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Donor Government Funding for HIV in Low- and Middle-Income Countries in 2019

Prepared by:

Jen Kates & Adam Wexler
KFF

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 2019, 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), UNITAID, and UNAIDS. Key findings include the following:

- **DONOR GOVERNMENT FUNDING FOR HIV DECLINED BY ALMOST US\$200 MILLION BETWEEN 2018 AND 2019.** Disbursements were US\$7.8 billion in 2019, down from \$8.0 billion in 2018, in current U.S. dollars (the trend was the same even after accounting for inflation and exchange rate fluctuations). This decline was driven primarily by a decrease in bilateral funding from the U.S., and, to a lesser extent, declining bilateral funding from other donors. In total, seven donor governments, including the U.S., decreased total funding (Canada, Denmark, the European Commission, France, the Netherlands, and Sweden); six increased (Australia, Germany, Ireland, Italy, Japan, and the U.K.) and one was essentially flat (Norway).¹
- **DECLINES IN BILATERAL DISBURSEMENTS, PRIMARILY FROM THE UNITED STATES, DROVE THE OVERALL TREND.** Bilateral disbursements decreased by almost \$300 million in 2019, from \$6.0 billion in 2018 to \$5.7 billion in 2019. Most of this was due to the U.S. decline (almost US\$220 million), which resulted from a complex set of factors including flat U.S. appropriations, a diminishing funding pipeline for the last several years, and the timing of disbursements. Six other countries also decreased bilateral support (Canada, Denmark, the European Commission, the Netherlands, Sweden, and the U.K.), five increased (Germany, France, Ireland, Italy, and Japan), and two were flat (Australia and Norway). These trends were nearly identical after adjusting for inflation and exchange rate fluctuations, except for Norway and Sweden, which both increased in currency of origin.
- **CONTRIBUTIONS TO THE GLOBAL FUND, UNITAID, AND UNAIDS INCREASED, BUT NOT ENOUGH TO OFFSET BILATERAL DECLINES.** Contributions to multilateral organizations totaled US\$2.1 billion in 2019 (after adjusting for an HIV share to account for the fact that the Global Fund and UNITAID address other diseases), an increase of more than US\$100 million, compared to US\$2.0 billion in 2018. These increases, however, were not enough to offset bilateral declines. Funding provided to the Global Fund was \$1.8 billion in 2019, \$99 million to UNITAID, and \$178 million to UNAIDS. Eight donors, including the U.S., increased their multilateral contributions (Australia, Germany, Ireland, Italy, Japan, the Netherlands, the U.K., and the U.S.), while five decreased (Canada, France, Norway, Sweden, and the European Commission), and one remained flat (Denmark). These trends were nearly identical after adjusting for inflation and exchange rate

¹ Some of these changes were slight and reflect either exchange rate fluctuations or the pace of disbursements versus policy or programmatic decisions by donors.

fluctuations, except for France, Norway, and Sweden, which provided essentially funding similar to the previous year in currency of origin.²

- **DESPITE DECLINES, AND EVEN AFTER ADJUSTING FOR THE SIZE OF ITS ECONOMY, THE U.S. CONTINUES TO BE THE LARGEST DONOR TO HIV.** In 2019, the U.S. disbursed US\$5.7 billion, followed by the U.K. (US\$646 million), France (US\$287 million), the Netherlands (US\$213 million), and Germany (US\$180 million). The U.S. also ranked first when standardized by the size of its economy, followed by the Netherlands, the U.K., and Sweden.
- **FUNDING FROM DONOR GOVERNMENTS FOR HIV IN 2019 WAS ESSENTIALLY THE SAME AS A DECADE AGO, DESPITE A 25% INCREASE IN THE NUMBER OF PEOPLE LIVING WITH HIV IN LOW- AND MIDDLE-INCOME COUNTRIES.** After a steep rise in donor government funding for HIV between 2002, the start of new global HIV initiatives, and 2008, the onset of the global financial crisis, funding plateaued and has since fluctuated over much of the last decade. Moreover, without funding from the U.S., funding for HIV from other donor governments would have declined by more than \$1 billion since 2010, attributable almost entirely to their decreased bilateral support for HIV. While they have increased their contributions to the Global Fund, these have not offset declines.
- **FUTURE FUNDING FROM DONOR GOVERNMENTS FOR HIV IS UNCERTAIN, PARTICULARLY IN LIGHT OF THE ONGOING IMPACTS OF COVID-19.** While donors pledged significant support for the Global Fund during its recent three-year replenishment conference, U.S. Congressional appropriations have been essentially flat and the PEPFAR funding pipeline has diminished. In addition, bilateral funding from all other donors continues to decline. Moreover, the impact of the COVID-19 pandemic and the resulting economic crisis, which began in 2020, on the HIV response has yet to be fully realized but will likely put significant pressures on existing budgets as donors struggle to address the crisis within their own borders.

