



A Three Part Series

Spending on the HIV/AIDS Epidemic

Trends in U.S. Spending on HIV/AIDS

U.S. Spending on Global HIV/AIDS

→ Global Spending on HIV/AIDS in Resource-Poor Settings

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Global Spending on HIV/AIDS in Resource-Poor Settings

Overview

This policy brief presents data on the range of resources currently being expended to address the HIV/AIDS epidemic in resource-poor settings, including bilateral, multilateral, and private sector support, as well as domestic spending by recipient country governments. For purposes of this policy brief, resource-poor countries include developing countries and countries in transition.

Estimates of funding requirements necessary to address the epidemic range from \$7 to 10 billion annually. Subsequent analyses have placed funding needs at \$9.2 billion by 2005, \$14 to 15 billion by 2007 and \$21 to 25 billion by 2015.

Estimates of current spending range from \$1.5 to 2.8 billion annually. In its fiscal year 2002, the U.S. is expected to spend \$1 billion for global HIV/AIDS activities, including a \$200 million commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria. This amount constitutes approximately 7% of its total HIV/AIDS budget.

UNAIDS has reported that spending on HIV/AIDS and other sexually transmitted diseases (STDs) by 20 major countries (other than the U.S.) and the European Commission totaled approximately \$402 million in 2000. If U.S. support is added, spending in 2000 by major donor countries totaled more than \$749 million.

Spending in 2000 relative to gross national income (GNI), a measure of relative size and wealth, is highest for the United Kingdom, which spent \$116 on HIV/AIDS/STDs per \$1 million of GNI. The U.S. (which does report HIV/AIDS spending separately), spent \$36 per \$1 million of GNI. Projected global spending on HIV/AIDS for six top donor nations totals \$435 million for 2002.

Tracking mechanisms in resource-poor countries are often ill-equipped to provide current, accurate data on HIV/AIDS spending, making it difficult to estimate their contributions to HIV/AIDS programs. UNAIDS data indicate that spending on HIV/AIDS/STDs by 48 resource-

poor countries was approximately \$474 million in 1999.

Contributions to multilateral organizations are a significant source of HIV/AIDS global funding. Several multilateral organizations are involved in the global HIV/AIDS effort, including: the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

UNAIDS consists of the UNAIDS Secretariat and eight cosponsoring agencies.^{*} UNAIDS does not implement programs itself, but acts to coordinate HIV/AIDS activities among its cosponsoring organizations. In 2000, the Netherlands reported to the UNAIDS Resource Flows Donor Survey that it had disbursed \$16.3 million in undesignated funds to UNAIDS, which was the largest contribution reported to UNAIDS in 2000. In 2001 the U.S. contributed \$17 million to UNAIDS and expects to contribute \$18 million in 2002.

The World Bank reports that it has committed more than \$1.7 billion to HIV/AIDS projects since 1986, mostly for the benefit of sub-Saharan Africa.

The Global Fund is a new, independent public-private partnership the primary objectives of which are to raise new resources to fight AIDS, tuberculosis and malaria and to issue grants for prevention and treatment programs in countries with the greatest need. To date, it has received pledges of over \$2 billion. In April of this year, the Global Fund awarded its first tranche of grants, with approximately \$284 million over 2 years to support HIV/AIDS programs, most in African countries.

Philanthropic support represents an important source of global HIV/AIDS resources. HIV/AIDS-specific giving by foundations and non-governmental organizations to benefit resource-poor countries has been estimated at

* UN Children's Fund (UNICEF), UN Development Programme (UNDP), UN Population Fund (UNFPA), UN International Drug Control Programme (UNDCP), International Labour Organization (ILO), UN Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank.

\$200 million for the year 2000. U.S.-based foundations represent a significant component of HIV/AIDS giving. Although it is often difficult to track HIV/AIDS-specific giving, it is estimated that HIV/AIDS giving to both U.S. and global HIV/AIDS activities and programs by U.S.-based foundations totaled \$312.4 million for 2000. The Bill and Melinda Gates Foundation, which invests in major international initiatives, is responsible for nearly 60% of this total amount.

Corporate and business support for HIV/AIDS programs in resource-poor countries includes price reductions for HIV/AIDS medicines, cash donations, and other in-kind supports.

HIV/AIDS funding is often disaggregated into three broad categories -- prevention, care and research -- although many programs employ multifaceted approaches spanning more than one category. Annual expenditures for prevention and care activities in resource-poor countries have been estimated at \$800 million and \$1 billion, respectively. Global estimates of spending on HIV/AIDS research are more difficult to ascertain. However, the U.S. National

Institutes of Health, the main global HIV/AIDS research body, estimates it will spend \$188 million in FY 2002 on global HIV/AIDS research.

