Bush in June 2002, committed up to \$500 million in funding (\$200 million in FY 2003 and \$300 million in FY 2004).^{2, 24, 25} The program targets 14 countries where the prevalence of HIV is very high — the same countries identified as priorities for EPAR. The Initiative provides treatment and care for HIV-infected pregnant women both to improve their health and to reduce the possibility of their transmitting HIV to their child. The Initiative also seeks to build healthcare delivery systems to bring care to as many women as possible.^{21, 25} For FY 2003, \$140 million was provided by Congress to support the Mother and Child HIV Prevention Initiative, coming from the global HIV/AIDS budgets at USAID (\$100 million) and CDC (\$40 million). The requested funding for the Initiative for FY 2004 (still pending) is \$300 million, with equal amounts from USAID and CDC budgets.^{2, 11}

**Table 2: USAID Funding for Global HIV/AIDS—
FY 2001–2004^{1, 2, 11}**
(US\$ Millions)

	2001	2002	2003	2004*
Bilateral Aid	\$330	\$435	\$626	\$690
% Change	65%	32%	44%	10%

* FY 2004 figures reflect the President’s budget proposal and are under consideration by Congress.

Geographically, most of USAID's country-specific assistance in FY 2002 went to sub-Saharan Africa (65%), followed by Asia (19%), Latin America and the Caribbean (11%), and Europe and Eurasia (6%).²⁶

State Department

Though in the past it has not received significant funding for this purpose, the State Department—from the Secretary of State to the US mission staff in countries—has had regular involvement in developing US policies and programs to address global HIV/AIDS.

The President's FY 2003 budget request included \$2 million for a new Military Affairs Program to support HIV prevention training of African armed forces (complementing a similar Department of Defense initiative). The funding is included under the Foreign Military Financing program. The FY 2004 budget request from the President included \$1.5 million for this program.²

As described above, EPAR and its authorizing legislation establish a significant new role for the State Department. The President assigned overall responsibility for EPAR to a Special Coordinator for International HIV/AIDS Assistance, with ambassadorial rank and a direct reporting relationship to the Secretary of State (that position has since been filled).²⁷

Centers for Disease Control and Prevention

The principal international component of HIV/AIDS prevention efforts at CDC is its Global AIDS Program (GAP). GAP received \$183 million in FY 2003 appropriations, representing 13% of US funding for international HIV/AIDS. In addition, CDC provided \$11 million for international research. Combined, CDC's international HIV/AIDS funding in FY 2003 was \$183 million. This reflects an increase of 25% over the previous year and includes \$40 million designated by Congress for the Mother and Child HIV Prevention Initiative.² For FY 2004, the President requested \$294 million for GAP, an increase of \$111 million (61%) over FY 2003 funding.^{2, 11} However, all or a significant portion of this increase may be required to fund the Mother and Child HIV Prevention Initiative, a program for which Congress mandated CDC provide \$40 million in FY 2003 and \$150 million in FY 2004.

Although it had previously engaged in global HIV/AIDS activities, GAP received its first tar-

Table 3: Department of State Funding for Global HIV/AIDS—FY 2001–2004^{1, 2, 11}
(US\$ Millions)

	2001	2002	2003	2004*
Global AIDS Coordinator	\$0	\$0	\$0	\$450
Foreign Military Financing	0	0	2.0	1.5
Other	0.7	0	0	0
Total	\$0.7	\$0	\$2	\$452

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.

Table 4: CDC Funding for Global HIV/AIDS—FY 2001–2004^{1, 2, 11}
(US\$ Millions)

	2001	2002	2003	2004*
Global AIDS Program	\$105	\$144	\$183	\$294
Intl. Research	11	11	11	11
Total	\$116	\$155	\$194	\$305
<i>% Change</i>	151%	34%	25%	57%

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.

geted appropriations for international HIV/AIDS activities in FY 2000. In that year, it received \$35 million. Its budget grew significantly to \$105 million in 2001 and to \$144 million in FY 2002.²⁸

The CDC's GAP seeks to reduce HIV infections through sexual, mother-to-child, and blood transmissions; to improve community- and home-based care and treatment of HIV and sexually transmitted and opportunistic infections; and to strengthen country capacity to collect and use surveillance data and to manage national HIV/AIDS programs.²⁹

Additional activities include technical support for surveillance and infrastructure development and for the improvement of care and treatment strategies.^{29, 30} Through GAP, CDC has established programs in twenty-five countries, including several African countries, India, and Brazil (see Table 11).