² Part of the decline in multilateral funding from France between 2018 and 2019 was due to a decrease in the estimated HIV-adjusted share of UNITAID funding.

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 2019. 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 donor governments, UNAIDS, 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

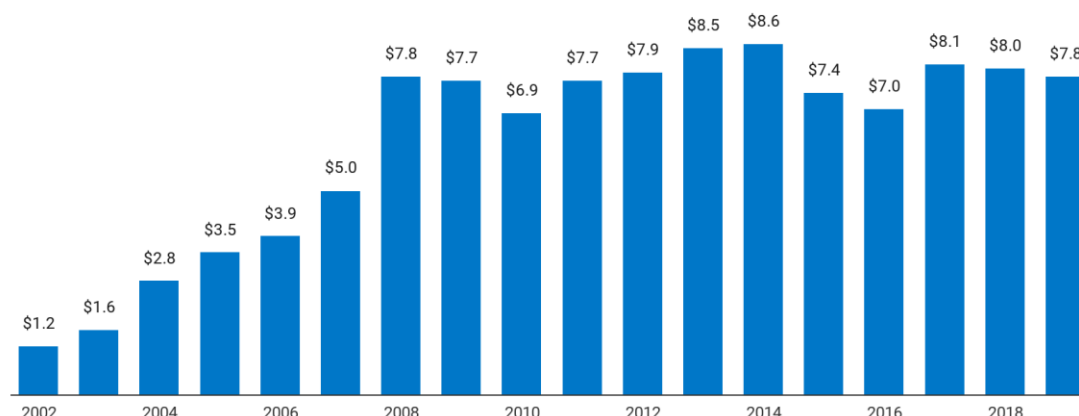
Total Funding

Donor funding for HIV through bilateral and multilateral channels totaled US\$7.8 billion in current USD in 2019. This represents a decline of US\$165 million compared to 2018 (US\$8.0 billion) (See Figure 1 and Table 1).¹ Even after accounting for inflation and exchange rate fluctuations, funding declined. The decline was largely due to declining disbursements from the United States. Six other governments also had declining disbursements (Canada, Denmark, the European Commission, France, the Netherlands, and Sweden), six increasing (Australia, Germany, Ireland, Italy, Japan, and the U.K.), and one was flat (Norway).²

In 2019, donor governments accounted for approximately 39% (29% was bilateral support and 10% was multilateral support) of the estimated \$19.8 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, UNAIDS also estimates that resources needed by the end of 2020 to reach the global Fast-Track targets (90-90-90 (90% of people with HIV know their status, 90% of those who know their status are on antiretroviral treatment and 90% of those on treatment are virally suppressed) in low and middle income countries are US\$26.2 billion, leaving a gap of several billion dollars, one that has grown in recent years as the number of people living with HIV has increased and the number of new HIV infections remains high.

Figure 1: HIV Funding from Donor Governments, 2002-2019

US\$ in 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; UNITAID Annual Reports and direct communication; OECD CRS online data queries.

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Table 1: Donor Government Funding for HIV (bilateral & multilateral), 2010-2019 (current USD in millions)