The most recent expenditure estimates by multiple donor sources are summarized in Figure 1, while more detailed information is discussed below. It is important to note that estimated spending data may not represent actual disbursements by public or private sector donors in a given year.

Figure 1: Summary of Estimates of Global HIV/AIDS Spending

Donor	Approximate Amount	Period	Notes
United States	\$1 billion	FY 2002	<ul style="list-style-type: none"> • Includes targeted (“earmarked”) funds, spending by the NIH, and the FY 2002 Global Fund commitment of \$200 million • Does not include an additional \$100 million Global Fund commitment approved from FY 2001 funds
Other Major Donor Countries	\$402 million	2000	<ul style="list-style-type: none"> • Unpublished UNAIDS data; EuropeAID Annual Report – estimated HIV/AIDS and STD project expenditures (20 countries and European Commission) • Includes STD spending
Resource-Poor Country Contributions	\$474 million	1999	<ul style="list-style-type: none"> • Based on UNAIDS Resource Flows database – estimated HIV/AIDS and STD project expenditures (48 countries) • Includes STD spending
Contributions to the Global Fund to Fight AIDS, TB, and Malaria	\$747 million	2002	<ul style="list-style-type: none"> • Estimate of pledges available for disbursement in 2002 • Includes \$300 million in contributions from the U.S. (from both its FY 2001 and 2002 budgets) • Total pledges to date are approximately \$2 billion
Foundations	\$200 million	2001	<ul style="list-style-type: none"> • May include spending by non-governmental organizations • May include multi-year grants • U.S. based-foundation support for U.S. domestic and global HIV/AIDS activities combined is estimated at \$312.4 million in 2000

Introduction

This policy brief presents data on resources currently being expended to address the HIV/AIDS epidemic in resource-poor settings. It represents an update of *Global Spending on HIV/AIDS: Tracking Public and Private Investments in AIDS Prevention, Care, and Research*, released in 2001.¹

Spending by bilateral, multilateral, philanthropic, and corporate donors is examined as well as domestic contributions by resource poor countries. To the extent possible, this brief also examines spending by function. Estimates of funding needs to address the epidemic in the resource-poor countries are also provided.

Country financial expenditure data are drawn chiefly from the Resource Flows database of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which contains reported project expenditure data, and other UNAIDS data sources.² UNAIDS provided information for this analysis through a collaborative agreement with the Henry J. Kaiser Family Foundation. U.S. spending data are drawn directly from a variety of other sources, primarily U.S. government agencies and pertinent appropriations legislation, and reflect appropriated dollars and U.S. agency estimates of spending.

UNAIDS monitors and tracks international HIV/AIDS and STD financial resource flows. This is done as part of a collaborative effort with UNFPA (a cosponsor organization of UNAIDS) and the Netherlands Demographic Institute (NIDI) for the financial Resources Flows Project.³ Data are collected annually at the international level from bilateral, multilaterals and major international NGOs and foundations, and biannually from developing countries and countries in transition.²

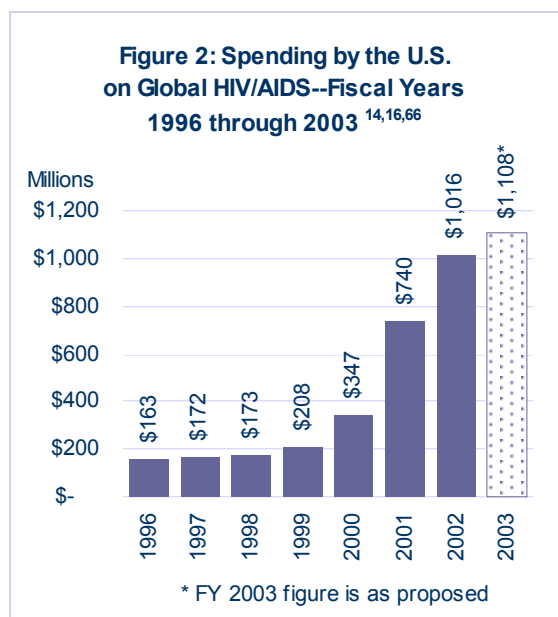
Tracking global HIV/AIDS resources is a challenging task for many reasons. Because donors typically provide data with a one-year lag and limited future estimated spending, existing mechanisms to track HIV/AIDS resource flows must rely on older data. Additionally, HIV/AIDS activities are often integrated into broader projects and sector-wide approaches, making it difficult for donors to accurately report amounts spent on HIV/AIDS activities.