Department of Agriculture

The FY 2003 appropriations legislation set aside \$25 million of food aid under the USDA's section 416(b) program for the purpose of mitigating the effects of HIV/AIDS in foreign countries.^{1, 2, 31} This was the same funding level provided in FY 2002. The President's budget re-

quest for FY 2004 did not include any funding for this program.^{2, 11} (See Table 5.)

Administered by the USDA's Foreign Agricultural Service, the section 416(b) program provides for the donation of US domestic surplus food to developing and other countries.³²

In FY 2002, the Executive Branch determined that the \$25 million in funds would not be used and decided instead to use approximately \$7 million of section 416(b) assistance from the previous year for this purpose.² Though no food aid was requested by the President for FY 2003, Congress provided \$25 million.²

Department of Defense

In FY 2003, DoD received a \$7 million appropriation for its HIV/AIDS Prevention Program, half the amount appropriated in FY 2002.^{1, 2} The agency first received funding (\$10 million) specifically designated by Congress for global HIV/AIDS activities in FY 2001. The President's budget request for FY 2004 did not include any funding for this program.^{2, 11} (See Table 6.)

Administered by DoD's Naval Health Re-

Table 5: Department of Agriculture Funding for Global HIV/AIDS—FY 2001–2004^{1, 2, 11}
(US\$ Millions)

	2001	2002	2003	2004*
Food Aid	\$25	\$25	\$25	\$0
% Change	n/a	0%	0%	-100%

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.

Table 6: Department of Defense Funding for Global HIV/AIDS—FY 2001–2004^{1, 2, 11}
(US\$ Millions)

	2001	2002	2003	2004*
DoD HIV/AIDS	\$10	\$14	\$7	\$0
% Change	900%	40%	-50%	-100%

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.

Table 7: Department of Labor Funding for Global HIV/AIDS—FY 2001–2004^{1, 2, 11}
(US\$ Millions)

	2001	2002	2003	2004*
Workplace Initiative	\$10	\$9	\$10	\$0
% Change	n/a	-15%	16%	-100%

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.

search Center, the HIV/AIDS Prevention Program is a two-year initiative focused on African military and uniformed services in selected countries to:

- Provide military-based HIV prevention programs;
- Train military and uniformed services personnel in these countries to implement, maintain, and evaluate HIV preventive intervention programs;
- Develop interventions, consistent with military culture, to affect high risk HIV behaviors and attitudes; and
- Integrate with, and make use of, other US government programs and those managed by allies and the United Nations.³³

In FY 2003, the Bush administration also requested \$2 million in Foreign Military Financing to complement the DoD program by providing HIV/AIDS prevention education to African armed forces. This program is funded by the State Department and is therefore included in the State Department's budget.^{1, 2}

Department of Labor

In FY 2003, Labor received \$10 million for its Global HIV/AIDS Workplace Initiative, an increase of \$1 million over the previous fiscal year.^{1, 2} (See Table 7.) For FY 2004, the President's budget request did not include funding for the Department of Labor's global HIV/AIDS programs.^{2, 11}

The Global HIV/AIDS Workplace Initiative provides assistance to developing countries to reduce the rate of HIV infection through workplace-based prevention and education programs and to improve the workplace environment for workers living with HIV/AIDS. The Initiative has launched projects in 16 countries, including Malawi, India, Vietnam, Ukraine, Nigeria, the Dominican Republic, and Haiti.³⁴