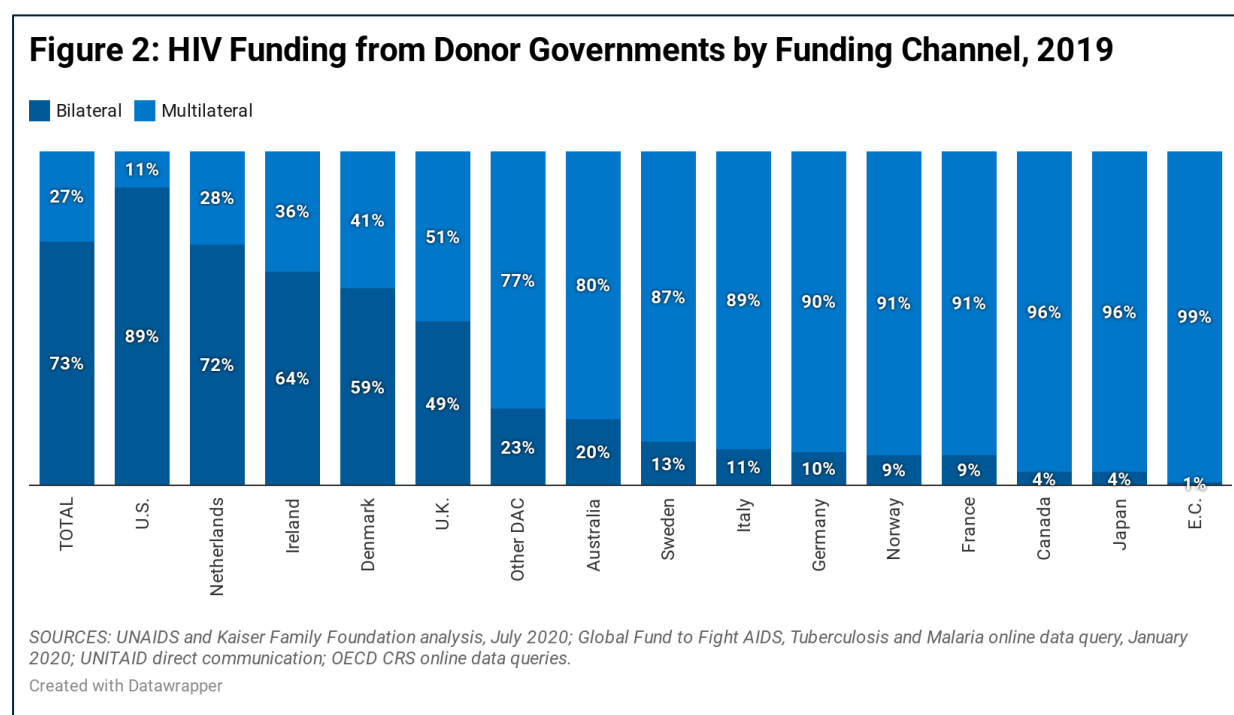
Government	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Australia	\$105	\$111	\$125	\$144	\$100	\$99	\$78	\$24	\$46	\$67
Canada	\$136	\$147	\$154	\$141	\$125	\$109	\$95	\$119	\$123	\$116
Denmark	\$171	\$206	\$171	\$192	\$167	\$139	\$107	\$90	\$77	\$43
France	\$408	\$413	\$375	\$410	\$303	\$263	\$242	\$268	\$302	\$287
Germany	\$306	\$304	\$288	\$285	\$278	\$201	\$182	\$162	\$162	\$180
Ireland	\$82	\$76	\$60	\$60	\$51	\$36	\$31	\$29	\$25	\$28
Italy	\$11	\$5	\$14	\$2	\$26	\$20	\$26	\$29	\$27	\$35
Japan	\$157	\$85	\$209	\$102	\$176	\$118	\$113	\$99	\$156	\$193
Netherlands	\$350	\$322	\$193	\$186	\$219	\$178	\$214	\$203	\$232	\$213
Norway	\$119	\$119	\$111	\$111	\$104	\$82	\$71	\$64	\$70	\$69
Sweden	\$141	\$164	\$171	\$172	\$154	\$109	\$112	\$91	\$103	\$99
United Kingdom	\$891	\$971	\$800	\$842	\$1,114	\$900	\$646	\$744	\$591	\$646
United States	\$3,722	\$4,507	\$5,022	\$5,621	\$5,572	\$5,005	\$4,913	\$5,947	\$5,841	\$5,666
European Commission	\$102	\$123	\$101	\$101	\$91	\$92	\$37	\$113	\$114	\$76
Other DAC	\$182	\$104	\$78	\$81	\$85	\$76	\$76	\$60	\$61	\$58
Other Non-DAC	\$15	\$18	\$22	\$29	\$33	\$13	\$17	\$27	\$24	\$14
Total	\$6,898	\$7,675	\$7,896	\$8,479	\$8,599	\$7,440	\$6,959	\$8,069	\$7,953	\$7,788

NOTE: Totals represent bilateral and multilateral 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; UNITAID Annual Reports and direct communication; OECD CRS online data queries.