Estimates of Current Need

There are few comprehensive estimates of current and future resource needs for addressing HIV/AIDS in resource poor settings. UNAIDS has estimated that \$7-10 billion is needed annually to effectively respond to the global HIV/AIDS epidemic,^{4,5} an amount subsequently agreed to by the international community at the United Nations General Assembly Special Session on HIV/AIDS.⁶

A subsequent and more detailed study of future needs, developed by UNAIDS and other experts, estimated that \$9.2 billion will be required to be spent on HIV/AIDS prevention and care in 135 low- and middle-income countries by the year 2005.⁷ Of that amount, 52% (\$4.8 billion) would go toward prevention and 48% (\$4.4 billion) would go toward care, support and treatment.⁷ More than half of the estimated care and support costs were attributed to the provision of antiretroviral therapy. Not included in the \$9.2 billion estimate are infrastructure development costs.⁷

Another analysis was provided by the World Health Organization's Commission on Macroeconomics and Health.⁸ In its December 2001 report, the Commission estimated that between \$13.6 and \$15.4 billion should be spent on HIV/AIDS prevention and care (including strengthening infrastructure) in 83 selected low- and middle-income countries by the year 2007, in addition to what is currently being spent. This amount should increase to between \$20.6-24.9 billion by 2015. Of the 2007 estimate, the majority of resources would go toward HIV prevention, then for antiretroviral treatment, and finally for other HIV/AIDS care and support efforts. Of the 2015 estimate, an equal amount of resources would go toward prevention and antiretroviral treatment, with the remainder for HIV/AIDS care and support.⁸



Current Spending

Previous estimates of spending on global HIV/AIDS activities in 2001 have ranged from \$1.5 to \$2 billion.⁹⁻¹¹ A recent UNAIDS analysis of preliminary data indicates that global HIV/AIDS spending by international, national, and private sources is approximately \$2.8 billion in 2002.¹²

Reporting issues, including delays in reporting, variations in accounting practices and fiscal periods by country, lack of complete data, and difficulty in annualizing multi-year pledges, make more precise estimates difficult. Therefore, estimates may not accurately represent each country's actual total annual HIV/AIDS contributions. In addition, many countries aggregate HIV/AIDS and STD expenditures, making it difficult to isolate HIV/AIDS expenditures.

Spending by the United States

To date, the U.S. government has spent nearly \$4 billion in combating the global HIV/AIDS epidemic. Spending for international HIV/AIDS activities by the U.S. began in earnest in 1986 with a \$1.1 million investment, rising slowly until 1999 when more significant increases began.

In FY 2001, the U.S. spent approximately \$740 million on global HIV/AIDS programs. In FY 2002, the U.S. has budgeted \$1 billion for

global HIV/AIDS activities, constituting approximately 7% of its total federal HIV/AIDS funding.¹³ (See figure 2.)

For more detailed information on the U.S.'s international HIV/AIDS expenditures, please see a companion report, *U.S. Spending on Global HIV/AIDS*.¹⁴

FY 2002 spending, administered by five federal agencies, is as follows:

- \$435 million for the U.S. Agency for International Development (USAID),
- \$188 million for the National Institutes of Health (NIH),
- \$144 million for the Centers for Disease Control and Prevention (CDC),
- \$25 million for the Department of Agriculture (USDA),
- \$14 million for the Department of Defense (DoD), and
- \$10 million for the Department of Labor (Labor).

Additionally, in FY 2002, the U.S. committed \$200 million to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund). (Further contributions have been proposed, but have yet to be approved by Congress.)

USAID, NIH and CDC manage more than three-quarters of the current \$1 billion in U.S. global HIV/AIDS spending.

For FY 2003, President Bush has requested approximately \$1.1 billion in spending for global HIV/AIDS activities.¹⁵ Congressional action on that proposal is pending.

Other Major Donor Countries

While estimates of HIV/AIDS spending by selected donor countries collected by UNAIDS indicate an overall increase between 1996 and 2000, this is largely attributable to U.S. contributions (see Figure 3).^{16,17}

In 2000, reported project expenditures on HIV/AIDS and STDs by donor countries other than the U.S. totaled \$402 million.^{2,17,18} If U.S. support is added¹⁹, spending in 2000 by major donor countries totaled more than \$749 million.¹⁶ To gauge proportionality based on relative wealth, individual country spending is compared to gross national income (GNI) in Figure 4. While total spending by the U.S. was significantly higher than any other country in 2000, the

Figure 3: Spending on Global HIV/AIDS by Major-Donor Countries—1996 to 2000
(in US\$ millions)

