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Donor Government Funding for HIV in Low- and Middle-Income Countries in 2018

Prepared by:

Jen Kates & Adam Wexler
Kaiser Family Foundation

and

Eric Lief
Georgetown University, Center for Global Health Science & Security

and

Joint United Nations Programme on HIV/AIDS (UNAIDS)



Key Findings

This report provides an analysis of donor government funding to address HIV in low- and middle-income countries in 2018, the latest year available, as well as trends over time. It includes both bilateral funding from donors and their contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and UNITAID. Key findings include the following:

- **DONOR GOVERNMENT FUNDING FOR HIV CHANGED LITTLE BETWEEN 2017 AND 2018.** Disbursements were US\$8.0 billion in 2018, compared to \$8.1 billion in 2017, in current dollars (after accounting for inflation and exchange rate fluctuations, funding declined slightly in 2018 compared to 2017).^{i,1} Seven of 14 donor governments increased disbursements between 2017 and 2018 (Australia, Canada, France, Japan, the Netherlands, Norway, and Sweden), five declined (Denmark, Ireland, Italy, the U.K., and the U.S.; the U.S. decline was due to timing of Global Fund payments - see below) and two were flat (the European Commission and Germany).
- **BILATERAL SUPPORT FROM DONORS DECLINED SLIGHTLY IN 2018.** Bilateral disbursements decreased by \$163 million in 2018, to \$6.2 billion compared to \$6.3 billion in 2017. Four donors increased bilateral support (Australia, Canada, the Netherlands, and Sweden), five decreased (Denmark, Ireland, Italy, the U.K. and the European Commission) and five were flat (France, Germany, Japan, Norway, and the U.S.).
- **CONTRIBUTIONS TO THE GLOBAL FUND AND UNITAID REMAINED STEADY.** These totaled US\$1.8 billion (after adjusting for an HIV share to account for the fact that the Global Fund and UNITAID address other diseases), compared to US\$1.7 billion in 2017. Funding for the Global Fund was \$1.7 billion; funding for UNITAID was \$103 million. Nine of 14 donors increased their multilateral contributions, while one, the U.S., decreased and four remained flat (Canada, Germany, Ireland and the Netherlands). The U.S. decline was due to timing of payments and is expected to reach the same level as the prior year.
- **THE U.S. CONTINUES TO BE THE LARGEST DONOR TO HIV, EVEN AFTER ADJUSTING FOR THE SIZE OF ITS ECONOMY.** In 2018, the U.S. disbursed US\$5.8 billion, followed by the U.K. (US\$605 million), France (US\$302 million), the Netherlands (US\$232 million), and Germany (US\$162 million). The U.S. also ranked first when standardized by the size of its economy, followed by the Netherlands, Denmark, and the U.K.
- **FUNDING FROM DONOR GOVERNMENTS IN 2018 WAS SIGNIFICANTLY BELOW ITS PEAK IN 2014.** Funding from donor governments rose rapidly from 2002 through 2008, marking the start of major new global HIV initiatives. It leveled, and even decreased, at the onset of the global financial crisis. After a short rebound, it reached its peak in 2014. Funding in 2018 was more than \$600 million below 2014 levels.
- **OVER THE PAST DECADE, FUNDING FROM DONOR GOVERNMENTS, OTHER THAN THE U.S., DECLINED.** Since 2010, HIV funding from donor governments, other than the U.S., declined by more

ⁱ Donor government disbursements are a subset of overall international assistance for HIV in low-and-middle-income countries, which also includes funding provided by other multilateral institutions, UN agencies, and foundations. In 2018, UNAIDS estimates that total international assistance for HIV was US\$8.3 billion (in constant 2016 US dollars).

than \$1 billion, against a backdrop of budget constraints in the aftermath of the global financial crisis, as well as rising refugee and other humanitarian emergency costs. Most of the decline (\$945 million) can be attributed to decreased bilateral support for HIV. However, while there were some increases in total funding provided to the Global Fund (for all three diseases) by these donors, they did not offset bilateral declines, and their overall UNITAID contributions went down. Moreover, after adjusting for an HIV share, multilateral contributions also declined over the period.

- **FUTURE FUNDING FROM DONOR GOVERNMENTS FOR HIV IS UNCERTAIN.** If these trends continue, future funding from donor governments is likely to remain stable at best and will hinge largely on future U.S. support as well as the next three-year replenishment period for the Global Fund. In the case of the U.S., Congressional appropriations in 2019 were essentially flat, and the PEPFAR funding pipeline has diminished, which could lead to decreasing bilateral disbursements over time. There is also uncertainty about the U.S. pledge to the Global Fund, although the Congress has indicated its intention to increase support.² Most recently, the U.K. also pledged to increase its support as well.³ Still, UNAIDS estimates that there is a gap of several billion dollars between resources available from donor governments and others, and the amount needed to address HIV and that gap is growing.⁴

Introduction

This report provides the latest data on donor government resources available to address HIV in low- and middle-income countries, reporting on disbursements made in 2018. It is part of a collaborative tracking effort between UNAIDS and the Kaiser Family Foundation that began more than 15 years ago, just as new global initiatives were being launched to address the epidemic. The analysis includes data from all 30 members of the Organisation for Economic Co-operation and Development (OECD)'s Development Assistance Committee (DAC), as well as non-DAC members where data are available. Data are collected directly from donors, the Global Fund, and UNITAID, and supplemented with data from the DAC. Of the 30 DAC members, 14 provide 98% of total disbursements and individual-level data are provided for each. For the remaining 16 DAC members, data are provided in aggregate. Both bilateral assistance and multilateral contributions to the Global Fund and UNITAID are included (see methodology for more detail).