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Despite the U.S. decrease in 2019, it remained the largest donor to HIV efforts, providing US\$5.7 billion in 2019. The second largest donor was the U.K. (US\$646 million), followed by France (US\$287 million), the Netherlands (US\$213 million), and Germany (US\$178 million).

While most funding from donors is provided bilaterally (73%), largely driven by the U.S. (which provides 89% of its funding through bilateral channels), the majority of donors (nine - Australia, Canada, European Commission, France, Germany, Italy, Japan, Norway, and Sweden) provide a larger share of their resources through multilateral channels (See Figure 2).



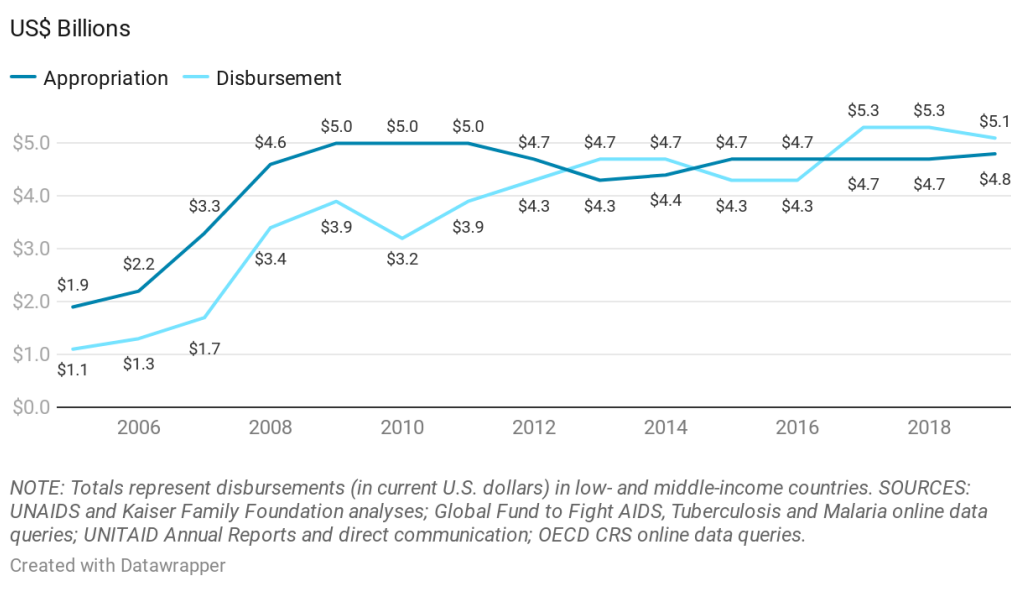
Bilateral Disbursements

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\$5.7 billion in 2019, a decline of almost US\$300 million compared to 2018. The 2019 decrease was largely due to decreased bilateral disbursements by the U.S. (of US\$218 million). Among the factors driving the U.S. decline were a decreasing funding pipeline available as Congressional appropriations for HIV were generally flat as well as the U.S. government shutdown in 2019 which delayed funding disbursements for some time (see Box 1 and Figure 3). In addition to the U.S., six other donor governments decreased bilateral funding in 2019 (Canada, Denmark, the European Commission, the Netherlands, Sweden, and the U.K.), five increased (France, Germany, Ireland, Italy, and Japan) and two remained flat (Australia and Norway). These trends were the same after accounting for inflation and exchange rate fluctuations, with the exceptions of Sweden and Norway, both of which increased funding in currency of origin.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. Part of the decline in 2019 was due to a diminished pipeline of available funding as funds from prior years were disbursed in 2017 and 2018 and Congressional appropriations have been flat for the past few years. Other factors contributing to the decline, as reported by PEPFAR, were temporary, and include the 2019 federal government shutdown, which delayed disbursements, as well as staffing shortages that have since been filled. (see Figure 3).

