REPORT

Donor Government Funding for HIV in Low- and Middle-Income Countries in 2016

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Key Findings

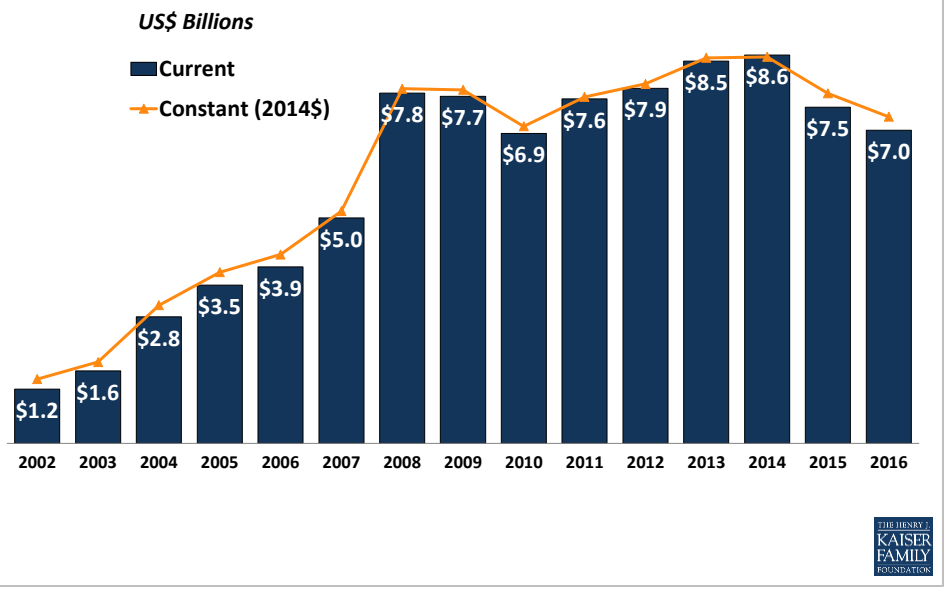
- Donor government disbursements for HIV fell for the second year in a row, dropping from US$7.5 billion in 2015 to US$7.0 billion in 2016 (a $511 million or 7% decline), in current USD, bringing disbursements to their lowest level since 2010.
- This follows almost a decade of rapid rise, spurred on by the creation of new global HIV efforts. But increases hit up against the global economic crisis, resulting in flat funding for several years and, more recently, declines against a backdrop of constrained aid budgets.
- The 2016 decline is due to several factors: actual decreases in both bilateral and multilateral funding, accounting for an approximate net 50% of the decline; exchange rate fluctuations (20%); and the timing of U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (30%), due to U.S. law that limits its funding to one-third of total contributions to the Global Fund. In constant (2014) dollars, overall disbursements also decreased, although by a smaller amount.
- In 2016, total disbursements decreased for 11 of 14 donors, in current USD, and increased or remained essentially flat for 3 donors. In currency of origin, the pattern was nearly identical.
    - Bilateral disbursements declined by a net of US$108 million (2%) between 2015 and 2016, decreasing for 9 of 14 donors, although most decreases were minor. An increase in disbursements from the U.S. government of US$69 million offset much of the decrease.
    - Multilateral contributions to the Global Fund and UNITAID were down by US$400 million or 22% (after adjusting for an HIV share). As noted above, some of this was an issue of timing on the part of the U.S. due to legislative limitations on Global Fund contributions (that funding was subsequently disbursed in 2017). However, some of the decline was due to donor decisions to front-load their funding early in the 2014-2016 Global Fund pledge period.
- The U.S. was the largest donor to HIV, providing $4.9 billion in 2016, followed by the U.K. ($645.6 million), France ($242.4 million), the Netherlands ($214.2 million), and Germany ($182.0 million). When standardized by size of its economy, however, the U.S. ranked third.
- The future outlook of donor funding for HIV remains uncertain, given recently proposed cuts to HIV funding by the U.S., amidst other competing demands on donor budgets more generally.