Country**	1996	1997	1998	1999	2000
Australia	\$9.24	\$11.94	\$12.15	\$10.94	*
Austria	0.09	*	*	*	0.07
Belgium	0.60	0.46	2.71	1.80	6.48
Canada	9.75	6.50	12.56	11.85	13.30
Denmark	*	*	3.35	4.01	*
European Commission	11.34	*	*	*	13.00
Finland	0.99	0.73	1.09	1.38	.99
France	7.23	7.23	7.23	*	17.00
Germany	12.64	10.41	14.16	14.03	30.00
Ireland	0.12	*	*	0.59	1.38
Italy	*	*	0.04	0.51	14.18
Japan	1.00	1.00	2.67	4.47	*
Luxembourg	0.11	0.11	2.26	1.08	*
Netherlands	9.73	12.83	14.02	11.17	29.00
New Zealand	<0.01	*	0.21	0.28	*
Norway	*	1.36	12.66	8.33	11.22
Portugal	<0.01	0.01	*	*	*
Spain	*	*	*	*	1.79
Sweden	5.93	4.68	10.59	8.26	*
Switzerland	0.81	0.96	0.58	1.24	1.14
United Kingdom	15.84	14.24	19.99	5.86	170.00
Others					92.82
Subtotal	\$ 85.45	\$ 72.46	\$ 116.27	\$ 85.81	\$ 402.37
United States	163.00	172.00	173.00	208.00	347.00
Totals	\$ 248.45	\$ 244.46	\$ 289.27	\$ 293.81	\$ 749.37

* No data available ** Country-level project expenditure data (except for the U.S.) from UNAIDS Resource Flows database through 1999¹⁷; data for 2000 from UNAIDS, unpublished data² and European Commission spending (which is drawn from EuropeAid's 2001 annual report¹⁸). U.S. data from Foster et al., 2002¹⁶, U.S. appropriations legislation, and U.S. agency estimates.

U.S. was the fourth largest donor in terms of amount spent on HIV/AIDS per \$1 million of GNI (\$36), among those reporting data.¹⁷

Projected spending on global HIV/AIDS for six top donor nations - the United Kingdom, Germany, the Netherlands, Canada, Norway and France - totals \$435 million for 2002.¹²

Recipient Country Contributions

Domestic spending on HIV/AIDS by resource-poor countries represents an important source of resources for addressing the epidemic. Obtaining these data, however, are difficult. Tracking mechanisms in resource-poor countries are often ill-equipped to provide current, accurate data on HIV/AIDS spending, making it difficult to estimate their contributions to

HIV/AIDS programs. In addition, health budgets in these countries are not typically disaggregated by disease.

Detailed information on HIV/AIDS spending is available for some countries. An analysis of HIV/AIDS expenditures in Rwanda in 1999 found that roughly \$10 million was spent on HIV/AIDS prevention and treatment.²⁰ Of that amount, 1% came from the Rwandan government, 6% from donor contributions (although the study notes that this percentage may be an underestimate), and 93% from household out-of-pocket payments.²⁰ The majority of government and donor funding went toward HIV/AIDS prevention activities while the majority of household out-of-pocket payments went toward AIDS-related treatment and support.

According to a study conducted by the Regional Initiative on AIDS for Latin America and the Caribbean (SIDALAC), spending by 14

Figure 4: Total HIV/AIDS/STD* Spending by Major Donor Nations—2000

Total HIV/AIDS/STD Expenditures for 2000		Spending per US\$1 million GNI**	
United States	\$347,000,000	United Kingdom	116
United Kingdom	170,000,000	Netherlands	73
Germany	30,000,000	Norway	72
Netherlands	29,000,000	United States	36
France	17,000,000	Belgium	26
Italy	14,180,000	Canada	20
Canada	13,300,000	Ireland	16
Norway	11,220,000	Germany	15
Belgium	6,480,000	Italy	12
Spain	1,790,000	France	12
Ireland	1,380,000	Finland	8
Switzerland	1,140,000	Switzerland	4
Finland	990,000	Spain	3
Austria	70,000	Austria	0.2
European Comm.	13,000,000		
Other	92,820,000		

* Most countries report HIV/AIDS/STD expenditures as aggregate figures; the U.S. estimate is for HIV/AIDS spending only. Country-level project expenditure data (other than for the U.S.) from UNAIDS, unpublished data² and European Commission spending (which is drawn from EuropeAid's 2001 annual report¹⁸). U.S. data from Foster et al., 2002¹⁶, U.S. appropriations legislation, and U.S. agency estimates.

** HIV/AIDS and STD expenditures for 2000, per US\$1 million of gross national income (GNI)

countries in Latin America and the Dominican Republic on HIV/AIDS totaled approximately \$1.2 billion during 2000 (including public, private and external sources).²¹ For eight countries (Argentina, Bolivia, Brazil, Chile, Costa Rica, Mexico, Peru and Uruguay), spending in 2000 for HIV/AIDS care totaled \$866 million and spending for prevention totaled \$266 million.²¹

UNAIDS collects data on HIV/AIDS and STD project expenditures by national governments in sub-Saharan Africa, Latin America and the Caribbean, Asia and the Pacific, Western Asia and North Africa and Europe. National resource flows for HIV/AIDS and STD activities in 1999 are roughly estimated to be \$474 million (in 48 countries that reported data).¹⁷

Multilateral Contributions

Through multilateral initiatives, donor funds are channeled through internationally-supported agencies, such as the United Nations and the World Bank. Funds can be transferred to these agencies as direct contributions or as supplemental funding for general agency activities implemented at global, regional and national levels. These initiatives are also supported by multi-bilateral funding, in which resources are transferred to multilateral agencies for projects in specific countries.