National Institutes of Health

NIH estimates it will spend \$252 million on its global HIV/AIDS research activities in FY 2003, an increase of 16% over the previous year (see Table 8). This accounts for 17% of total federal funding for international HIV/AIDS programs.³⁵ The estimates include spending on all research outside of the US, the majority of which is conducted in developing countries,³⁵ as well

as research training in the US of scientists from other countries; they do not include spending on a broad range of biomedical and behavioral research that may benefit those outside of the US. Part of the US Global Fund contribution also passes through the NIH. In FY 2003, the portion of the US contribution to the Global Fund made through NIH was \$99.3 million (see Table 9).^{1, 2}

According to NIH, the President's budget request for FY 2004 included \$275 million for international research activities, a 9% increase.³⁵ In addition, the budget request included \$100 million to go through NIH to the Global Fund as part of the US contribution.¹¹

The Office of AIDS Research (OAR), located within the Office of the NIH Director, prepares annual strategic plans and budgets for HIV/AIDS research for the agency. In addition to establishing HIV/AIDS research budgets for the various institutes, the FY 2003 plan prioritizes international research in the following areas:

- antiretroviral therapy;
- diagnosis, prophylaxis, and clinical management of HIV-associated illnesses;
- reducing mother-to-child transmission;
- vaccine development;
- biomedical interventions to reduce sexual transmission, including topical microbicides, barrier methods, and management of STDs;
- behavioral interventions to reduce sexual transmission;
- interventions related to drug and alcohol use;
- measuring and mitigating impact on families and households; and
- capacity building through training of foreign scientists and enhancement of clinical and laboratory capacity.^{35, 36}

Through OAR, NIH has also provided funding to the World Health Organization to support the development of HIV treatment guidelines for resource-constrained nations.

NIH supports more than 250 research projects in approximately 70 countries in Africa, Asia/Western Pacific, Eastern Europe, Latin America and the Caribbean, Western Europe and the Middle East (see Table 11).³⁷

As mentioned above, funding for research is typically excluded from estimates of global need and spending on HIV/AIDS, such as those developed by UNAIDS (important to note when

trying to compare levels of spending between donor nations, for example).

**Table 8: NIH Funding for Global HIV/AIDS—
FY 2001–2004^{1, 2, 11, 35}**
(US\$ Millions)

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

* FY 2004 figures reflect the President's budget proposal and are under consideration by Congress.

Multilateral Organizations

The US funds several multilateral HIV/AIDS initiatives (those in which multiple countries provide support). These funds are typically provided through the budgets of US agencies. In some cases, the contributions are directed by Congress. For example, US contributions to the Global Fund have been made through accounts at both USAID and NIH as mandated by appropriations legislation. In other cases, contributions are made at the discretion of US agencies. For example, US contributions to support UN-AIDS have been made by USAID without legislative mandate by Congress (though Congress has supported contributions to UNAIDS in report language accompanying appropriations legislation); in FY 2004 appropriations legislation currently under consideration by Congress, the UNAIDS contribution is earmarked in the legislation itself.⁸

Global Fund to Fight AIDS, Tuberculosis and Malaria

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 public, private and non-governmental organizations to address HIV/AIDS, tuberculosis and malaria programs globally. The US was one of the first nations to pledge support to the Global Fund, and is currently its highest contributor. Although the Global Fund supports all three diseases, to date, the majority (about 60%) of approved grants go toward HIV/AIDS programs.⁴

The US has pledged to the Global Fund a cumulative total of \$1.6 billion to be paid through 2008. Of that pledge, \$623 million has been paid as follows: \$100 million in FY 2001, \$175 million in FY 2002, and \$348 million in FY 2003. Contributions have been made through USAID and the NIH.¹⁻³ (See Table 9.)

These amounts reflect overall US contributions to the Global Fund, and as noted above, the Global Fund reports that approximately 60% of approved grants are for HIV/AIDS activities.⁴ If this proportion is applied to US commitments to the Global Fund, the cumulative contribution from the US for HIV/AIDS is \$494 million. (See Table 9.)