Findings

Total Funding

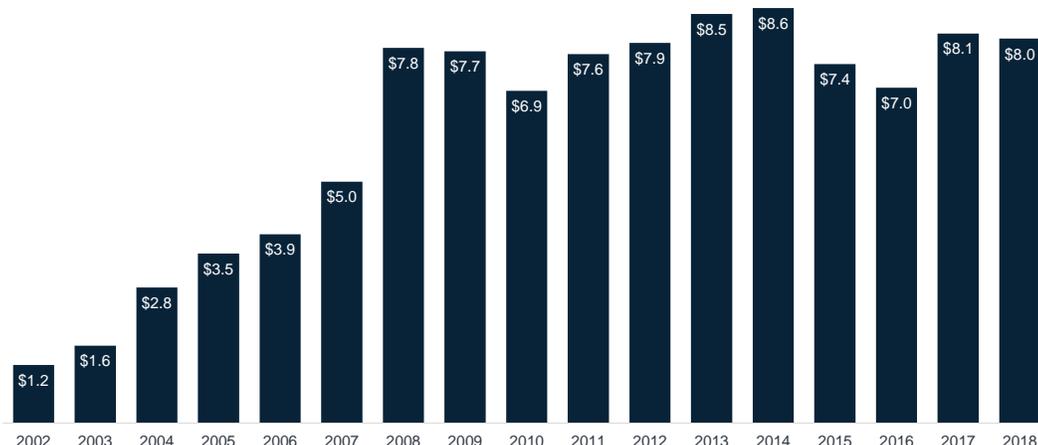
Donor government funding for HIV in low- and middle-income countries totaled US\$8.0 billion in current USD in 2018, changing little from the 2017 level (US\$8.1 billion) (See Figure 1 and Table 1).⁵ After accounting for inflation and exchange rate fluctuations, funding declined slightly between 2017 and 2018.¹ Among the 14 donor governments profiled, seven increased funding between 2017 and 2018 (Australia, Canada, France, Japan, the Netherlands, Norway, and Sweden), five declined (Denmark, Ireland, Italy, the U.K., and the U.S.) and two were flat (the European Commission and Germany). In 2018, donor governments accounted for approximately 39% (30% was bilateral support and 9% was multilateral support) of the estimated \$20.3 billion in resources available to address HIV, according to UNAIDS estimates; domestic resources accounted for 57%, and the remainder was from foundations, other multilateral organizations, and UN agencies. However, the estimated resource needed by the end of 2020 is US\$26.2 billion, leaving a gap of several billion dollars, a gap that has grown in recent years.

Funding from donor governments rose rapidly from 2002 through 2008, marking the start of major new global HIV initiatives, and then began to level, and even decrease at the onset of the global financial crisis. Funding had a short rebound starting in 2012, and reached its peak in 2014, of \$8.6 billion. Funding declined in 2015 and 2016. While these declines were largely due to a delay in disbursements by the U.S. as well as exchange rate fluctuations, and funding subsequently increased, in 2018, it was still more than \$600 million below 2014 levels.

Figure 1

HIV Funding from Donor Governments, 2002-2018

US\$ Billions



NOTE: Totals represent disbursements (in current U.S. dollars) in low- and middle-income countries.

SOURCES: UNAIDS and Kaiser Family Foundation analyses; Global Fund to Fight AIDS, Tuberculosis and Malaria online data queries; UNAIDS Annual Reports and direct communication; OECD CRS online data queries.



The U.S. remains the largest donor to HIV efforts, providing US\$5.8 billion in 2018. The second largest donor was the U.K. (US\$605 million), followed by France (US\$302 million), the Netherlands (US\$232 million), and Germany (US\$162 million).

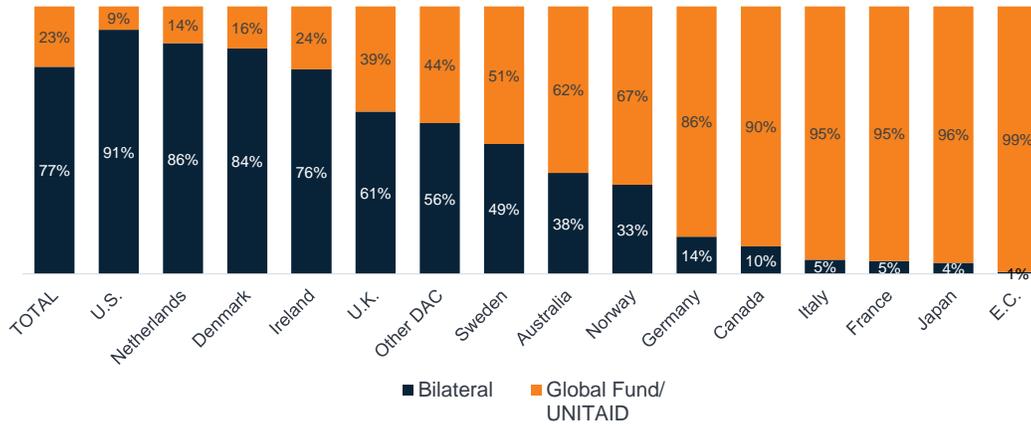
Table 1: Donor Government Funding for HIV (bilateral & multilateral), 2010-2018 (current USD in millions)

