July 2018

Donor Government Funding for HIV in Low- and Middle-Income Countries in 2017

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Key Points

- **DONOR GOVERMENT DISBURSEMENTS FOR HIV INCREASED IN 2017**. After two years of declines, donor government disbursements for HIV increased in 2017, rising to US$8.1 billion in current USD (a $1.1 billion or 16% increase over 2016). Both bilateral funding and multilateral contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and UNITAID increased in 2017. However, funding has not returned to its peak level in 2014.[1]
- **THE INCREASE WAS LARGELY DUE TO THE TIMING OF U.S. FUNDING AND IS NOT EXPECTED TO CONTINUE**. Disbursements by the U.S. increased by more than US$1 billion, compared to 2016, but this was primarily an issue of timing, as it shifted funding appropriated in previous years to 2017. This trend is not expected to continue; U.S. appropriations have been flat for several years, and future disbursements will likely return to prior, lower levels. In fact, U.S. appropriations for HIV were again flat in FY 2018.
- **MOST DONORS DECREASED OVERALL FUNDING IN 2017**. Eight of 14 donor governments decreased overall disbursements (Australia, Denmark, Germany, Ireland, Japan, the Netherlands, Norway, and Sweden), although increases by the U.S. and 5 others (Canada, France, Italy, the U.K., and European Commission) more than offset these declines. In currency of origin, the pattern was nearly identical.
- **BILATERAL FUNDING FOR HIV BY MOST DONOR GOVERNMENTS HAS BEEN ON THE DECLINE FOR SEVERAL YEARS AND MOST DECREASED IN 2017.** Eleven of 14 donor governments decreased bilateral funding in 2017; only 2 donors, in addition to the U.S., increased. Without the U.S. increase, bilateral funding from all other donors declined by US$118 million.
- **MULTILATERAL CONTRIBUTIONS HAVE FLUCTUATED OVER TIME, IN PART REFLECTING PLEDGE PERIODS TO THE GLOBAL FUND; IN 2017, THEY WERE UP**. In 2017, contributions by donor governments to the Global Fund and UNITAID (after adjusting for an HIV share), increased by US$287 million, almost all of which was for the Global Fund. Six of 14 donors increased their multilateral contributions, while 4 decreased and 4 remained flat.
- **THE U.S. REMAINS THE LARGEST DONOR TO HIV**. In 2017, the U.S. disbursed US$5.9 billion, followed by the U.K. (US$744 million), France (US$268 million), the Netherlands (US$203 million), and Germany (US$162 million). For the first time, the U.S. also ranked first when standardized by the size of its economy, reflecting the increase in its disbursements in 2017. The U.K. was second, followed by Denmark, and the Netherlands.
- **FUTURE FUNDING IS LIKELY TO FALL AGAIN, WITHOUT NEW COMMITMENTS**. Given the unique circumstances of U.S. disbursements in 2017, which almost entirely drove the 2017 increase, future funding for HIV by donor governments is likely to return to lower levels, unless new commitments are made. However, because some other donors continue to face competing emergency demands for aid, such prospects are uncertain.

[1] Donor government disbursements is not the same as overall international assistance for HIV in low-and-middle-income countries. The international disbursements for HIV published by UNAIDS includes bilateral disbursements from DAC / non-DAC donors and multilateral disbursements from the Global Fund, other UN agencies, multilateral institutions and foundations. International assistance for HIV in 2017 was US$9 billion in constant 2016 US dollars.

Introduction

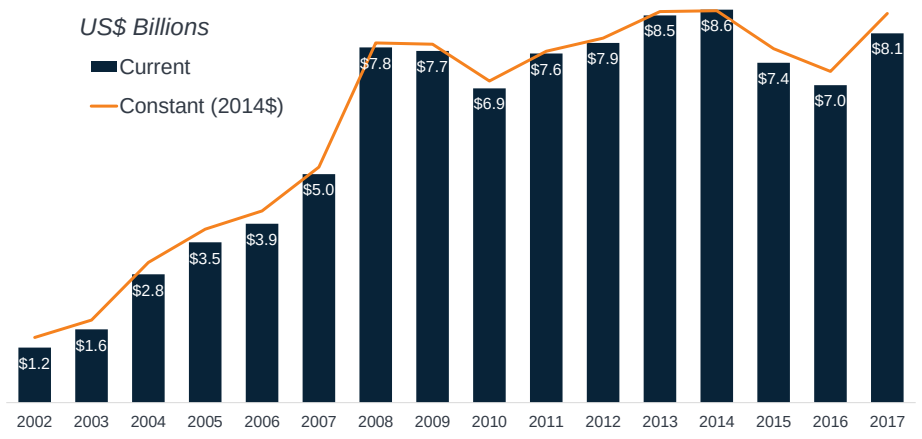
This report provides the latest data on donor government resources available to address HIV in low- and middle-income countries, reporting on disbursements made in 2017. It is part of a collaborative tracking effort between UNAIDS and the Kaiser Family Foundation that began more than 15 years ago, just as new global initiatives were being launched to address the epidemic. The analysis includes data from all 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 (see methodology for more detail).