EPAR specified up to \$1 billion in contributions to the Global Fund between FY 2004 and FY 2008—an average of \$200 million per year. The 2003 “Leadership Act” authorized a Global

Table 9: US Contributions to the Global Fund, With Adjustment for Non-HIV/AIDS Portion*—FY 2001–2004^{1, 2, 11, 35, 37}

	(US\$ Millions)			
	2001	2002	2003	2004**
USAID	\$100	\$50	\$248	\$100
NIH	0	125	99	100
Totals	\$100	\$175	\$348	\$200
% Change	n/a	75%	99%	-42%
Less non-HIV/AIDS*	(40)	(70)	(139)	(80)
Totals	\$60	\$105	\$209	\$120

* Total contributions reduced by 40%, the proportion of Global Fund grants made through 2003 supporting malaria and TB programs⁴

** FY 2004 figures reflect the President’s budget proposal and are under consideration by Congress.

Table 10: US Contributions to UNAIDS—FY 2001–2004^{1, 2, 11, 38}

	(US\$ Millions)			
	2001	2002	2003	2004*
UNAIDS	\$15	\$18	\$18	\$--
% Change	0%	20%	0%	

Note: Legislation including the FY 2004 contribution is pending before Congress.⁸

Fund contribution of up to \$1 billion in FY 2004 alone (it also restricted US contributions such that they cannot exceed one-third of all contributions made).⁶ Thus Congress may well exceed the President’s FY 2004 request of \$200 million for contribution to the Global Fund.^{8, 12, 13}

Joint United Nations Program on HIV/AIDS

The US is one of the largest contributors to UNAIDS, providing approximately one-quarter of its annual budget. This contribution has been made by USAID without legislative mandate, although it has been encouraged through report language accompanying Foreign Operations appropriations legislation (that may change based on pending legislation for FY 2004 appropriations).^{2, 8}

In FY 2002, USAID provided \$18 million to support UNAIDS, comprising 20% of UNAIDS’ total contributions that year.³⁹ Cumulatively through 2002, the US has granted over \$111 million to UNAIDS.³⁹ Its contribution for FY 2003 is expected to be \$18 million.^{1, 2} Legislation including the FY 2004 contribution is pending in Congress.⁸ (See Table 10).

UNAIDS is comprised of nine co-sponsoring organizations⁴⁰ supported by a joint Secretariat that serves to coordinate the UN response to HIV/AIDS activities and to more generally advocate for and support enhanced global mobilization. Its operating budget for 2003 is \$95 million.³⁸

World Bank

The US invests significant resources in the World Bank, far more than it invests in other similar international financial institutions.⁴¹ US contributions to the World Bank are not specifically designated for HIV/AIDS and are therefore excluded from estimates of US global HIV/AIDS funding.

Owned by its 183 member countries, the World Bank has committed about 2.2 billion to at least 110 HIV/AIDS-related projects in more than 50 countries since 1986, primarily through grants, no-interest (“concessionary”), and below-market-rate loans to affected country governments.⁴² The majority of the HIV/AIDS projects funded by the World Bank are in sub-Saharan Africa. The World Bank is also a co-sponsor of UNAIDS.

The bulk of World Bank HIV/AIDS funding is made through its Multi-country AIDS Program (MAP) in Africa.⁴³ Through this initiative, launched in 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. The World Bank also committed \$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).⁴²

Uses of Funding

US-funded global HIV/AIDS activities take place in many countries throughout the world. Table 11 shows the countries in which USAID, CDC, and NIH report global HIV/AIDS activities. It also includes the 14 proposed countries to be targeted through EPAR. Because the US is a principal supporter of the World Bank and the Global Fund, countries in which they provide support are also included.

Information available on how US funding for global HIV/AIDS activities is used, including for prevention, care and treatment, and research, is provided below. However, disaggregating funding into these categories is difficult because programs are increasingly integrated. For example, CDC’s programs, while focusing on prevention, include efforts to improve access to treatment, establish standards of care, and train care providers.²⁹ In addition, most US agencies involved in global HIV/AIDS activities do not publicly report their funding levels along these broad categories.