Figure 3: U.S. Bilateral Funding for HIV: Appropriations & Disbursements, FY 2005-FY 2019



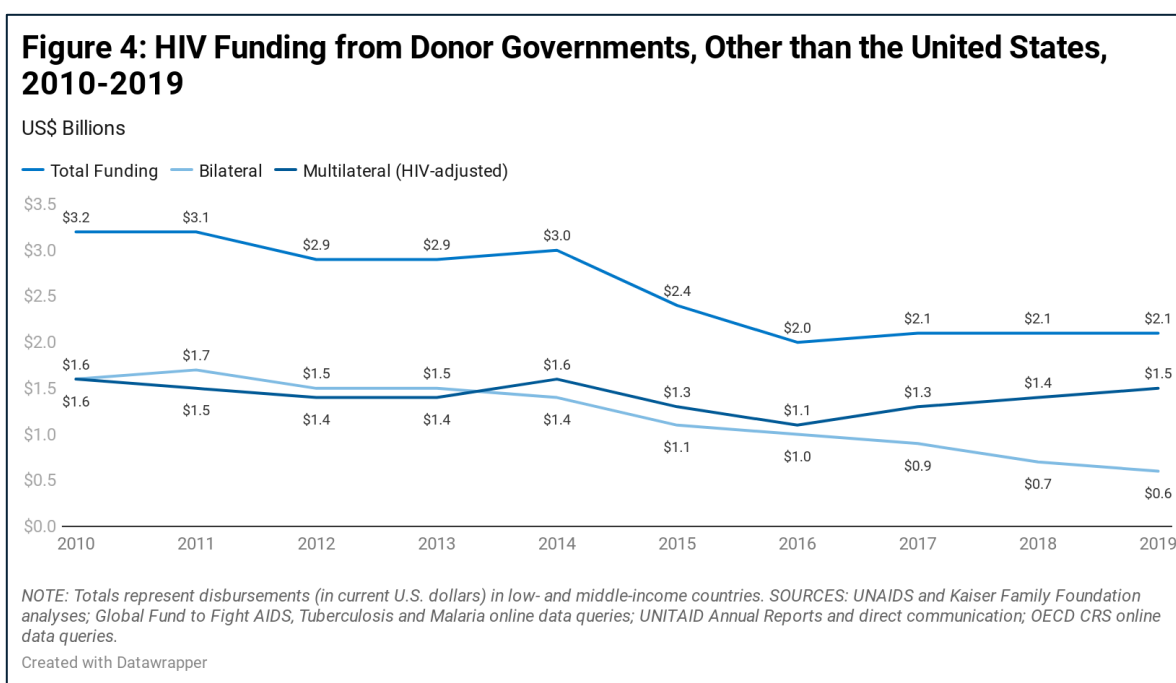
Multilateral Contributions

Multilateral contributions from donor governments to the Global Fund, UNITAID, and UNAIDS for HIV – funding disbursed by donor governments to these organizations which in turn use some (Global Fund and UNITAID) or all (UNAIDS) of that funding for HIV – have fluctuated over time in part reflecting pledging periods to the Global Fund. In 2019, these contributions totaled \$2.1 billion (after adjusting for an HIV share to account for the fact that the Global Fund and UNITAID address other diseases), an increase of US\$113 million compared to 2018. Funding was US\$1.8 billion for the Global Fund, US\$99 million for UNITAID, and US\$178 million for UNAIDS. Eight of 14 donors (Australia, Germany, Ireland, Italy, Japan, the Netherlands, the U.K., and the U.S.) increased their multilateral contributions, while five (Canada, France, Norway, Sweden, and the European Commission) decreased, and one remained flat (Denmark). These trends were nearly identical after adjusting for inflation and exchange rate fluctuations, except for France, Norway, and Sweden, which

provided essentially flat funding in currency of origin.^{2,4} It is important to note that during the most recent Global Fund Replenishment Conference, most of the donor governments profiled increased their pledges compared to the prior period.

Recent Funding Trends

After a steep rise in donor government funding for HIV between 2002, the start of new global HIV initiatives, and 2008, the onset of the global financial crisis, funding first plateaued and even fell, and has since fluctuated over much of the last decade. Funding in 2019 was essentially the same as a decade ago, despite an increase in the number of people living with HIV in low- and middle-income countries by 25% over this period. Moreover, without funding from the U.S., funding for HIV from other donor governments would have declined by more than \$1 billion since 2010, from US\$3.2 billion to US\$2.1 billion. Almost the entire decline is attributable to their decreased bilateral support for HIV (from US\$1.6 billion in 2010 to US\$623 million in 2019). While their multilateral contributions have increased in recent years, they have not been enough to 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, though the U.S. ranks #1 across all three:

- **Rank by share of total donor government funding for HIV:** By this measure, the U.S. ranked first in 2019, 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 (\$19.8 billion) to their share of the global economy.⁵ By this measure, three countries, the U.S., the U.K., 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:** Another way of looking at the relationship between HIV donor funding and GDP is to standardize donor government disbursements by the size of donor economies (GDP per US\$1 million), putting the U.S. on top, followed by the Netherlands, the U.K., and Sweden (Figure 6).