The proportion of global HIV/AIDS funding channeled through multilateral and multi-bilateral organizations decreased significantly between 1987 to 2000 in relation to bilateral donations.^{12,22}

Data on contributions to several key multilateral organizations are presented below.

Joint United Nations Programme on HIV/AIDS

UNAIDS operates as a joint venture of eight cosponsoring agencies:

- UN Children's Fund (UNICEF);
- UN Development Program (UNDP);
- UN Population Fund (UNFPA);
- UN Educational, Scientific, and Cultural Organization (UNESCO);
- UN Drug Control Program (UNDCP);
- World Health Organization (WHO);
- World Bank; and
- International Labor Organization.²³

UNAIDS is comprised of a Secretariat that is responsible for the coordination of the activities of its eight cosponsoring organizations, which in turn are responsible for programming and implementation at the country level.²⁴

Funding from UNAIDS comes from designated and undesignated funds. In 2000, the Netherlands reported to the UNAIDS Resource Flows Donor Survey that it had disbursed \$16.3 million in undesignated funds to UNAIDS, which was the largest contribution reported to UNAIDS in 2000. In 2001 and 2002, the U.S. designated \$17 million and \$18 million, respectively, to UNAIDS.

The World Bank

Owned by its 183 member countries, the World Bank, a cosponsor of UNAIDS, reports that it has committed more than \$1.7 billion to at

least 110 HIV/AIDS-related projects in 56 countries since 1986.²⁵ The majority of the HIV/AIDS projects funded by the World Bank are in sub-Saharan Africa. Since 1996, it has provided more than \$728 million to the region.

So far in 2002, the World Bank has committed \$250 million in support of new HIV/AIDS programs, in countries such as Chad, Burkina Faso, Benin, Jamaica, and Senegal. Additional projects, in countries such as Ukraine and Belarus, are expected to be approved before the end of the year.²⁵

The World Bank announced in June 2001 a second commitment of \$500 million in financing for its Multi-country AIDS Program (MAP) in Africa.¹⁰ Through this initiative, the World Bank expects to provide a total of \$1 billion in low- or no-interest loans to help increase access to HIV/AIDS prevention, care and treatment programs in Africa.^{10,26} The World Bank also committed \$155 million in 2002 for a similar initiative to combat HIV/AIDS in the Caribbean (the Multi-Country HIV/AIDS Prevention and Control Project for the Caribbean).²⁵

Global Fund to Fight AIDS, TB, and Malaria

Formally launched in June 2001 at the United Nations General Assembly Special Session on HIV/AIDS,²⁷ the Global Fund is an independent, public-private partnership the primary objectives of which are to raise new resources to fight AIDS, tuberculosis and malaria and to issue grants for prevention and treatment programs to countries with the greatest need.²⁷

In May 2001, President Bush pledged \$200 million, the first commitment by a government to the Global Fund. By July 2001, at the G-7 Summit in Genoa, Italy, global leaders had committed a total of \$1.3 billion to the Global Fund.²⁷ To date, over \$2 billion has been pledged from high-, low-, and middle-income countries, corporations, foundations, and individuals,²⁸ though the vast majority is from major donor governments.²⁹ Many of these are multi-year commitments, with approximately \$747 million available in 2002.^{12,30}

Of the total pledged to date, about \$14 million has been put forward by African countries, such as Rwanda, Uganda and Nigeria. The highest pledging governments include the United States, the United Kingdom, Japan and Italy. The Bill and Melinda Gates Foundation,

which has pledged \$100 million, is the only major foundation to have contributed directly to the Global Fund.²⁹

In April, the Global Fund approved its first round of grants, awarding \$378 million over 2 years to 40 programs in 31 countries. Of that, about \$284 million (75%) went for programs in 28 countries addressing HIV/AIDS alone or in combination with tuberculosis and malaria.³¹

The grants were issued to a wide-range of prevention and treatment programs, most of which have both a prevention and treatment component. Of the 28 countries receiving HIV/AIDS grants, 21 received grants that include funding specifically for purchasing antiretroviral drugs.³¹

Philanthropic Contributions

Foundations provide significant funding for global HIV/AIDS activities, with U.S.-based foundations representing a key component of such support. While overall philanthropic giving by U.S.-based foundations has grown steadily since the last decade,³² HIV/AIDS-specific giving has fluctuated, experiencing a steady decline from 1994 to 1998, and then increasing in 1999 and 2000.³³ From 1998 to 1999, HIV/AIDS giving by foundations increased by 38%, and, from 1999 to 2000, it increased significantly by 311%.