Government	2010	2011	2012	2013	2014	2015	2016	2017	2018
Australia	\$ 104.5	\$ 111.1	\$ 124.7	\$ 144.0	\$ 100.4	\$ 98.7	\$ 78.0	\$ 24.2	\$ 45.7
Canada	\$ 136.1	\$ 147.3	\$ 154.5	\$ 141.4	\$ 124.6	\$ 109.3	\$ 95.5	\$ 119.4	\$ 122.5
Denmark	\$ 171.4	\$ 205.6	\$ 171.0	\$ 191.7	\$ 167.2	\$ 138.8	\$ 106.5	\$ 90.4	\$ 76.6
France	\$ 407.6	\$ 412.7	\$ 375.2	\$ 409.8	\$ 302.8	\$ 263.1	\$ 242.4	\$ 267.7	\$ 301.5
Germany	\$ 305.8	\$ 303.7	\$ 288.5	\$ 285.3	\$ 278.4	\$ 200.9	\$ 182.0	\$ 161.9	\$ 161.6
Ireland	\$ 81.9	\$ 76.2	\$ 60.5	\$ 59.8	\$ 51.4	\$ 36.4	\$ 31.1	\$ 29.3	\$ 25.2
Italy	\$ 11.4	\$ 5.1	\$ 13.9	\$ 2.4	\$ 25.6	\$ 19.7	\$ 26.0	\$ 28.8	\$ 26.8
Japan	\$ 157.1	\$ 84.9	\$ 209.1	\$ 101.6	\$ 175.9	\$ 117.9	\$ 113.2	\$ 98.6	\$ 156.2
Netherlands	\$ 350.5	\$ 322.3	\$ 193.5	\$ 186.4	\$ 218.7	\$ 177.9	\$ 214.2	\$ 202.6	\$ 231.5
Norway	\$ 119.4	\$ 119.1	\$ 111.4	\$ 110.7	\$ 103.8	\$ 81.8	\$ 70.5	\$ 63.9	\$ 70.1
Sweden	\$ 140.7	\$ 164.0	\$ 170.8	\$ 172.5	\$ 154.4	\$ 109.2	\$ 111.8	\$ 91.1	\$ 103.1
United Kingdom	\$ 890.9	\$ 971.2	\$ 800.1	\$ 842.1	\$ 1,114.0	\$ 899.9	\$ 645.6	\$ 743.9	\$ 604.5
United States	\$ 3,722.0	\$ 4,506.6	\$ 5,022.3	\$ 5,620.8	\$ 5,571.9	\$ 5,004.6	\$ 4,912.8	\$ 5,947.0	\$ 5,840.8
European Commission	\$ 101.7	\$ 123.2	\$ 100.7	\$ 100.6	\$ 91.2	\$ 92.7	\$ 36.9	\$ 113.0	\$ 114.4
Other DAC	\$ 169.1	\$ 74.3	\$ 61.2	\$ 83.2	\$ 89.4	\$ 74.5	\$ 67.7	\$ 62.7	\$ 61.7
Other Non-DAC	\$ 13.7	\$ 19.8	\$ 20.9	\$ 27.6	\$ 32.1	\$ 12.4	\$ 16.9	\$ 27.2	\$ 24.2
Total	\$ 6,883.8	\$ 7,647.1	\$ 7,878.1	\$ 8,479.7	\$ 8,601.8	\$ 7,438.0	\$ 6,951.1	\$ 8,071.7	\$ 7,966.4

Most funding is provided bilaterally (77%), including from the two largest donors – the U.S. and the U.K., though several others (Sweden, Australia, Norway, Germany, Canada, Italy, France, Japan and the European Commission) provide a larger share of their resources through multilateral channels (See Figure 2).

Figure 2

HIV Funding from Donor Governments by Funding Channel, 2018



NOTE: Totals represent disbursements (in current U.S. dollars) in low- and middle-income countries.
 SOURCES: UNAIDS and Kaiser Family Foundation analysis, July 2019; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2019; UNITAID direct communication; OECD CRS online data queries.