Introduction

Despite significant progress in combatting HIV[1], driven in large part by increased investments, the epidemic remains a global emergency and several challenges threaten future progress.[2] One such challenge is an ongoing resource gap; UNAIDS estimates that although US$19.1 billion from both international and domestic sources was available to address HIV in low- and middle-income countries in 2016,[3] US$26.2 billion will be needed annually by 2020 (to be gradually reduced by 9% by 2030) to meet global targets to end AIDS as a global public health threat by 2030.[4] While funding from all sources is critical to achieving further progress, funding from donor governments represents a significant share[5] of the total and is particularly important in the lowest income countries.

This report provides the latest data on donor government resources available to address HIV in low- and middle-income countries. It is part of a collaborative effort between UNAIDS and the Kaiser Family Foundation that began more than a decade ago, just as new global initiatives were being launched to address the epidemic. This current report provides data on donor government disbursements in 2016, the most recent year available. It includes data from all 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. Fourteen donor governments that account for 98% of total disbursements are profiled in this analysis. Both bilateral assistance and multilateral contributions to the Global Fund and UNITAID are included.[6] See methodology for more detail.

Figure 1: Donor Government Disbursements for HIV, 2002-2016



Findings

Donor government funding for HIV in low- and middle-income countries declined by $511 million in 2016, dropping from US$7.5 billion in 2015 to US$7.0 billion in 2016 (-7%), as measured in current U.S. dollars (Figure 1, Table 1, Appendix). This marks the second successive year of declines, and brings disbursements to their lowest level since 2010.

This follows almost a decade of rapid rise; between 2002 and 2008, funding rose steeply and significantly following the launch of the Global Fund and the creation of the President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. global HIV/AIDS program. Funding, however, then began to flatten after the global economic crisis hit in 2008. After several years of mostly flat funding, decreases began last year, against a backdrop of constrained aid budgets.

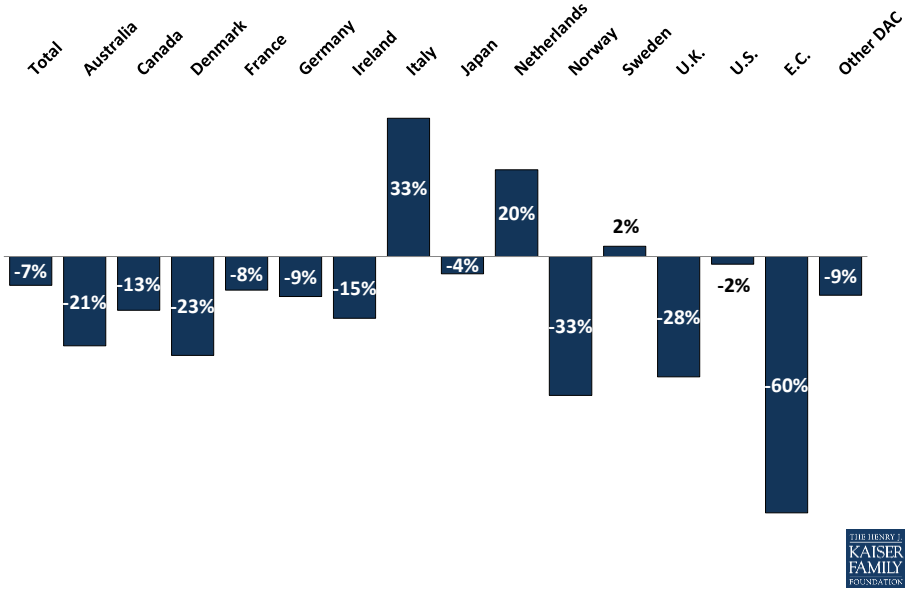
Table 1: International HIV Assistance from Donor Governments (bilateral & multiateral), 2009–2016 (current USD in millions)