In 2000, the latest year for which comprehensive HIV/AIDS U.S.-based foundation data are available, U.S. and international HIV/AIDS giving totaled an estimated \$312.4 million.³³ The large increase in 2000 is due primarily to major international initiatives by the Bill and Melinda Gates Foundation, which was responsible for nearly 60% of the total amount of grants issued in 2000.³³

A recent estimate by UNAIDS indicates that spending in 2002 on global HIV/AIDS by foundations and non-governmental organizations (NGOs) was approximately \$200 million.¹² Giving for HIV/AIDS by foundations is difficult to track, however, because it is often included in grant making categories not specifically identified as HIV/AIDS (such as reproductive health and community-based health care).³⁴ As a result, more HIV/AIDS giving may be occurring than is being reported.³⁴ In addition, foundations frequently make multi-year grants, making it difficult to estimate single-year expenditures.

Data on philanthropic support for global HIV/AIDS activities by major U.S.-based foundations are presented below.

The Bill and Melinda Gates Foundation

Created in January 2000, the Bill and Melinda Gates Foundation currently has an asset base of \$24.2 billion. It operates a significant global health program, with the prevention of HIV/AIDS as its top priority.³⁵ To date, the Gates Foundation has committed approximately \$465 million in multi-year HIV/AIDS grants.³⁶

In 2001, the Foundation awarded nearly \$300 million in multi-year HIV/AIDS grants, including a \$100 million grant over ten years to the Global Fund and a \$100 million grant over five years to the International AIDS Vaccine Initiative.³⁷ So far this year, the Gates Foundation has committed approximately \$10 million in grants devoted to addressing HIV/AIDS in African countries.³⁷

The Ford Foundation

In 2000, the Ford Foundation issued \$89 million in grants relating to human development and reproductive health.³⁸ Many of these grants have an HIV/AIDS component. Approximately \$7 million was dedicated specifically for global HIV/AIDS grants, most supporting programs in Africa.³⁸

In 2001, the Ford Foundation issued approximately \$9 million in global HIV/AIDS grants.³⁹

The Henry J. Kaiser Family Foundation

The Kaiser Family Foundation (KFF) focuses on major health care issues, with HIV/AIDS being one of its top priorities for more than a decade. As an operating foundation, KFF develops and runs its own research and communications programs focused on providing facts, analyses, and public education on HIV/AIDS for policymakers, media, community organizations, and the general public. Often, projects are conducted in partnership with other organizations, especially media organizations such as the Washington Post, National Public Radio, The NewsHour, MTV, BET, Univision, and Nickelodeon.

KFF also played a lead role in organizing and supports South Africa's national HIV prevention initiative, loveLife. loveLife targets young South Africans with a large-scale media campaign and a national program of community-level outreach and support activities. KFF has committed \$62 million to loveLife over the next five years. Other support for loveLife is provided by the Gates Foundation, the South African Government, and UNICEF.⁴⁰

In 2000, the Kaiser Family Foundation committed \$27.2 million to HIV/AIDS policy and public education activities and projects, including those focused on the U.S. and global epidemics (and including support for loveLife in South Africa). Many of these commitments were multi-year.

In 2001, the Foundation committed an additional \$19 million to HIV/AIDS efforts. Not included in these estimates is HIV-related work integrated into other Foundation-related programs, such as those focused on disparities in health care, Medicaid, and public opinion research.⁴¹

The Rockefeller Foundation

The Rockefeller Foundation has been supporting HIV/AIDS research and prevention efforts for more than a decade.⁴² It has provided nearly \$9 million in support for the International AIDS Vaccine Initiative and \$0.6 million for a collaborative research project with the University of Nairobi and the University of Ghent to reduce the incidence of HIV/STDs among women sex workers in Kenya.⁴³

The Rockefeller Foundation has also invested significantly in research on microbicides (topical treatments to inhibit transmission of HIV and other STDs), awarding \$3.4 million in microbicides grants in 2001 (and anticipates spending the same amount for 2002).

Joined by the Bill and Melinda Gates Foundation and other US-based foundations, the Rockefeller Foundation provided significant funding to launch an initiative to reduce mother-to-child transmission of HIV that includes additional follow-up treatment for the mothers (sometimes referred to as "MTCT-plus").

In 2001, the Rockefeller Foundation issued \$3.9 million in AIDS grants; for 2002, a total of \$5.1 million has been budgeted.⁴³

Major Corporate Contributions

Corporations and businesses support HIV/AIDS programs in resource-poor countries through a variety of mechanisms including grants, in-kind donations, and concessionary pricing of materials (including pharmaceuticals and medical equipment). This support takes place at local, regional, national and international levels.