That may change, however. The recently-enacted United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 included last-minute amendments that establish relative funding levels. For fiscal years 2004 and 2005, they are part of a non-binding “sense of Congress” section (Section 402(b)) that recommends that some or all of US funds should be spent on treatment (55%), prevention (20%), palliative care (15%), and care for orphaned and vulnerable children (10%).⁶

Beginning in FY 2006, allocations to these various uses are mandated (Section 403), as follows: 55% for treatment (75% for antiretroviral drugs, 25% for related care); and 10% for orphans and vulnerable children.⁶ It also requires that at least one-third of all prevention funding be used for “abstinence until marriage” programs.⁶ Complying with these mandates will require new accounting systems to track uses of US global HIV/AIDS funding.

Prevention

Most early US-supported efforts on global HIV/AIDS focused on preventing new infections. Prevention continues to receive a significant proportion of US global HIV/AIDS funding. It encompasses a range of activities, including counseling and testing; capacity building for disease surveillance and blood supply safety; behavioral interventions; public education and awareness campaigns; and condom promotion

and distribution.²⁹ Departments and agencies involved in global prevention activities include: USAID, CDC, NIH, and the Departments of Labor and Defense.

Care, Treatment, and Support

Providing care, treatment, and support to the millions of people living with HIV/AIDS throughout the world is an increasing focus of US government and other major donor efforts. The key federal agency involved in global care and assistance programs is USAID. CDC, HRSA, and USDA also provide support in this area.

USAID began new programs in care, treatment and support in the mid-1990s for people living with HIV/AIDS and for those otherwise affected (such as children, families and communities). USAID's care and treatment activities include demonstration and pilot programs introducing antiretroviral therapy, home-based care, prevention and treatment of tuberculosis and other opportunistic infections, support for children affected by HIV/AIDS, nutrition and food aid, psychosocial and palliative care, and micro-finance.²²

Research

Research includes biomedical, clinical and behavioral science focused on improving prevention and treatment efficacy, with the ultimate goals of developing a preventive vaccine and cure for HIV/AIDS. The NIH is the principal US agency for all aspects of HIV/AIDS research. NIH's funding corresponds to a one-year strategic plan, updated and extended annually by its Office of AIDS Research.³⁶

Both CDC and USAID also support a range of research activities (DoD also conducted AIDS vaccine research, but this was transferred to the NIH in FY 2003). CDC supports operational research related to the international epidemic as part of its broader prevention research activities. USAID receives funds designated to support research to develop microbicides and vaccines to prevent the spread of HIV (these funds are included as part of its bilateral funding).

Conclusion

This policy brief provides an overview of US government funding for global HIV/AIDS activities, focusing particularly on FY 2003. As noted, US funding for global HIV/AIDS through bilateral and multilateral channels has increased over time, particularly in the last few years. Congress is currently considering the President's FY 2004 budget request for global HIV/AIDS and will vote on FY 2004 appropriations shortly. In addition, the President will be introducing the FY 2005 budget in early next year. Both FY 2004 final appropriations and the President's FY 2005 budget are expected to provide increases to current US funding to address HIV/AIDS in resource poor settings. Despite these increases, funding by the US and other major donors does not meet estimates of need developed by UNAIDS for an effective response in affected countries. Advocates can be expected to press urgently for more US funding.

Table 11: Participation in Selected Countries by USAID, CDC, NIH, Global Fund and World Bank; Proposed EPAR Countries^{5, 7, 17, 22, 44, 45}