Government	2009	2010	2011	2012	2013	2014	2015	2016
Australia	$ 99.9	$ 104.5	$ 111.1	$ 124.7	$ 144.0	$ 100.4	$ 98.7	$ 78.0
Canada	$ 129.9	$ 136.1	$ 147.3	$ 154.5	$ 141.4	$ 124.6	$ 109.3	$ 95.5
Denmark	$ 193.3	$ 171.4	$ 205.6	$ 171.0	$ 191.7	$ 167.2	$ 138.8	$ 106.5
France	$ 348.6	$ 407.6	$ 412.7	$ 375.2	$ 409.8	$ 302.8	$ 263.1	$ 242.4
Germany	$ 397.9	$ 305.8	$ 303.7	$ 288.5	$ 285.3	$ 278.4	$ 200.9	$ 182.0
Ireland	$ 81.2	$ 81.9	$ 76.2	$ 60.5	$ 59.8	$ 51.4	$ 36.4	$ 31.1
Italy	$ 9.5	$ 11.4	$ 5.1	$ 13.9	$ 2.4	$ 25.6	$ 19.7	$ 26.0
Japan	$ 141.8	$ 157.1	$ 84.9	$ 209.1	$ 101.6	$ 175.9	$ 117.9	$ 113.2
Netherlands	$ 381.9	$ 350.5	$ 322.3	$ 193.5	$ 186.4	$ 218.7	$ 177.9	$ 214.2
Norway	$ 130.2	$ 119.4	$ 119.1	$ 115.3	$ 118.4	$ 123.6	$ 108.3	$ 72.9
Sweden	$ 171.8	$ 140.7	$ 164.0	$ 170.8	$ 172.5	$ 154.4	$ 109.2	$ 111.8
United Kingdom	$ 779.0	$ 890.9	$ 971.2	$ 800.1	$ 842.1	$ 1,114.0	$ 899.9	$ 645.6
United States	$ 4,434.9	$ 3,722.0	$ 4,506.6	$ 5,022.3	$ 5,620.8	$ 5,571.9	$ 5,004.6	$ 4,912.8
European Commission	$ 118.1	$ 101.7	$ 123.2	$ 100.7	$ 100.6	$ 91.2	$ 92.7	$ 36.9
Other DAC	$ 237.2	$ 169.1	$ 74.3	$ 61.2	$ 83.2	$ 89.4	$ 74.5	$ 67.7
Other Non-DAC	$ 47.7	$ 13.7	$ 19.8	$ 20.9	$ 27.6	$ 32.1	$ 12.4	$ 16.9
Total	**$ 7,702.9**	**$ 6,883.8**	**$ 7,647.1**	**$ 7,882.0**	**$ 8,487.5**	**$ 8,621.6**	**$ 7,464.4**	**$ 6,953.5**

The 2016 decline is due to several factors: actual decreases in both bilateral and multilateral funding, accounting for an approximate net 50% of the decline; exchange rate fluctuations (20%); and the timing of U.S. contributions to the Global Fund (30%), due to U.S. law that limits its funding to one-third of total contributions to the Global Fund. In constant (2014) dollars, overall funding also decreased, although by a smaller amount.

In 2016, 11 of the 14 donor governments profiled disbursed less funding for HIV compared to 2015, and 3 increased or remained essentially flat (Figure 2). In currency of origin, the pattern was nearly identical.

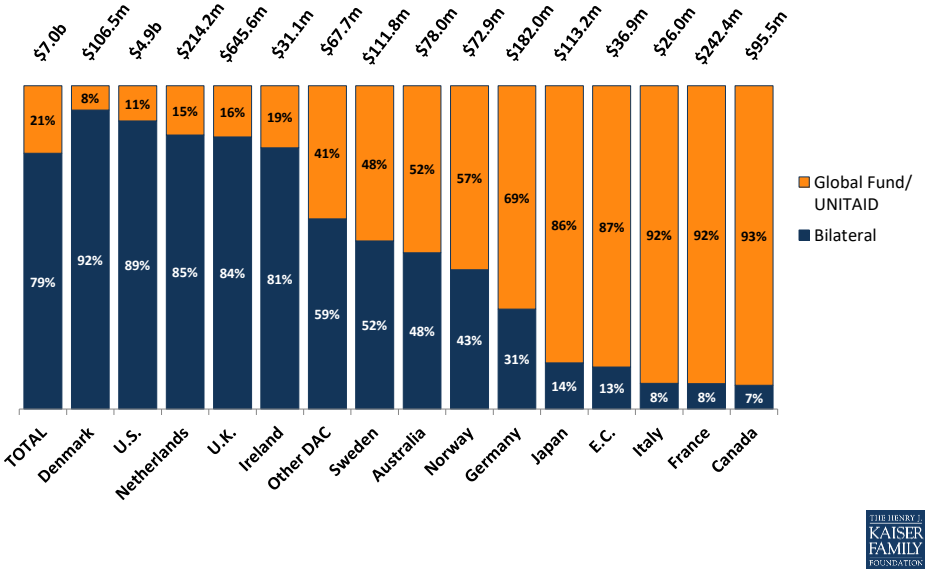
Figure 2: Percent Change in Donor Government Disbursements for HIV, 2015-2016 (current USD)