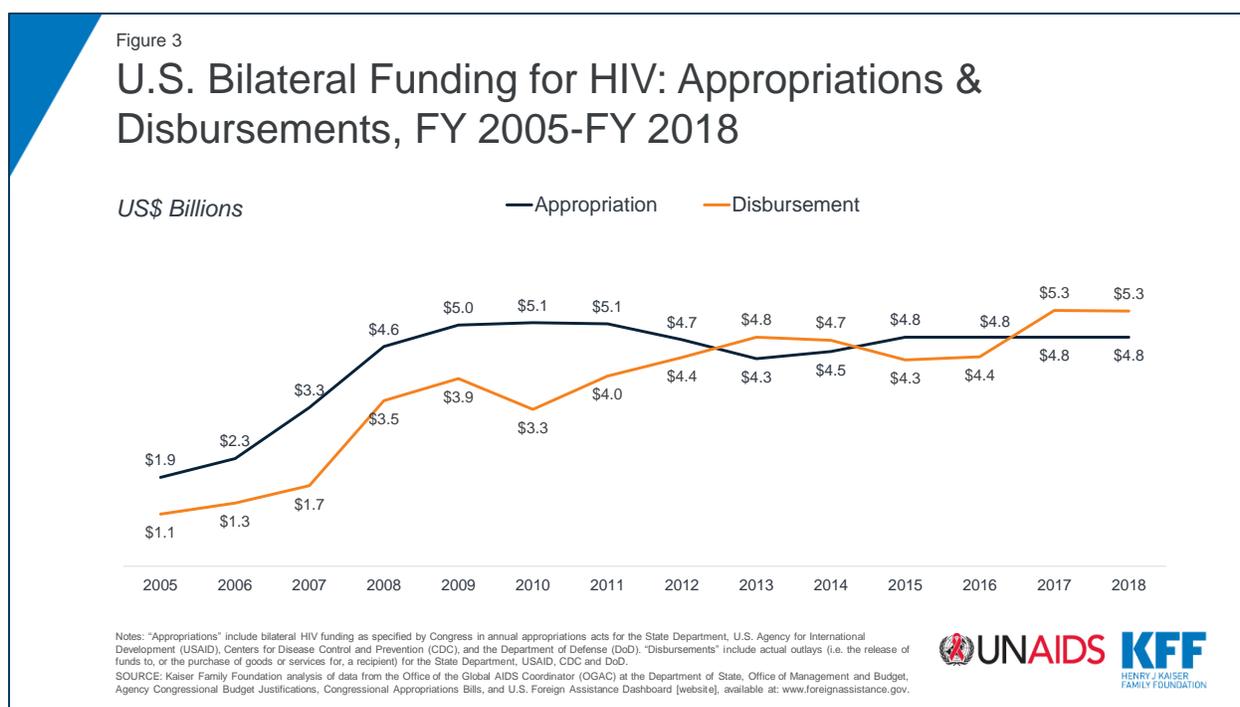


Bilateral Disbursements

Bilateral disbursements for HIV from donor governments – that is, funding disbursed by a donor on behalf of a recipient country or for the specific purpose of addressing HIV – totaled US\$6.2 billion in 2018, a slight decline (US\$163 million) compared to 2017. The 2018 decrease was largely due to decreased bilateral disbursements by the U.K. (of US\$158 million), without which bilateral funding from other donors as a whole would have remained flat. In addition to the U.K., four other donor governments decreased bilateral funding in 2018 (Denmark, Ireland, Italy, and the European Commission), four increased bilateral support (Australia, Canada, the Netherlands, and Sweden) and five remained flat (France, Germany, Japan, Norway, and the U.S.). While disbursements from the U.S., the world’s largest bilateral donor, were flat in 2018, without additional, new appropriations from Congress, disbursements will likely decline, as the funding pipeline has significantly diminished (see Box 1 and Figure 3).

Box 1: Understanding PEPFAR Funding Trends

PEPFAR, launched in 2003, led to a dramatic scale up of U.S. HIV efforts in low- and middle-income countries. In PEPFAR's early years, disbursements trailed Congressional appropriations, which had increased steeply with the start of the program. The lag reflected the need to build infrastructure and significantly expand access to antiretroviral therapy in countries where few had access before; in addition, the program maintained a funding pipeline to ensure access to treatment if there were stock-outs or other delays. More recently, with the slowing and even decline in appropriations, PEPFAR shifted funding to later years for the startup of new programs, such as the DREAMS initiative, and to ensure that funds were spent as effectively and judiciously as possible in the context of flat or potentially decreased funding. As a result, funds from prior years were disbursed in 2017 and 2018. Because Congressional appropriations have been essentially flat for several years, this is not expected to continue and disbursements are likely to decline (see Figure 3).



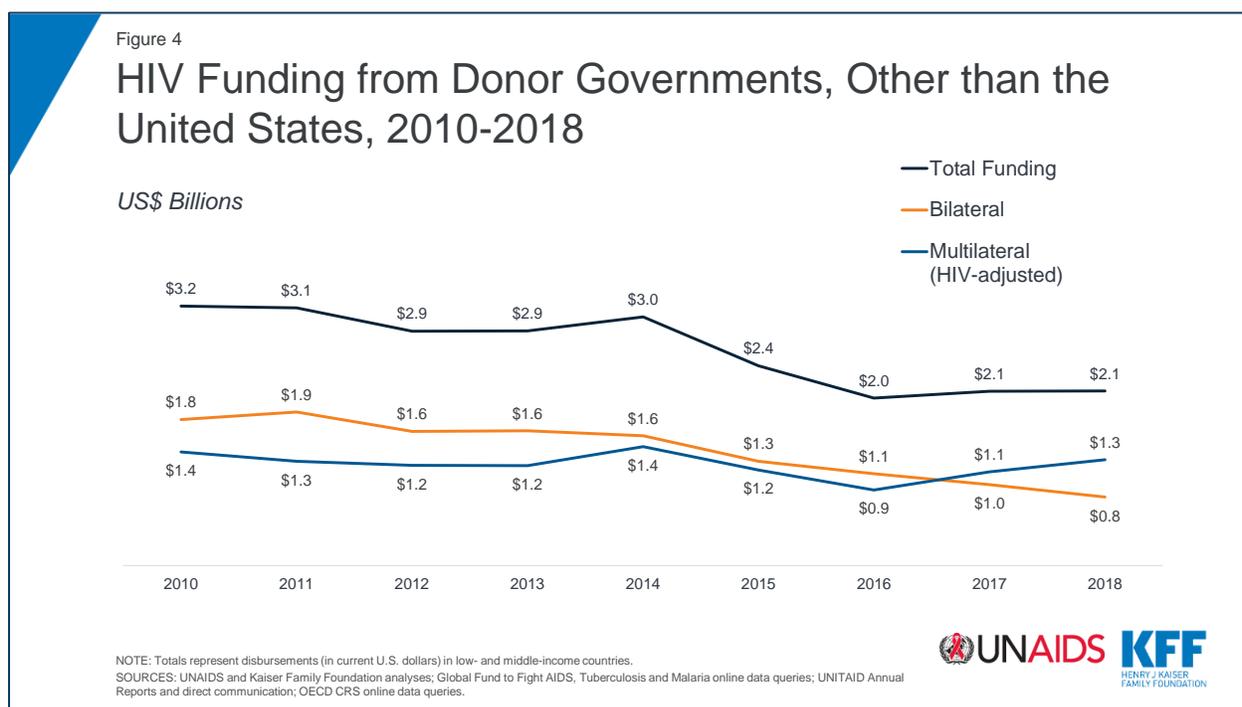
Multilateral Contributions

Multilateral contributions from donor governments to the Global Fund and UNITAID for HIV – funding disbursed by donor governments to these organizations which in turn use some of that funding for HIV – have fluctuated over time in part reflecting pledging periods to the Global Fund. In 2018, they totaled \$1.8 billion (after adjusting for an HIV share to account for the fact that the Global Fund and UNITAID address other diseases), essentially flat compared to 2017. Funding for the Global Fund was \$1.7 billion; funding for UNITAID was \$103 million. Nine of 14 donors increased their multilateral contributions, while one, the U.S., decreased and four remained flat (Canada, Germany, Ireland and the Netherlands). The