Findings

After two years of declines, donor government funding for HIV in low- and middle-income countries increased in 2017, rising to US$8.1 billion in current USD (a US$1.1 billion or 16% increase over 2016), but it is still not back up to its peak in 2014 (see Figure 1 and Table 1). This funding represents 38% of all resources estimated by UNAIDS to be available for HIV in 2017.[1] However, the increase was largely due to the timing of U.S. funding and is not expected to continue. In 2017, U.S. disbursements increased by more than US$1 billion primarily due to timing, as it shifted funding appropriated in previous years to 2017 to fully implement DREAMS.[2] Because U.S. appropriations have been flat for several years, future disbursements will likely return to prior, lower levels (see Box and Figure 2). In fact, U.S. appropriations for HIV in FY 2018 were again flat.

Figure 1

Donor Government Disbursements for HIV, 2002-2017



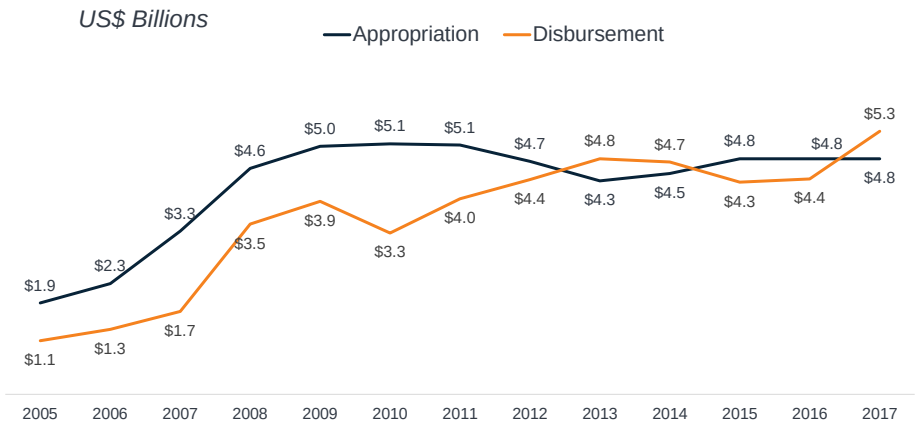
SOURCES: UNAIDS and Kaiser Family Foundation analyses; Global Fund to Fight AIDS, Tuberculosis and Malaria online data queries; UNITAID Annual Reports and direct communication; OECD CRS online data queries.

BOX: 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, driving the global increase in donor government funding for HIV. Because Congressional appropriations have been flat for several years, this is not expected to continue (see Figure 2).

Figure 2

U.S. Bilateral Funding for HIV, Appropriations & Disbursements, FY 2005-FY 2017



Notes: "Appropriations" include bilateral HIV funding as specified by Congress in annual appropriations acts for the State Department, U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), and the Department of Defense (DoD). "Disbursements" include actual outlays (i.e. the release of funds to, or the purchase of goods or services for, a recipient) for the State Department, USAID, CDC and DoD.