The U.S. was the largest donor to HIV efforts in 2016, providing $4.9 billion. The second largest donor was the U.K. ($645.6 million), followed by France ($242.4 million), the Netherlands ($214.2 million), and Germany ($182.0 million).

Most funding is provided bilaterally (79%), including from the two largest donors – the U.S. and the U.K., though several others (Australia, Norway, Germany, Japan, Italy, France, and Canada) provide a larger share of their resources through multilateral channels (Figure 3).

Figure 3: International HIV Assistance: Funding Channels for Donor Government Disbursements (current USD), 2016



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 $5.5 billion in 2016[7], a net $108 million decline compared to 2015. Nine of 14 donors profiled disbursed less bilateral funding in 2016 compared to 2015, and 3 increased. In currency of origin, 7 donors disbursed less bilateral funding.[8] The significant depreciation of the pound drove down U.K. disbursements when measured in dollars; in pounds, bilateral disbursements from the U.K. were flat compared to 2015.

PEPFAR disbursed $4.4 billion in bilateral funding in 2016, an increase of $69 million over 2015, after a decline in the previous year.[9] That decline was largely due to timing, as the U.S. shifted and deferred funding to 2016 and beyond to account for the start-up of the DREAMS program, a $385 million partnership aimed to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries, and the expansion of voluntary medical male circumcision services in 14 Eastern and Southern African countries.[10]

Multilateral Contributions

Multilateral contributions from donor governments to the Global Fund and UNITAID for HIV – that is, funding disbursed by donor governments to these organizations which in turn use some of that funding for HIV – totaled $1.5 billion in 2016 (after adjusting for an HIV share), a decline of $403 million (22%) compared to 2015. As noted above, some of this was an issue of timing on the part of the U.S. due to legislative limitations on Global Fund contributions (that funding was subsequently disbursed in 2017).[11] However, some of the decline was due to donor decisions to front-load their funding early in the 2014-2016 Global Fund pledge period. Donor government contributions to UNITAID were also down slightly.[12]

Fair Share

Table 2 provides several different measures for assessing the relative contributions of donor governments, or "fair share" to HIV. The question of "fair share" in the context of donor government funding for HIV is an important one. Yet such measurements are complex and there is no single, agreed-upon methodology for assessing fair share. For example, a rank by total funding amount does not capture the relative wealth of a nation. Yet a standardized measure including wealth does not take into account certain other donor policies that may inhibit or facilitate the amount of assistance such as tax subsidies for charitable giving. The following measures are included here: 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. Each measure yields varying results:

- **Rank by share of total donor government funding for HIV**: By this measure, the U.S. ranked first in 2015, followed by the U.K., France, and the Netherlands.
- **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 available for HIV in 2016 ($19.1 billion) to their share of the global economy. By this measure, 3 countries, the U.S., the Netherlands and Denmark, provided greater shares of total HIV resources than their shares of total GDP (Figure 4).