U.S. decline was due to timing of payments and is expected to reach the same level as the prior year.⁶ Without this decline, multilateral contributions would have increased in 2018.

Recent Funding Trends

Donor government funding for HIV has slowed in the past decade. Moreover, without funding from the U.S., it would have declined significantly. Since 2010, HIV funding from donor governments, other than the U.S., declined by more than \$1 billion, from US\$3.3 billion in 2010 to US\$2.1 billion in 2018, against a backdrop of budget constraints in the aftermath of the global financial crisis as well as rising refugee and other humanitarian emergency costs. Most of the decline since 2010 (\$945 million) can be attributed to decreased bilateral support for HIV. However, while there were some increases in total funding provided to the Global Fund (for all three diseases) by these donors, they did not offset bilateral declines. In addition, UNITAID total contributions went down. Moreover, after adjusting for an HIV share, multilateral contributions also declined over the period. While Global Fund contributions from these donors have begun to accelerate in recent years, they still have not offset overall declines (See Figure 4).



Fair Share

We looked at several different measures for assessing the relative contributions of donor governments, or “fair share”, to HIV. These include: rank by share of total donor government disbursements for HIV; rank by share of total resources available for HIV compared to share of the global economy; and rank by funding for HIV per US\$1 million GDP. As shown in Table 2, each measure yields varying results:

- **Rank by share of total donor government funding for HIV:** By this measure, the U.S. ranked first in 2018, followed by the U.K., France, and the Netherlands. The U.S. has consistently ranked #1 in absolute funding amounts.
- **Rank by share of total resources available for HIV compared to share of the global economy (as measured by GDP):** This measure compares donor government shares of total resources estimated to be available for HIV in 2018 (\$20.3 billion) to their share of the global economy.⁷ By this measure, two countries, the U.S. and the Netherlands, provided greater shares of total HIV resources than their shares of total GDP (Figure 5). The U.S. provided the greatest share of total resources (29%).
- **Rank by funding for HIV per US\$1 million GDP:** After standardizing donor government disbursements by the size of donor economies (GDP per US\$1 million), the U.S. ranked first, followed by the Netherlands, Denmark, and the U.K. (Figure 6).

Table 2: Assessing Fair Share Across Donors, 2018

Government	Share of World GDP	Share of Total Donor Government Funding for HIV ¹	Share of Global Resources Available for HIV ²	Total HIV Funding Per \$1 Million GDP
Australia	1.7%	0.6%	0.2%	\$32.2
Canada	2.0%	1.5%	0.6%	\$71.6
Denmark	0.4%	1.0%	0.4%	\$218.4
France	3.3%	3.8%	1.5%	\$108.7
Germany	4.7%	2.0%	0.8%	\$40.4
Ireland	0.4%	0.3%	0.1%	\$67.6
Italy	2.4%	0.3%	0.1%	\$12.9
Japan	5.9%	2.0%	0.8%	\$31.4
Netherlands	1.1%	2.9%	1.1%	\$253.6
Norway	0.5%	0.9%	0.3%	\$161.2
Sweden	0.7%	1.3%	0.5%	\$187.1
United Kingdom	3.3%	7.6%	3.0%	\$213.7
United States	24.2%	73.3%	28.8%	\$285.0
European Commission	-	1.4%	0.6%	-
Other DAC	-	0.8%	0.3%	-
Other Non-DAC ³	-	0.3%	0.1%	-

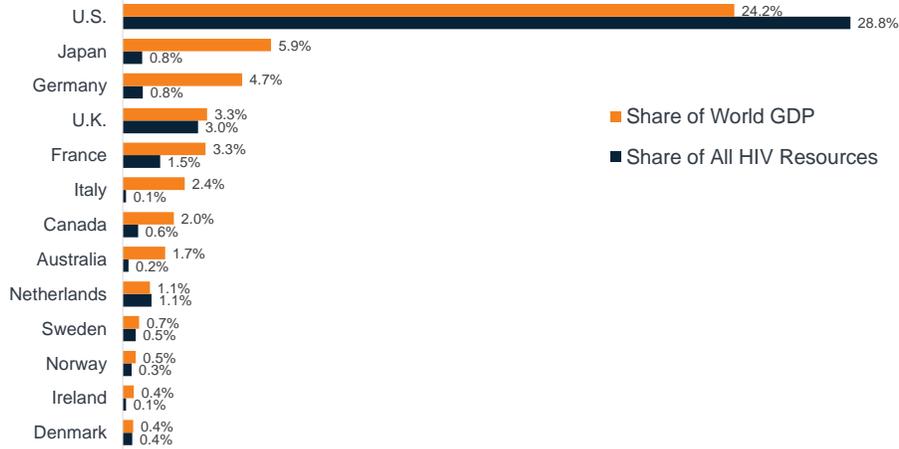
1 - In 2018, donor governments provided an estimated \$8.0 billion in international assistance (bilateral and multilateral) for HIV in low- and middle-income countries.