SOURCE: Kaiser Family Foundation analysis of data from the Office of the Global AIDS Coordinator (OGAC) at the Department of State, Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

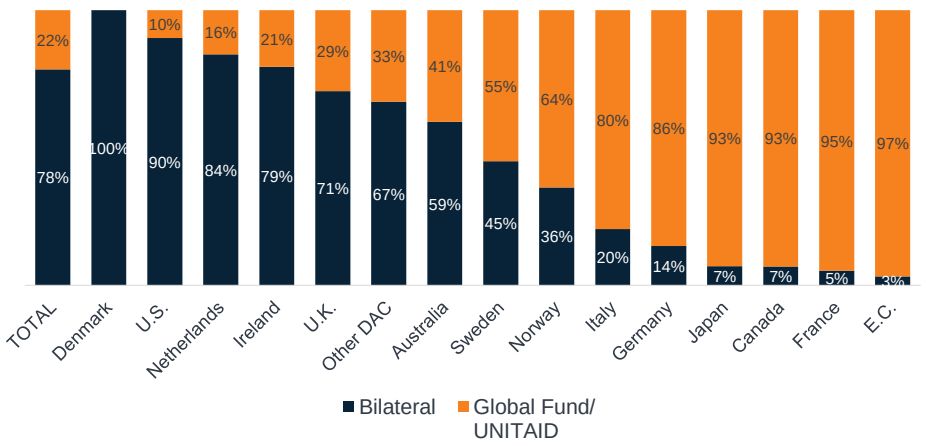
The U.S. increase more than offset decreases by most other donors. In 2017, 8 of the 14 donor governments profiled disbursed less funding for HIV compared to 2016, while 6 donors, including the U.S, increased. In currency of origin, the pattern was nearly identical. The U.S. remains the largest donor to HIV efforts, providing US$5.9 billion in 2017. The second largest donor was the U.K. (US$744 million), followed by France (US$268 million), the Netherlands (US$203 million), and Germany (US$162 million).

Table 1: International HIV Assistance from Donor Governments (bilateral & multiateral), 2009-2017 (current USD in millions)									
Government	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
Australia	$ 99.9	$ 104.5	$ 111.1	$ 124.7	$ 144.0	$ 100.4	$ 98.7	$ 78.0	$ 24.2
Canada	$ 129.9	$ 136.1	$ 147.3	$ 154.5	$ 141.4	$ 124.6	$ 109.3	$ 95.5	$ 119.4
Denmark	$ 193.3	$ 171.4	$ 205.6	$ 171.0	$ 191.7	$ 167.2	$ 138.8	$ 106.5	$ 90.4
France	$ 348.6	$ 407.6	$ 412.7	$ 375.2	$ 409.8	$ 302.8	$ 263.1	$ 242.4	$ 267.7
Germany	$ 397.9	$ 305.8	$ 303.7	$ 288.5	$ 285.3	$ 278.4	$ 200.9	$ 182.0	$ 161.9
Ireland	$ 81.2	$ 81.9	$ 76.2	$ 60.5	$ 59.8	$ 51.4	$ 36.4	$ 31.1	$ 29.3
Italy	$ 9.5	$ 11.4	$ 5.1	$ 13.9	$ 2.4	$ 25.6	$ 19.7	$ 26.0	$ 28.8
Japan	$ 141.8	$ 157.1	$ 84.9	$ 209.1	$ 101.6	$ 175.9	$ 117.9	$ 113.2	$ 98.6
Netherlands	$ 381.9	$ 350.5	$ 322.3	$ 193.5	$ 186.4	$ 218.7	$ 177.9	$ 214.2	$ 202.6
Norway	$ 130.2	$ 119.4	$ 119.1	$ 111.4	$ 110.7	$ 103.8	$ 81.8	$ 70.5	$ 63.9
Sweden	$ 171.8	$ 140.7	$ 164.0	$ 170.8	$ 172.5	$ 154.4	$ 109.2	$ 111.8	$ 91.1
United Kingdom	$ 779.0	$ 890.9	$ 971.2	$ 800.1	$ 842.1	$ 1,114.0	$ 899.9	$ 645.6	$ 743.9
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	$ 5,947.0
European Commission	$ 118.1	$ 101.7	$ 123.2	$ 100.7	$ 100.6	$ 91.2	$ 92.7	$ 36.9	$ 113.0
Other DAC	$ 237.2	$ 169.1	$ 74.3	$ 61.2	$ 83.2	$ 89.4	$ 74.5	$ 67.7	$ 78.2
Other Non-DAC	$ 47.7	$ 13.7	$ 19.8	$ 20.9	$ 27.6	$ 32.1	$ 12.4	$ 16.9	$ 27.2
Total	**$ 7,702.9**	**$ 6,883.8**	**$ 7,647.1**	**$ 7,878.1**	**$ 8,479.7**	**$ 8,601.8**	**$ 7,438.0**	**$ 6,951.1**	**$ 8,087.2**

Most funding is provided bilaterally (78%), including from the two largest donors – the U.S. and the U.K., though several others (Sweden, Norway, Germany, Japan, Italy, France, and Canada) provide a larger share of their resources through multilateral channels (see Figure 3).