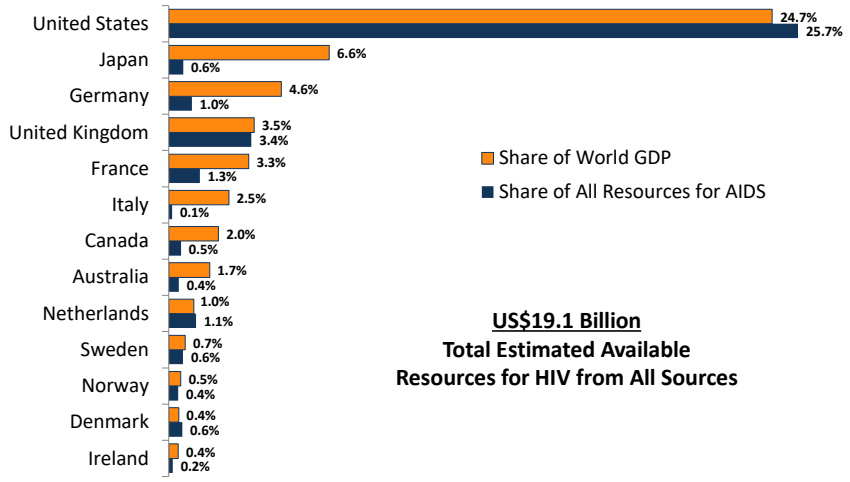
- **Rank by funding for HIV per US$1 million GDP**: When donor government disbursements are standardized by the size of their economies (GDP per US$1 million), donors rank quite differently than when measured by actual disbursement amounts (Figure 5). Whereas Denmark ranked eighth in actual disbursements provided for HIV in 2016, it ranked number one when standardized by GDP. The U.S. ranked third.

Table 2: Assessing Fair Share Across Donors, 2016

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%	1.1%	0.4%	$61.9
Canada	2.0%	1.4%	0.5%	$62.4
Denmark	0.4%	1.5%	0.6%	$347.3
France	3.3%	3.5%	1.3%	$98.4
Germany	4.6%	2.6%	1.0%	$52.5
Ireland	0.4%	0.4%	0.2%	$106.1
Italy	2.5%	0.4%	0.1%	$14.1
Japan	6.6%	1.6%	0.6%	$22.9
Netherlands	1.0%	3.1%	1.1%	$277.8
Norway	0.5%	1.0%	0.4%	$196.8
Sweden	0.7%	1.6%	0.6%	$218.7
United Kingdom	3.5%	9.3%	3.4%	$245.5
United States	24.7%	70.7%	25.7%	$264.6
European Commission	-	0.5%	0.2%	-
Other DAC	-	1.0%	0.4%	-
Other Non-DAC[3]	-	0.2%	0.1%	-

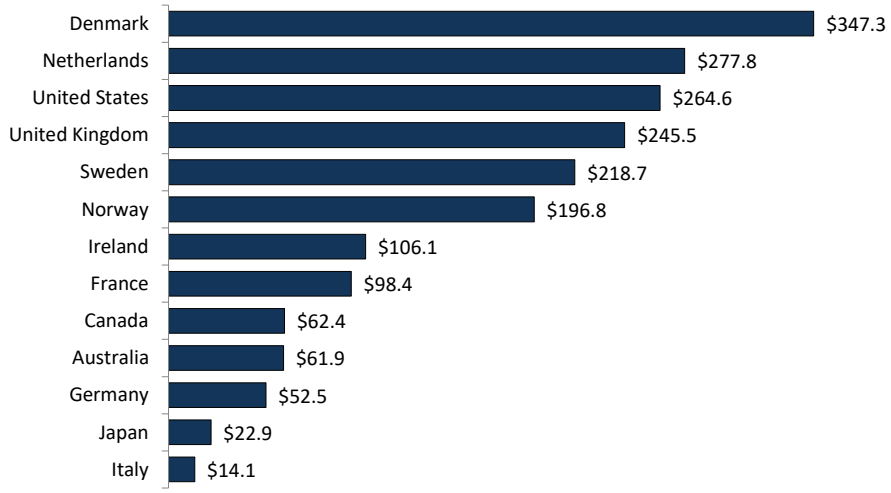
1 - In 2016, donors provided an estimated $7.0 billion in international assistance (bilateral and multilateral) for HIV in low- and middle-income countries.
2 - UNAIDS estimates that $19.1 billion in total resources was available from all sources (domestic, donor governments, multilaterals, and philanthropic) in 2016.
3 - Represents Non-DAC member contributions to the Global Fund and UNITAID. Bilateral HIV funding from these donor governments is not currently available.