COUNTRY	EPAR*	USAID		CDC	NIH	GLOBAL FUND**	WORLD BANK**
		Basic	Priority				
Afghanistan						✓	
Albania		✓					
Algeria						✓	
Angola		✓		✓	✓		
Argentina					✓	✓	✓
Armenia		✓			✓	✓	
Bahamas					✓		
Bangladesh		✓			✓	✓	✓
Barbados					✓		✓
Belarus						✓	
Belize						✓	
Benin		✓				✓	✓
Bolivia		✓				✓	
Botswana	✓			✓	✓	✓	
Brazil			✓	✓	✓		✓
Bulgaria						✓	
Burkina Faso						✓	✓
Burma (Mynmar)					✓	✓	
Burundi						✓	✓
Cambodia			High	✓	✓	Regional	
Cameroon					✓	✓	✓
Cape Verde							✓
Central Afr Rep					✓	✓	✓
Chad						✓	✓
China				✓	✓	✓	✓
Chile					✓	✓	
Columbia					✓	✓	
Comoros						✓	
Congo		✓		✓	✓	✓	
Costa Rica					✓	✓	
Côte D'Ivoire	✓			✓	✓	✓	
Croatia		✓				✓	
Cuba						✓	
Czech Rep.					✓		
Djibouti							✓
Dominican Rep.			✓		✓	✓	✓
Ecuador					✓	✓	
East Timor		✓					
Egypt		✓					
El Salvador		✓				✓	
Eritrea		✓			✓	✓	✓
Estonia					✓	✓	
Ethiopia	✓		✓	✓	✓	✓	✓
Gabon					✓	✓	
Gambia					✓	✓	✓
Georgia		✓			✓	✓	
Ghana			✓			✓	✓
Grenada							✓
Guatemala		✓				✓	
Guinea		✓				✓	✓
Guinea-Bissau							✓
Guyana	✓	✓		✓	✓	✓	
Haiti	✓		✓	✓	✓	✓	
Honduras			✓		✓	✓	✓
Hungary					✓		
India			✓	✓	✓	✓	✓
Indonesia			✓		✓	✓	

COUNTRY	EPAR*	USAID		CDC	NIH	GLOBAL FUND**	WORLD BANK**
		Basic	Priority				
Iran						✓	
Jamaica		✓			✓	✓	✓
Jordan		✓				✓	
Kazakhstan		✓				✓	
Kenya	✓		High		✓	✓	✓
Korea (North)						✓	
Kosovo		✓					
Kyrgyzstan		✓				✓	
Laos					✓	✓	
Latvia					✓		
Lesotho					✓	✓	✓
Liberia						✓	
Lithuania					✓		
Macedonia						✓	
Madagascar		✓				✓	✓
Malawi			✓	✓	✓	✓	✓
Malaysia					✓		
Mali		✓					
Mauritania							✓
Mexico		✓			✓		
Moldova						✓	✓
Mongolia					✓	✓	
Morocco						✓	
Mozambique	✓		✓	✓	✓	✓	✓
Namibia	✓	✓		✓	✓	✓	
Nepal			✓		✓	✓	
Nicaragua		✓			✓	✓	
Niger						✓	✓
Nigeria	✓		✓	✓	✓	✓	✓
Pakistan					✓	✓	✓
Peru		✓				✓	
Philippines		✓			✓	✓	
Poland					✓		
Romania		✓			✓	✓	
Russia			✓		✓	✓	✓
Rwanda	✓		✓	✓	✓	✓	✓
St Kitts & Nevis							✓
Senegal			✓	✓	✓	✓	✓
Serbia						✓	
Sierra Leone							✓
South Africa	✓		✓	✓	✓	✓	
Sri Lanka							✓
Sudan						✓	
Swaziland					✓	✓	
Tajikistan		✓				✓	
Tanzania	✓		✓	✓	✓	✓	✓
Thailand				✓	✓	✓	
Togo						✓	
Trinidad					✓		✓
Turkmenistan		✓					
Uganda	✓		High	✓	✓	✓	✓
Ukraine			✓		✓	✓	✓
Uzbekistan		✓				✓	
Vietnam				✓	✓	✓	✓
West Indies					✓		
Zambia	✓		High	✓	✓	✓	✓
Zimbabwe			✓	✓	✓	✓	

* EPAR: Emergency Plan for AIDS Relief

** Data from the World Bank and Global Fund are included because the US is a principal funder.

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The Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
Phone: 650-854-9400 Fax: 650-854-4800

Washington Office:
1330 G Street, NW
Washington, DC 20005
Phone: 202-347-5270 Fax: 202-347-5274

www.kff.org

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