Figure 3

Funding Channels for Donor Government Disbursements for HIV (current USD), 2017



SOURCES: UNAIDS and Kaiser Family Foundation analysis, July 2018; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2018; 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$6.3 billion in 2017, a net US$849 million increase compared to 2016. The 2017 increase was due almost entirely to increased

bilateral disbursements by the U.S. of US$967 million, without which bilateral funding from other donors would have declined by US$118 million. As mentioned above, the U.S. increase is one of timing and is not expected to continue. Most donor governments – 11 of 14 profiled - disbursed less bilateral funding in 2017 compared to 2016, while two donors, in addition to the U.S., increased. These trends were similar after accounting for inflation and exchange rate fluctuations. More generally, bilateral disbursements for HIV by most donor governments have been on the decline for several years.[3] While it is possible that some of this decline may be due to increased integration of HIV programming into other subsectors, it is not possible to track this type of shift with currently available data.

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 2017, they totaled $1.7 billion (after adjusting for an HIV share), an increase of $287 million compared to 2016; almost all of this was driven by increased Global Fund contributions. Overall, 6 donors increased their multilateral contributions, while 4 decreased and 4 remained flat.

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 2017, 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 2017 ($21.3 billion) to their share of the global economy.[1] By this measure, 3 countries, the U.S., U.K., and Denmark, provided greater shares of total HIV resources than their shares of total GDP (see Figure 4). The U.S. provided the greatest share of total resources (28%).
- **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 at the top for the first time, a reflection of the increased disbursements in 2017; over the past several years, the U.S. has ranked 3 by this measure. It was followed by the U.K., Denmark, and the Netherlands (see Figure 5)

Table 2: Assessing Fair Share Across Donors, 2017				
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%	0.3%	0.1%	$17.6
Canada	2.1%	1.5%	0.6%	$72.3
Denmark	0.4%	1.1%	0.4%	$278.7
France	3.2%	3.3%	1.3%	$103.6
Germany	4.6%	2.0%	0.8%	$43.9
Ireland	0.4%	0.4%	0.1%	$87.7
Italy	2.4%	0.4%	0.1%	$14.9
Japan	6.1%	1.2%	0.5%	$20.2
Netherlands	1.0%	2.5%	1.0%	$245.3
Norway	0.5%	0.8%	0.3%	$161.1
Sweden	0.7%	1.1%	0.4%	$169.1
United Kingdom	3.3%	9.2%	3.5%	$283.4
United States	24.3%	73.5%	27.9%	$306.7
European Commission	-	1.4%	0.5%	-
Other DAC	-	1.0%	0.4%	-
Other Non-DAC[3]	-	0.3%	0.1%	-

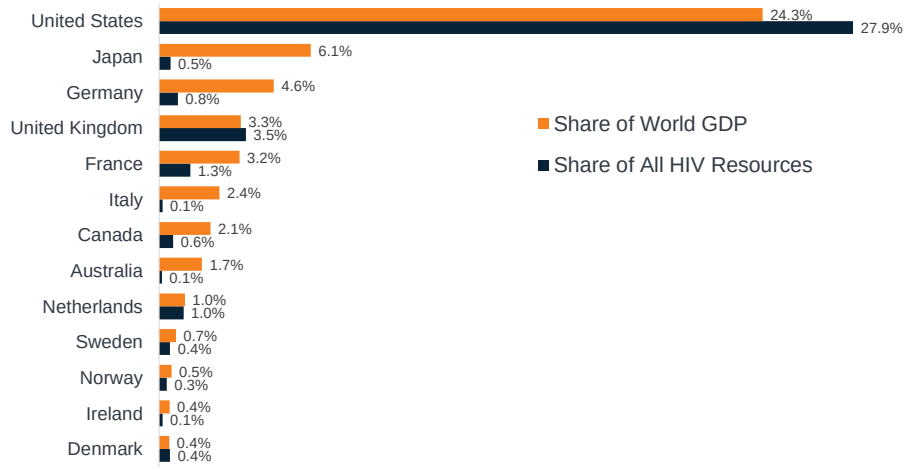
1 - In 2017, donors provided an estimated $8.1 billion in international assistance (bilateral and multilateral) for HIV in low - and middle-income countries.