Figure 4: Donor Government Share of World GDP* Compared to Share of Resources Available for HIV, 2016



*GDP = gross domestic product. NOTE: UNAIDS estimate of resources available for HIV/AIDS from all sources, July 2017. This estimate includes domestic expenditures (public and private) for all low- and middle- income countries, including countries that transitioned into high income level, according to World Bank 2013 country classification of income status.

Figure 5: Donor Government Rank by Disbursements for HIV per US$1 Million GDP*, 2016



*GDP = gross domestic product.

Conclusion

The continuing decline in donor disbursements for HIV, while due to several complex factors, raises challenges to reaching global HIV targets and ending AIDS as a public health threat by 2030. While some of the factors contributing the decline are temporary or based on global currency issues, there is some uncertainty in the future, particularly given the U.S. Administration's recent calls to cut the global HIV budget by almost 20%.[13] Although such cuts are unlikely to be fully supported by the U.S. Congress, they suggest downward pressure on funding from the largest donor to HIV in the world. In addition, other donors continue to face competing pressures for their aid, which could explain why more than half of those profiled provided less for HIV in their currencies of origin in 2016 compared to 2015. The next few years will be critical for making further progress on HIV by 2030; any delay in scaling up HIV interventions will result in additional HIV infections and deaths.[14]

Methods

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 2017, representing the fiscal year 2016 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 2015 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 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 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 2015, and therefore, do not necessarily reflect 2016 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 2016 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. In some cases, 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. Canada breaks its mixed-purpose projects into components by percentage. 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 2016 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 54% 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. UNITAID contributions were adjusted to represent 49% of the donor's total contribution, reflecting UNITAID's reported attribution for HIV-related projects to date. The entire French contribution to UNITAID as well as a significant part of the French contribution to the Global Fund was derived from air ticket and financial transaction taxes

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 by each 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 2016 (see: http://www.imf.org/external/pubs/ft/weo/2016/01/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: International HIV Assistance from Donor Governments (current USD in millions), 2015 & 2016												
Government	Bilateral Disbursements		Global Fund				UNITAID				Total Disbursements	
	2015	2016	2015		2016		2015		2016		2015	2016
			Total (100%)	Adjusted (55%)	Total (100%)	Adjusted (54%)	Total (100%)	Adjusted (49%)	Total (100%)	Adjusted (49%)		
Australia	$ 71.4	$ 37.7	$ 49.7	$ 27.3	$ 74.5	$ 40.3	-	-	-	-	$ 98.7	$ 78.0
Canada	$ 16.2	$ 7.0	$ 169.4	$ 93.2	$ 163.6	$ 88.5	-	-	-	-	$ 109.3	$ 95.5
Denmark	$ 122.1	$ 98.5	$ 30.4	$ 16.7	$ 14.9	$ 8.0	-	-	-	-	$ 138.8	$ 106.5
France	$ 25.0	$ 18.9	$ 335.1	$ 184.3	$ 321.8	$ 174.1	$ 109.7	$ 53.8	$ 100.6	$ 49.3	$ 263.1	$ 242.4
Germany	$ 72.8	$ 56.2	$ 233.0	$ 128.2	$ 232.5	$ 125.8	-	-	-	-	$ 200.9	$ 182.0
Ireland	$ 29.7	$ 25.1	$ 12.2	$ 6.7	$ 11.1	$ 6.0	-	-	-	-	$ 36.4	$ 31.1
Italy	$ 1.3	$ 2.1	$ 33.3	$ 18.3	$ 44.3	$ 24.0	-	-	-	-	$ 19.7	$ 26.0
Japan	$ 13.3	$ 16.2	$ 190.2	$ 104.6	$ 179.2	$ 97.0	-	-	-	-	$ 117.9	$ 113.2
Netherlands	$ 145.6	$ 181.6	$ 58.8	$ 32.3	$ 60.3	$ 32.6	-	-	-	-	$ 177.9	$ 214.2
Norway	$ 64.7	$ 31.4	$ 74.4	$ 40.9	$ 71.5	$ 38.7	$ 5.5	$ 2.7	$ 5.8	$ 2.9	$ 108.3	$ 72.9
Sweden	$ 53.8	$ 58.1	$ 100.8	$ 55.4	$ 99.4	$ 53.8	-	-	-	-	$ 109.2	$ 111.8
United Kingdom	$ 627.4	$ 543.0	$ 435.6	$ 239.6	$ 135.6	$ 73.3	$ 67.2	$ 33.0	$ 59.6	$ 29.3	$ 899.9	$ 645.6
United States	$ 4,307.8	$ 4,376.5	$ 1,267.0	$ 696.9	$ 991.3	$ 536.3	-	-	-	-	$ 5,004.6	$ 4,912.8
European Commission	$ 7.2	$ 4.8	$ 155.3	$ 85.4	$ 59.2	$ 32.0	-	-	-	-	$ 92.7	$ 36.9
Other DAC	$ 46.6	$ 39.8	$ 47.2	$ 26.0	$ 47.9	$ 25.9	$ 4.0	$ 2.0	$ 4.0	$ 2.0	$ 74.5	$ 67.7
Other Non-DAC	$ -		$ 20.8	$ 11.4	$ 20.2	$ 10.9	$ 2.0	$ 1.0	$ 12.2	$ 6.0	$ 12.4	$ 16.9
TOTAL	**$ 5,604.7**	**$ 5,496.9**	**$ 3,213.2**	**$ 1,767.3**	**$ 2,527.1**	**$ 1,367.2**	**$ 188.5**	**$ 92.4**	**$ 182.3**	**$ 89.4**	**$ 7,464.4**	**$ 6,953.5**