2 - UNAIDS estimates that US\$19.0 billion was available for HIV from all sources (domestic, donor governments, multilaterals, and philanthropic) in 2018, expressed in 2016 USD. For purposes of this analysis, this estimate was converted to 2018 USD, or \$20.3 billion.

3 - Represents Non-DAC member contributions to the Global Fund and UNITAID. Bilateral HIV funding from these donor governments is not currently available.

Figure 5

Donor Government Share of Resources Available for HIV Compared to Share of GDP, 2018

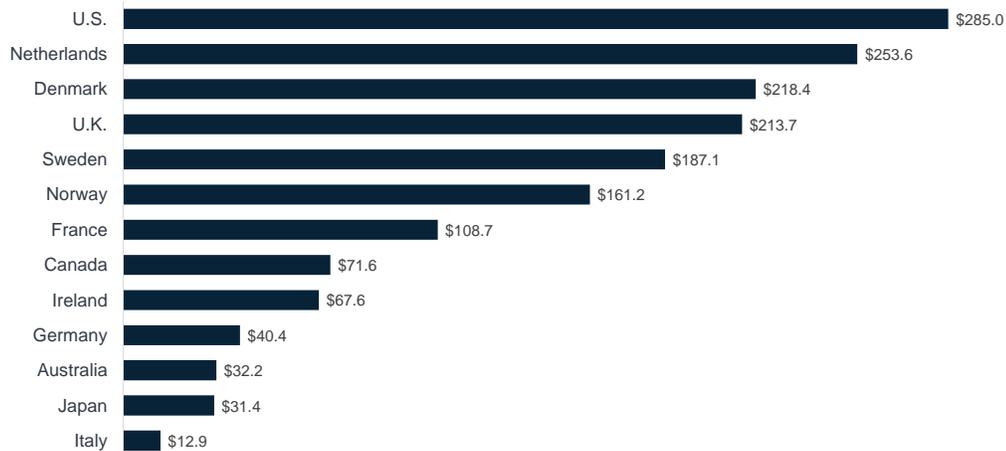


NOTES: Donor funding totals represent disbursements (in current U.S. dollars) in low- and middle-income countries. "GDP" represents gross domestic product. UNAIDS estimates that US\$19.0 billion was available for HIV from all sources in 2018, expressed in 2016 USD. For purposes of this analysis, the estimate was converted to 2018 USD, or \$20.3 billion. SOURCES: UNAIDS and Kaiser Family Foundation analysis, July 2019; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2019; UNITAID direct communication; OECD CRS online data queries.



Figure 6

Donor Government Ranking by Funding for HIV per US\$1 Million GDP, 2018



NOTES: Donor funding totals represent disbursements (in current U.S. dollars) in low- and middle-income countries. "GDP" represents gross domestic product. SOURCES: UNAIDS and Kaiser Family Foundation analysis, July 2019; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2019; UNITAID direct communication; International Monetary Fund, World Economic Outlook Database, June 2019.



Looking Forward

As shown in this report, funding from donor governments for HIV in 2018 was well below its peak in 2014. Moreover, donor governments other than the U.S. have reduced their bilateral funding for HIV, declines not fully offset by their Global Fund contributions. If these trends continue, future funding from donor governments is likely to remain stable at best and will hinge largely on future U.S. support as well as the next replenishment period for the Global Fund. In the case of the U.S., Congressional appropriations have been flat, and the PEPFAR funding pipeline has diminished, which could lead to decreasing disbursements over time. There is also uncertainty about the U.S. pledge to the Global Fund although the Congress has indicated its intention to increase support. Most recently, the U.K. also pledged to increase its support as well. Still, UNAIDS estimates that there is a gap of several billion dollars between resources available, from donor governments and others, to address HIV and the amount needed and that this gap is growing.

Methodology

This project represents a collaboration between the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Kaiser Family Foundation. Data provided in this report were collected and analyzed by UNAIDS and the Kaiser Family Foundation.

Bilateral and multilateral data on donor government assistance for HIV in low- and middle-income countries were collected from multiple sources. The research team solicited bilateral assistance data directly, from the governments of Australia, Canada, Denmark, France, Germany, Ireland, Japan, the Netherlands, Norway, Sweden, the United Kingdom, and the United States during the first half of 2019, representing the fiscal year 2018 period. Direct data collection from these donors was desirable because the latest official statistics on international HIV specific assistance – from the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) (see: <http://www.oecd.org/dac/stats/data>) – are from 2017 and do not include all forms of international assistance (e.g., funding to countries such as Russia and the Baltic States that are no longer included in the CRS database). In addition, the CRS data may not include certain funding streams provided by donors, such as HIV components of mixed-purpose grants to non-governmental organizations. The research team therefore undertook direct data collection from the donors who provide significant shares for international HIV assistance through bilateral channels.

Where donor governments were members of the European Union (EU), the research team ensured that no double-counting of funds occurred between EU Member State reported amounts and European Commission (EC) reported amounts for international HIV assistance. Figures obtained directly using this approach should be considered as the upper bound estimation of financial flows in support of HIV-related activities. Although the Russian Federation has contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), it has also been a net recipient of HIV assistance, and therefore is not included in the donor analysis.

Data for all other member governments of the OECD Development Assistance Committee (DAC) – Austria, Belgium, the Czech Republic, the European Commission, Finland, Greece, Hungary, Iceland, Italy, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, Switzerland – were obtained from the OECD CRS database and UNAIDS records of core contributions. The CRS data are from calendar year 2017, and therefore, do not necessarily reflect 2018 calendar year amounts. However, collectively, these governments have accounted for less than 5 percent of bilateral disbursements in each of the past several years. UNAIDS core contributions reflect 2018 amounts.