2 - UNAIDS estimates that US$20.6 billion was available for HIV from all sources (domestic, donor governments, multilaterals, and philanthropic) in 2017, expressed in 2016 USD. For purposes of this analysis, this estimate was converted to 2017 USD, or $21.3 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 4

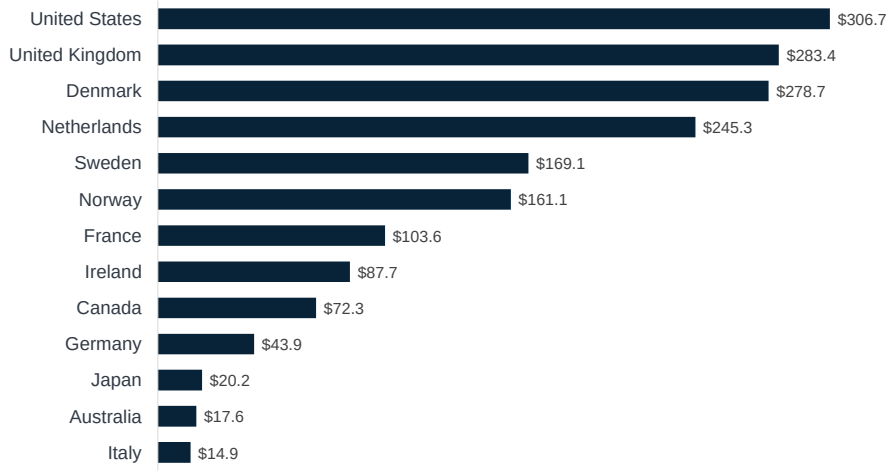
Donor Government Share of World GDP* vs. Share of Resources Available for HIV, 2017



NOTE: UNAIDS estimates that US$20.6 billion was available for HIV from all sources in 2017, expressed in 2016 USD. For purposes of this analysis, the estimate was converted to 2017 USD, or $21.3 billion. *GDP = gross domestic product. SOURCES: UNAIDS and Kaiser Family Foundation analysis, July 2018; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2018; UNITAID direct communication; OECD CRS online data queries.

Figure 5

Donor Government Rank by Disbursements for HIV per US$1 Million GDP*, 2017



*GDP = gross domestic product.
Sources: UNAIDS and Kaiser Family Foundation analysis, July 2018; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2018; UNITAID direct communication; International Monetary Fund, World Economic Outlook Database, June 2018.

Conclusion

In many ways, 2017 appears to be an outlier for donor government funding of HIV in the current era. While funding increased, following two years of declines, the increase was largely due to unique circumstances in the U.S. that are not likely to continue. If, as expected, U.S. disbursements return to prior levels as Congressional appropriations stay flat, overall funding from donor governments is likely to fall again without additional commitments. At the same time, other donors have faced competing demands for increased refugee and humanitarian aid in recent years, putting their longer-term priorities under pressure.[4] This complex set of circumstances suggests that future funding by donor governments for HIV will not bring the global community much closer to reaching the global goal of ending the AIDS epidemic as a public health threat by 2030.

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 2018, representing the fiscal year 2017 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 2016 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 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 2016, and therefore, do not necessarily reflect 2017 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 2017 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. 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 2017 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. UNITAID contributions were adjusted to represent 50% of the donor's total contribution, reflecting UNITAID's reported attribution for HIV-related projects to date.

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 2017 (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: International HIV Assistance from Donor Governments (current USD in millions), 2016 & 2017