Many businesses operating in highly-affected areas, such as DaimlerChrysler South Africa, Ford Motor Company, Coca Cola, and the Body Shop, support workplace-based prevention and education programs to reduce the risk of HIV exposure by their employees and customers.^{44,45} Others, such as Volkswagen of Brazil, augment prevention efforts with voluntary counseling and testing and with treatment support for employees testing HIV-positive.⁴⁴

Major media outlets, including AOL Time Warner, Yahoo, and MTV, support prevention and public information initiatives tailored to their respective core markets.⁴⁴

Pharmaceutical companies play an especially important role. As the producers of drugs that can reduce infection risks (from mothers to babies), prevent and treat opportunistic infections, and even slow the progression of HIV/AIDS, they are integrally involved in global prevention and care efforts. They provide assistance in many forms, including price reductions, in-kind contributions, and grants.

More recently, the pharmaceutical industry has been under pressure to provide antiretroviral treatment to the many millions of people living with HIV/AIDS unable to otherwise obtain them, due to their high cost. Five pharmaceutical companies have partnered with UNAIDS and other UN organizations in the Accelerating Access Initiative (AAI) to explore ways to accelerate and improve access to HIV/AIDS care and treatment in resource-poor countries: Boehringer Ingelheim GmbH, Bristol-Myers Squibb, GlaxoSmithKline, Merck & Co., Inc., and F. Hoffman La Roche Ltd.^{46,47}

Through this initiative, which UNAIDS launched in May 2000, many pharmaceutical companies are offering to significantly increase availability of their HIV/AIDS medicines. As of March 2002, 13 countries had signed price-reduction agreements with pharmaceutical companies, and another 13 are in advanced stages of completing agreements.^{48,49} Additional

agreements on drug pricing have been reached between these and other companies through separate initiatives with individual countries.⁴⁶

Efforts by pharmaceutical companies to support global HIV/AIDS programs include:

Abbott Laboratories

In 2000, Abbott established "Step Forward," a program developed to address the needs of AIDS orphans and vulnerable children. The program focuses on health care, counseling and testing, basic assistance, and education, and is currently active in Tanzania, Burkina Faso, India, and Romania.⁵⁰ In 2001, Abbott announced that it will begin offering two HIV antiretroviral medications and a rapid HIV testing product to African programs at no profit.⁵⁰

Bristol-Myers Squibb

In March 2001, Bristol-Myers Squibb announced a four-part plan to combat HIV/AIDS in Africa: 1) as part of its AAI commitment, it is lowering the prices of two of HIV medicines to \$1.00/day (which it describes as "below cost"; 2) it is making transparent the prices of all medicines it offered under the AAI program; 3) it is pledging an additional \$15 million to its "Secure the Future" program, which is a \$100 million, five-year program to assist in HIV/AIDS research and community outreach for women and children in southern and western African countries; and 4) it is ensuring that its patents "do not prevent inexpensive HIV/AIDS therapy in Africa."⁵¹

Merck & Company

Merck has undertaken several initiatives to address the HIV/AIDS epidemic in resource-poor countries. In 1998, it implemented the "Enhancing Care Initiative" in collaboration with the Harvard AIDS Institute. Currently underway in Thailand, Senegal, Brazil and South Africa, this initiative supports a variety of local experts in improving the delivery of HIV/AIDS care in resource-poor countries.⁵²

In July 2000, Merck, in cooperation with the Republic of Botswana and the Bill and Melinda Gates Foundation, established the Botswana Comprehensive HIV/AIDS Partnership, a five-year commitment designed to improve HIV/AIDS prevention, care and treatment in the country. Merck contributed \$50 million for the development and management of the program, and is

also donating its antiretroviral medicines for treatment programs during the length of the program. Additionally, in March 2001, Merck announced that it would offer two of its HIV/AIDS drugs at no profit in resource-poor countries.⁵²

GlaxoSmithKline

Created in 1992, "Positive Action" is GlaxoSmithKline's program of international HIV education, care and community support. Through the program, GSK works with partners in 49 countries to provide HIV education, prevention, enhanced care, support and treatment for people living with or affected by HIV/AIDS. It estimates that about \$55 million has been invested since the program's inception.⁵³

Since 1997, as part of AAI, GSK has been offering preferential prices for its HIV/AIDS antiretroviral treatments to governments of resource-poor countries.⁵⁴

Pfizer

Pfizer announced several major HIV/AIDS initiatives in June 2001. First, it agreed to offer its treatment for AIDS-related fungal infections at no charge to the 50 countries identified by the United Nations as being least-developed and having the highest HIV prevalence.⁵⁵

Pfizer also announced that it would fund the construction and staffing of a state-of-the-art AIDS clinic in Uganda, expected to treat more than 50,000 patients annually and provide training to 80 African health care professionals on HIV/AIDS diagnosis, care and treatment.⁵⁶ As part of this program, Pfizer announced that it would fund a \$315,000, 18-month study in Uganda to determine best practices in the treatment and prevention of HIV infection.^{57,58} The study is to be conducted in collaboration with UNAIDS, UNICEF and the Uganda AIDS Commission.