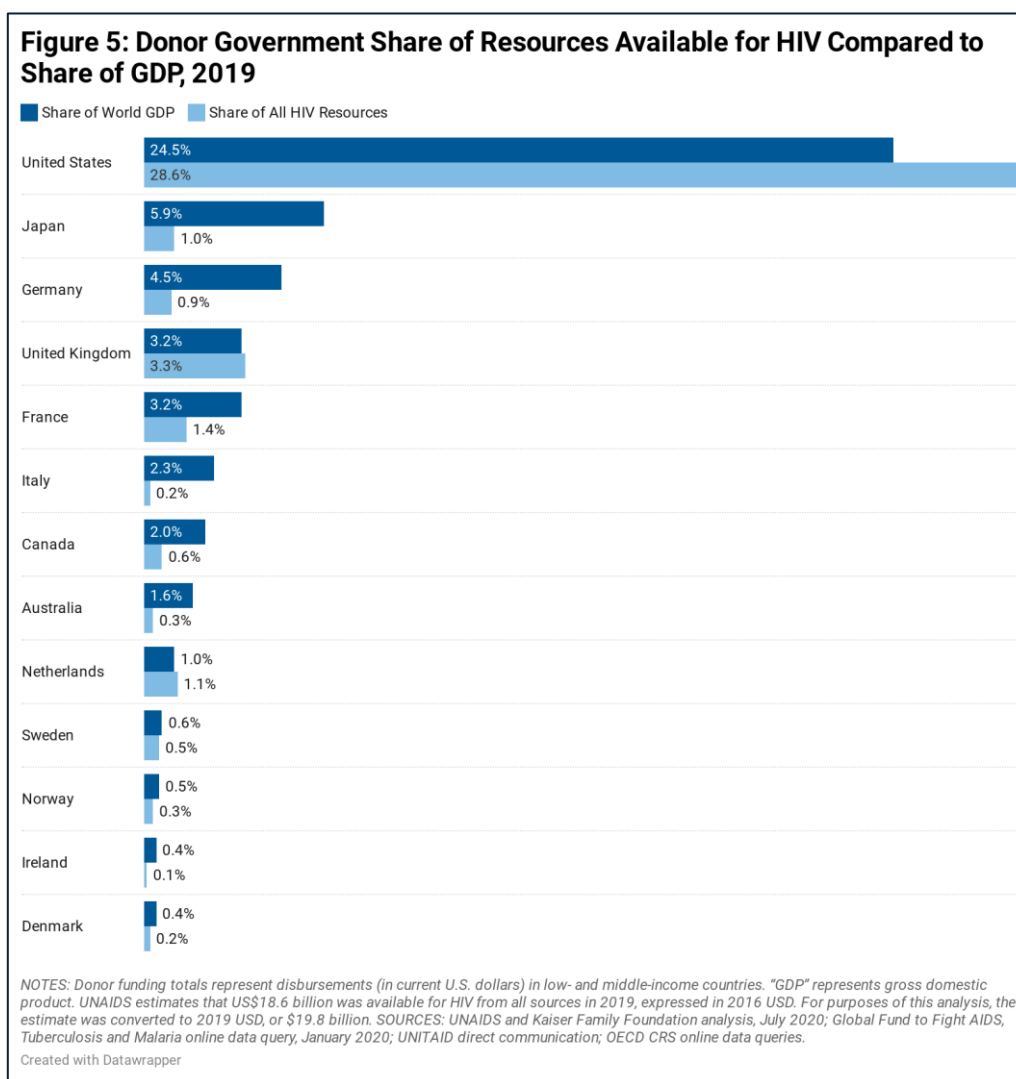
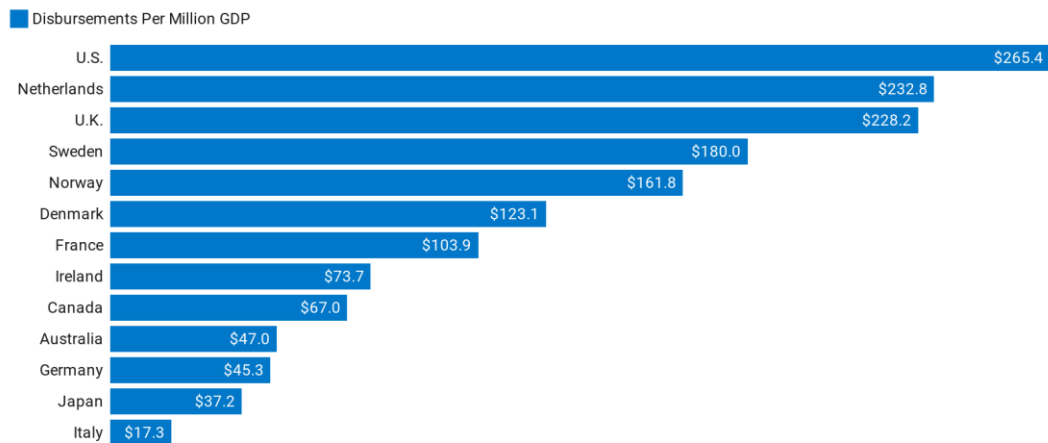