Data included in this report represent funding assistance for HIV prevention, care, treatment and support activities, but do not include funding for international HIV research conducted in donor countries (which is not considered in estimates of resource needs for service delivery of HIV-related activities).

Bilateral funding is defined as any earmarked (HIV-designated) amount, including earmarked (“multi-bi”) contributions to multilateral organizations, such as UNAIDS. Reflecting deliberate strategies of integrating HIV activities into other activity sectors, some donors use policy markers to attribute portions

of mixed-purpose projects to HIV. This is done, for example, by the Netherlands and the U.K. The bilateral figures submitted by the UK Department for International Development for the financial year 2018/19 are based on an existing DFID 'HIV policy marker' which is currently under review. Ireland and Denmark also attribute percentages of multipurpose projects to HIV. Canada breaks its mixed-purpose projects into components by percentage. Germany, Norway and Sweden provided data much more conservatively, consistent with DAC constructs and purpose codes. Apart from targeted HIV/AIDS programs, bilateral health programs mainly focusing on health systems strengthening are also designed to contribute to the HIV response in partner countries. Global Fund contributions from all governments correspond to amounts received by the Fund during the 2018 calendar year, regardless of which contributor's fiscal year such disbursements pertain to. Data from the U.K., Canada, Australia, Denmark, France, Norway and Germany should be considered preliminary estimates.

Bilateral assistance data were collected for disbursements. A disbursement is the actual release of funds to, or the purchase of goods or services for, a recipient. Disbursements in any given year may include disbursements of funds committed in prior years and in some cases, not all funds committed during a government fiscal year are disbursed in that year. In addition, a disbursement by a government does not necessarily mean that the funds were provided to a country or other intended end-user.

Included in multilateral funding were contributions to the Global Fund (see: <http://www.theglobalfund.org/en/>) and UNITAID (see: <http://www.unitaid.eu/>). All Global Fund contributions were adjusted to represent 53% of the donor's total contribution, reflecting the Fund's reported grant approvals for HIV-related projects to date and includes HIV/TB. The Global Fund attributes funds received to the years that they were pledged rather than the year of actual receipt. As a result, Global Fund totals presented in this report may differ from those currently available on the Global Fund website. U.K. Global Fund contributions are down between 2017 and 2018. However, the HIV/AIDS-proportioned datapoint is up, as 2017 contributions included £200 million for the malaria match fund and 2018 contributions included £60 million so designated. To avoid double-counting for malaria and HIV, these amounts are excluded from HIV/AIDS-proportional attribution. U.K. 2017-19 contributions to date total £1.13 billion of £1.2 billion pledged. The U.K. pledge will increase to £1.4 billion for the next GFATM replenishment cycle (2020-22). UNITAID contributions were adjusted to represent 58% of the donor's total contribution, reflecting UNITAID's reported attribution for HIV-related projects.

Other than contributions provided by governments to the Global Fund and UNITAID, un-earmarked general contributions to United Nations entities, most of which are membership contributions set by treaty or other formal agreement (e.g., the World Bank's International Development Association or United Nations country membership assessments), are not identified as part of a donor government's HIV assistance even if the multilateral organization in turn directs some of these funds to HIV. Rather, these would be considered as HIV funding provided by the multilateral organization, as in the case of the World Bank's efforts, and are not considered for purposes of this report.

Bilateral data collected directly from the Australian, Canadian, Japanese, U.K., and U.S. governments reflect the fiscal year (FY) period as defined by the donor, which varies by country. The U.S. fiscal year runs from October 1-September 30. The fiscal years for Canada, Japan, and the U.K. are April 1-March

31. The Australian fiscal year runs from July 1-June 30. The European Commission, Denmark, France, Germany, Italy, Ireland, the Netherlands, Norway, and Sweden use the calendar year. The OECD uses the calendar year, so data collected from the CRS for other donor governments reflect January 1-December 31. Most UN agencies use the calendar year and their budgets are biennial. The Global Fund's fiscal year is also the calendar year.

All data are expressed in current US dollars (USD), unless otherwise noted. Where data were provided by governments in their currencies, they were adjusted by average daily exchange rates to obtain a USD equivalent, based on foreign exchange rate historical data available from the U.S. Federal Reserve (see: <http://www.federalreserve.gov/>) or the OECD. Data obtained from UNITAID were already adjusted to represent a USD equivalent based on date of receipts. Data on gross domestic product (GDP) were obtained from the International Monetary Fund's World Economic Outlook Database and represent current price data for 2018 (see: <http://www.imf.org/external/pubs/ft/weo/2018/01/weodata/index.aspx>). Where data are expressed in constant USD, they were based on analysis of data from the OECD DAC, and account for both inflation and exchange rate differences.