Government	Bilateral Disbursements		Global Fund				UNITAID				Total Disbursements	
	2016	2017	2016		2017		2016		2017		2016	2017
			Total (100%)	Adjusted (54%)	Total (100%)	Adjusted (53%)	Total (100%)	Adjusted (49%)	Total (100%)	Adjusted (50%)		
Australia	$ 37.7	$ 14.4	$ 74.5	$ 40.3	$ 18.4	$ 9.8	-	-	-	-	$ 78.0	$ 24.2
Canada	$ 7.0	$ 8.1	$ 163.6	$ 88.5	$ 208.5	$ 111.3	-	-	-	-	$ 95.5	$ 119.4
Denmark	$ 98.5	$ 90.4	$ 14.9	$ 8.0	$ -	$ -	-	-	-	-	$ 106.5	$ 90.4
France	$ 18.9	$ 14.1	$ 321.8	$ 174.1	$ 386.5	$ 206.4	$ 100.6	$ 49.3	$ 95.3	$ 47.3	$ 242.4	$ 267.7
Germany[1]	$ 56.2	$ 23.1	$ 232.5	$ 125.8	$ 259.9	$ 138.8	-	-	-	-	$ 182.0	$ 161.9
Ireland	$ 25.1	$ 23.2	$ 11.1	$ 6.0	$ 11.3	$ 6.0	-	-	-	-	$ 31.1	$ 29.3
Italy	$ 2.1	$ 5.9	$ 44.3	$ 24.0	$ 42.9	$ 22.9	-	-	-	-	$ 26.0	$ 28.8
Japan	$ 16.2	$ 6.8	$ 179.2	$ 97.0	$ 171.8	$ 91.8	-	-	-	-	$ 113.2	$ 98.6
Netherlands	$ 181.6	$ 170.1	$ 60.3	$ 32.6	$ 60.7	$ 32.4	-	-	-	-	$ 214.2	$ 202.6
Norway	$ 29.0	$ 22.7	$ 71.5	$ 38.7	$ 72.6	$ 38.8	$ 5.8	$ 2.9	$ 4.9	$ 2.4	$ 70.5	$ 63.9
Sweden	$ 58.1	$ 41.1	$ 99.4	$ 53.8	$ 93.6	$ 50.0	-	-			$ 111.8	$ 91.1
United Kingdom[2]	$ 543.0	$ 524.6	$ 135.6	$ 73.3	$ 623.5	$ 191.3	$ 59.6	$ 29.3	$ 56.5	$ 28.0	$ 645.6	$ 743.9
United States[3]	$ 4,376.5	$ 5,343.4	$ 991.3	$ 536.3	$ 1,130.2	$ 603.6	-	-	-	-	$ 4,912.8	$ 5,947.0
European Commission	$ 4.8	$ 3.6	$ 59.2	$ 32.0	$ 204.9	$ 109.4	-	-	-	-	$ 36.9	$ 113.0
Other DAC	$ 39.8	$ 52.2	$ 47.9	$ 25.9	$ 44.5	$ 23.8	$ 4.0	$ 2.0	$ 4.6	$ 2.3	$ 67.7	$ 78.2
Other Non-DAC	$ -	$ -	$ 20.2	$ 10.9	$ 28.9	$ 15.5	$ 12.2	$ 6.0	$ 23.6	$ 11.7	$ 16.9	$ 27.2
TOTAL	**$ 5,494.5**	**$ 6,343.8**	**$ 2,527.1**	**$ 1,367.2**	**$ 3,358.4**	**$ 1,651.7**	**$ 182.3**	**$ 89.4**	**$ 184.9**	**$ 91.7**	**$ 6,951.1**	**$ 8,087.2**

1 - For 2017, German bilateral funding totals were based solely on DAC/CRS HIV-coded activities and components. In prior years, German bilateral totals including HIV funding provided under other DAC/CRS coded activities.

2 - U.K. UNITAID contribution in 2017 corresponds to the CY2017 balance of a 3-year promissory note commitment, against which CY2015 and CY2016 data points were already cited in previous reports.

3 - The U.S. Global Fund contribution in 2017 is based on disbursements made during the calendar year. Up to 5% of the U.S. contribution to the Global Fund may have been withheld/programmed for directly-related technical assistance.

Endnotes

[1] UNAIDS estimates that US$20.6 billion was available for HIV from all sources in 2017, expressed in 2016 USD. For purposes of this analysis, this estimate was converted to 2017 USD, or $21.3 billion.

[2] For more information, see PEPFAR's DREAMS website: http://www.dreamspartnership.org/

[3] Author analysis.

[4] OECD DAC, Development aid stable in 2017 with more sent to poorest countries, April 9, 2018: http://www.oecd.org/development/financing-sustainable-development/development-finance-data/ODA-2017-detailed-summary.pdf.

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This publication (#7347-14) is available on the Kaiser Family Foundation's website at kff.org.

The Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.