Figure 6: Donor Government Ranking by Funding for HIV per US\$1 Million GDP, 2019



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 2020; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2020; UNITAID direct communication; International Monetary Fund, 2019 World Economic Outlook Database, accessed June 2020.

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Table 2: Assessing Fair Share Across Donors, 2019

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	1.6%	0.9%	0.3%	\$47.0
Canada	2.0%	1.5%	0.6%	\$67.0
Denmark	0.4%	0.6%	0.2%	\$123.1
France	3.2%	3.7%	1.5%	\$103.9
Germany	4.5%	2.3%	0.9%	\$45.3
Ireland	0.4%	0.4%	0.1%	\$73.7
Italy	2.3%	0.5%	0.2%	\$17.3
Japan	5.9%	2.5%	1.0%	\$37.2
Netherlands	1.1%	2.7%	1.1%	\$232.8
Norway	0.5%	0.9%	0.4%	\$161.8
Sweden	0.6%	1.3%	0.5%	\$180.1
United Kingdom	3.2%	8.3%	3.3%	\$228.2
United States	24.5%	72.8%	28.6%	\$265.4
European Commission	-	1.0%	0.4%	-
Other DAC	-	0.8%	0.3%	-
Other Non-DAC ³	-	0.2%	0.1%	-

1 - In 2019, 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\$18.6 billion was available for HIV from all sources (domestic, donor governments, multilaterals, and philanthropic) in 2019, expressed in 2016 USD. For purposes of this analysis, this estimate was converted to 2019 USD, or \$19.8 billion.

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

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Looking Forward

Funding from donor governments for HIV fell in 2019. While much of this decline can be attributed to decreases by the U.S., donor governments other than the U.S. continued to reduce their bilateral funding for HIV and these declines have not been fully offset by their contributions to multilateral institutions, including the Global Fund. Looking ahead, U.S. funding is not likely to increase as Congressional appropriations have been flat, and the PEPFAR funding pipeline has diminished. Moreover, the impact of the COVID-19 pandemic and the resulting economic crisis, which began in 2020, on the HIV response has yet to be fully realized but will likely put significant pressures on existing budgets as donors struggle to address the crisis within their own borders.

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 2020, representing the fiscal year 2019 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 2018 and do not include all forms of international assistance (e.g., funding to countries such as the Russian Federation and the Baltic States that are no longer included in the CRS database). In addition, the CRS data in some cases may not include certain funding streams provided by donors, such as HIV components of mixed-purpose grants to non-governmental organizations.

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.