Appendix

Appendix: Donor Government Funding for HIV (current USD in millions), 2017 & 2018												
Government	Bilateral Disbursements		Global Fund				UNITAID				Total Disbursements	
	2017	2018	2017		2018		2017		2018		2017	2018
			Total (100%)	Adjusted (53%)	Total (100%)	Adjusted (53%)	Total (100%)	Adjusted (50%)	Total (100%)	Adjusted (58%)		
Australia	\$ 14.4	\$ 17.3	\$ 18.4	\$ 9.8	\$ 53.5	\$ 28.4	-	-	-	-	\$ 24.2	\$ 45.7
Canada	\$ 8.1	\$ 12.6	\$ 208.5	\$ 111.3	\$ 206.9	\$ 109.9	-	-	-	-	\$ 119.4	\$ 122.5
Denmark	\$ 90.4	\$ 64.6	\$ -	\$ -	\$ 22.6	\$ 12.0	-	-	-	-	\$ 90.4	\$ 76.6
France	\$ 14.1	\$ 14.7	\$ 386.5	\$ 206.4	\$ 425.2	\$ 225.9	\$ 95.3	\$ 47.3	\$ 105.5	\$ 60.9	\$ 267.7	\$ 301.5
Germany	\$ 23.1	\$ 22.5	\$ 259.9	\$ 138.8	\$ 261.9	\$ 139.2	-	-	-	-	\$ 161.9	\$ 161.6
Ireland	\$ 23.2	\$ 19.3	\$ 11.3	\$ 6.0	\$ 11.1	\$ 5.9	-	-	-	-	\$ 29.3	\$ 25.2
Italy	\$ 5.9	\$ 1.4	\$ 42.9	\$ 22.9	\$ 47.7	\$ 25.3	-	-	-	-	\$ 28.8	\$ 26.8
Japan	\$ 6.8	\$ 6.5	\$ 171.8	\$ 91.8	\$ 281.7	\$ 149.7	-	-	-	-	\$ 98.6	\$ 156.2
Netherlands	\$ 170.1	\$ 199.7	\$ 60.7	\$ 32.4	\$ 59.9	\$ 31.8	-	-	-	-	\$ 202.6	\$ 231.5
Norway	\$ 22.7	\$ 23.3	\$ 72.6	\$ 38.8	\$ 85.5	\$ 45.4	\$ 4.9	\$ 2.4	\$ 2.3	\$ 1.4	\$ 63.9	\$ 70.1
Sweden	\$ 41.1	\$ 50.2	\$ 93.6	\$ 50.0	\$ 99.7	\$ 53.0	-	-	-	-	\$ 91.1	\$ 103.1
United Kingdom	\$ 524.6	\$ 366.9	\$ 623.5	\$ 191.3	\$ 461.9	\$ 204.5	\$ 56.5	\$ 28.0	\$ 57.2	\$ 33.0	\$ 743.9	\$ 604.5
United States ¹	\$ 5,343.4	\$ 5,331.0	\$ 1,130.2	\$ 603.6	\$ 959.4	\$ 509.8	-	-	-	-	\$ 5,947.0	\$ 5,840.8
European Commission	\$ 3.6	\$ 0.9	\$ 204.9	\$ 109.4	\$ 213.5	\$ 113.4	-	-	-	-	\$ 113.0	\$ 114.4
Other DAC	\$ 36.7	\$ 34.8	\$ 44.5	\$ 23.8	\$ 46.3	\$ 24.6	\$ 4.6	\$ 2.3	\$ 4.0	\$ 2.3	\$ 62.7	\$ 61.7
Other Non-DAC	\$ -		\$ 28.9	\$ 15.5	\$ 35.6	\$ 18.9	\$ 23.6	\$ 11.7	\$ 9.1	\$ 5.3	\$ 27.2	\$ 24.2
TOTAL	\$ 6,328.3	\$ 6,165.7	\$ 3,358.4	\$ 1,651.7	\$ 3,272.2	\$ 1,697.8	\$ 184.9	\$ 91.7	\$ 178.1	\$ 102.9	\$ 8,071.7	\$ 7,966.4

¹ - Global Fund contributions by donors reflect disbursements made by calendar year, which may differ from some donors' fiscal year period (see methodology). In addition, several donors, including the U.S., withhold a portion of their funding for technical assistance related to the Global Fund.

Endnotes

¹ When measured in 2014 US dollars to account for a significant sustained rise in the value of the U.S. dollar against most other currencies in 2015, funding was essentially flat between 2017 and 2018.

² U.S. Congress, H.R. 2740 – Labor, Health and Human Services, Education, Defense, State, Foreign Operations, and Energy and Water Development Appropriations Act, 2020; May 15, 2019.

³ The Global Fund to Fight Aids, Tuberculosis and Malaria. “Global Fund Praises UK for Increasing Pledge by 16 Percent.” June 29, 2019: <https://www.theglobalfund.org/en/news/2019-06-29-global-fund-praises-uk-for-increasing-pledge-by-16-percent/>.

⁴ UNAIDS. “Communities at the Centre: Global AIDS Update, 2019.” July 16, 2019:

⁵ Donor government disbursements are a subset of overall international assistance for HIV in low-and-middle-income countries, which also includes funding provided by other multilateral institutions, UN agencies, and foundations. In 2018, UNAIDS estimates that total international assistance for HIV was US\$8.3 billion (in constant 2016 US dollars).

⁶ U.S. legislation governing contributions to the Global Fund includes several restrictions and requirements, which affect the timing of U.S. disbursements, as occurred in this case. For example, total U.S. contributions cannot exceed 33% of total contributions from all donors. When conditions are met, additional funding is disbursed. See “The U.S. & The Global Fund to Fight AIDS, Tuberculosis and Malaria” here: <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-the-global-fund-to-fight-aids-tuberculosis-and-malaria/>.

⁷ UNAIDS estimates that US\$19.0 billion was available for HIV from all sources in 2018, expressed in 2016 USD. For purposes of this analysis, this estimate was converted to 2018 USD, or \$20.3 billion.

THE HENRY J. KAISER FAMILY FOUNDATION

Headquarters

185 Berry Street Suite 2000
San Francisco CA 94107
650 854 9400

Washington Offices and Conference Center

1330 G Street NW
Washington DC 20005
202 347 5270

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