Endnotes

[1] UNAIDS, *Ending AIDS-Progress towards 90-90-90 targets*, 2017. Available at http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf.

[2] United Nations General Assembly, Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, A/RES/70/266, June 8, 2016.

[3] There might be differences when comparing donor contributions to multilateral organizations and in-country availability based on the disbursement from multilateral organizations to countries; UNAIDS publishes the in-country resource availability using the latter approach (UNAIDS 2017: Ending AIDS. Progress report towards the 90 90 90 targets). Using this approach, for example, UNAIDS has documented that international resources available for HIV have declined for three years in a row.

[4] These "Fast Track" targets, if reached, would put the world on track to end the AIDS epidemic by 2030. See, Stover J, Bollinger L, Izazola JA, Loures L, DeLay P, Ghys PD, "What is Required to End the AIDS Epidemic as a Public Health Threat by 2030? The Cost and Impact of the Fast-Track Approach" (2016) *PLoS ONE* 11(5):e0154893 (available at http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0154893).

[5] In 2016, bilateral disbursements from donor governments accounted for 29% of the US$19.1 billion available.

[6] UNAIDS estimates that in 2016, total international resources available from all donors, including governments, multilaterals, and foundations, were US$8.1 billion.

[7] Bilateral disbursements by donor governments accounted for 68% of all international resources available for HIV in 2016.

[8] Bilateral disbursement data for the EC and Italy, each of which declined as measured in dollars, were not available in currency of origin.

[9] KFF & UNAIDS, Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2015, July 2016. In 2015, U.S. bilateral funding for HIV declined by US$411 million compared to the 2014 level.

[10] Personal communication, Office of the Global AIDS Coordinator, July 2017.

[11] By law, the U.S. government cannot provide more than 33% of total contributions to the Global Fund. When this limit is reached, funds will be withheld until further contributions come in, as occurred in 2016. Additional contributions from other donors were subsequently received by the Global Fund and U.S. funding was then disbursed.

[12] For the three year period 2015-2017, the U.K. has committed to making a contribution of up to £132 million to UNITAID in three equal payments of £44 million each. Promissory Notes will be deposited according to need.

[13] KFF analysis of the "Consolidated Appropriations Act, 2017" (Public Law No. 115-31) and the President's FY18 budget request. Funding levels include bilateral HIV funding provided through the Department of State, U.S. Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), and the Department of Defense (DoD); funding levels do not include international HIV research activities at the National Institutes of Health (NIH).

[14] Stover J, Bollinger L, Izazola JA, Loures L, DeLay P, Ghys PD, "What is Required to End the AIDS Epidemic as a Public Health Threat by 2030? The Cost and Impact of the Fast-Track Approach" (2016) *PLoS ONE* 11(5):e0154893 (available at http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0154893)

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