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 2018, and therefore, do not necessarily reflect 2019 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 2019 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 non-core (“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 2019/20 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 2019 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 core contributions to UNAIDS, as well as contributions to the Global Fund (see: <http://www.theglobalfund.org/en/>) and UNITAID (see: <http://www.unitaid.org/#end>). 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. UNITAID contributions were adjusted to represent 43% 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 2019 (see: <http://www.imf.org/external/pubs/ft/weo/2019/01/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), 2018 & 2019

Government	Bilateral Disbursements		UNAIDS		Global Fund ¹				UNITAID				Total Disbursements	
	2018	2019	2018	2019	2018 (100%)	2018 (53%)	2019 (100%)	2019 (53%)	2018 (100%)	2018 (58%)	2019 (100%)	2019 (45%)	2018	2019
Australia	\$13.7	\$13.5	\$3.6	\$3.2	\$53.5	\$28.4	\$94.0	\$49.9	-	-	-	-	\$45.7	\$66.6
Canada	\$8.9	\$4.6	\$3.8	\$3.8	\$206.9	\$109.9	\$203.5	\$108.0	-	-	-	-	\$122.5	\$116.5
Denmark	\$58.4	\$25.2	\$6.2	\$5.9	\$22.6	\$12.0	\$22.6	\$12.0	-	-	-	-	\$76.6	\$43.0
France	\$14.2	\$26.7	\$0.5	\$0.5	\$425.2	\$225.9	\$408.4	\$216.9	\$105.5	\$60.9	\$94.6	\$42.9	\$301.5	\$286.9
Germany	\$16.6	\$18.8	\$5.9	\$5.9	\$261.9	\$139.2	\$291.8	\$154.9	-	-	-	-	\$161.6	\$179.7
Ireland	\$16.5	\$18.1	\$2.8	\$2.6	\$11.1	\$5.9	\$14.0	\$7.4	-	-	-	-	\$25.2	\$28.1
Italy	\$1.4	\$4.0	-	-	\$47.7	\$25.3	\$58.6	\$31.1	-	-	-	-	\$26.8	\$35.1
Japan	\$5.9	\$7.5	\$0.6	\$0.6	\$281.7	\$149.7	\$347.5	\$184.5	-	-	-	-	\$156.2	\$192.6
Netherlands	\$176.4	\$152.8	\$23.3	\$22.1	\$59.9	\$31.8	\$71.3	\$37.9	-	-	-	-	\$231.5	\$212.8
Norway	\$6.8	\$6.6	\$16.6	\$16.3	\$85.5	\$45.4	\$85.1	\$45.2	\$2.3	\$1.4	\$2.3	\$1.0	\$70.1	\$69.1
Sweden	\$14.8	\$12.8	\$35.4	\$32.8	\$99.7	\$53.0	\$99.6	\$52.9	-	-	-	-	\$103.1	\$98.5
United Kingdom	\$334.9	\$318.4	\$18.8	\$18.8	\$461.9	\$245.4	\$483.9	\$256.9	\$57.2	\$33.0	\$113.4	\$51.4	\$591.3	\$645.6
United States	\$5,286.0	\$5,068.2	\$45.0	\$45.0	\$959.4	\$509.8	\$1,040.0	\$552.3	-	-	-	-	\$5,840.8	\$5,665.5
European Commission	\$0.9	\$0.6	-	-	\$213.5	\$113.4	\$142.0	\$75.4	-	-	-	-	\$114.4	\$76.0
Other DAC	\$13.6	\$13.6	\$20.9	\$20.3	\$46.3	\$24.6	\$41.6	\$22.1	\$4.0	\$2.3	\$5.0	\$2.3	\$61.4	\$58.3
Other Non-DAC	-	-	-	-	\$35.6	\$18.9	\$22.2	\$11.8	\$9.1	\$5.3	\$4.0	\$1.8	\$24.2	\$13.6
TOTAL	\$5,968.9	\$5,691.4	\$177.9	\$177.0	\$3,195.2	\$1,697.8	\$3,425.9	\$1,819.3	\$178.1	\$102.9	\$219.3	\$99.4	\$7,952.9	\$7,787.9

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.

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Endnotes

¹ 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.

² As noted earlier, some of these changes were slight and reflect either exchange rate fluctuations or the pace of disbursements versus policy or programmatic decisions by donors.

³ In 2019, the value of the U.S. dollar rose against most global currencies. As a result, some of the year-to-year fluctuations in donor disbursements reflect exchange rate fluctuations.

⁴ In 2019, UNITAID reported that a decreased share of its resources was provided for HIV activities compared to 2018 (45% compared to 58%). The decline in multilateral funding from France in 2019 was largely due to this decrease.

⁵ UNAIDS estimates that US\$18.6 billion was available for HIV from all sources in 2019, expressed in 2016 USD. For purposes of this analysis, this estimate was converted to 2019 USD, or \$19.8 billion.

KFF

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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