Boehringer Ingelheim

In July 2000, Boehringer Ingelheim announced the "Viramune MTCT Donation Programme," a program which offers its antiviral drug Viramune (nevirapine) at no charge for five years to resource-poor countries for use in the prevention of mother-to-child HIV transmission. About 18 countries have chosen to participate in the program, 17 of them in Africa.⁵⁹

Current Uses of Funding

Few data are available on the allocation of global HIV/AIDS spending by function. A commonly-employed framework consisting of three broad categories – prevention, care and research - is used below to discuss the various uses of global HIV/AIDS funding. U.S. data is heavily relied upon here, as it is the most comprehensive data available.

Prevention

Annual expenditures for HIV/AIDS prevention in resource-poor countries were estimated to total \$800 million in 2001.⁷

UNAIDS and the CDC have identified elements of effective global HIV/AIDS prevention strategies that include voluntary counseling and testing, reducing mother-to-child transmission, improving blood safety, STI prevention and care, youth intervention, public-private partnerships, behavioral change communications with youth and other vulnerable groups, and preventing transmission through injection drug use.^{60,61}

Care

Annual expenditures on HIV/AIDS care in resource-poor countries were estimated to total \$1 billion in 2001.⁷ Care in these countries can be provided through a number of mechanisms, such as social security, socialized medicine, private and public health insurance companies, and out-of-pocket expenditures. In countries lacking universal systems for health care, dedicated HIV/AIDS care funding is necessary.

An increasing number of U.S.-supported global HIV/AIDS interventions include care and treatment components.⁶² USAID has articulated the goal of helping local institutions extend basic care and psychosocial support services to at least 25% of persons living with HIV/AIDS and providing community support services to at least 25% of children affected by AIDS in high prevalence countries by 2007.⁶³ USAID currently has 25 care and treatment projects in 14 countries⁶⁴ and devoted about 12% of its 2001 and 2002 global HIV/AIDS spending to care and treatment.⁶⁵

Research

The NIH, the major sponsor of international HIV/AIDS research, estimates it will spend \$188 million on its global HIV/AIDS research activities in FY2002, which accounts for 19% of total U.S. federal spending on international HIV/AIDS programs and 8% of total NIH spending on HIV/AIDS programs.⁶⁶ This estimate includes spending on all research outside of the U.S., the majority of which is conducted in resource-poor countries,⁶⁷ as well as research training in the U.S. of scientists from other countries. Estimates of international HIV/AIDS research spending by other countries were not available.

Currently, NIH supports more than 250 research projects in 70 countries in Africa, Asia/Western Pacific, Eastern Europe, Latin America and the Caribbean, Western Europe and the Middle East.⁶⁸ NIH also supports training of researchers from over 100 countries.⁶⁷

References

- ¹ Alagiri P, Collins C, Summers T, Morin S, Coates T, (Henry J. Kaiser Family Foundation). *Global spending on HIV/AIDS: tracking public and private investments in AIDS prevention, care, and research*. July 2001.
- ² UNAIDS. Personal communication; 2002.
- ³ The aim of the project is to monitor progress in the implementation of The Programme of Action adopted at the International Conference on Population and Development in 1994; and the Declaration of Commitment adopted at the United Nations Special Session on HIV/AIDS in 2001.
- ⁴ UNAIDS. HIV/AIDS Financing Gap [Internet]. February, 2002. Available at: www.unaids.org/fact_sheets/files/FSfinancing_en.html. Accessed May 30, 2002.
- ⁵ UNAIDS. The Secretary-General's Global Call To Action Against HIV/AIDS [Internet]. June 9, 2001. Available at: www.unaids.org/worldaidsday/2001/factsheets/FScall_en.doc. Accessed May 30, 2002.
- ⁶ Declaration of Commitment on HIV/AIDS (S-26/2). *General Assembly, United Nations*. August 2, 2001. Available at: www.unaids.org/UNGASS/docs/ARES26-2_en.pdf. Accessed June 18, 2002.
- ⁷ Schwartlander B, Stover J, Walker N, et al. AIDS. Resource needs for HIV/AIDS. *Science*. Jun 29 2001;292(5526):2434-2436.
- ⁸ Commission on Macroeconomics and Health. Macroeconomics and Health: Investing in Health for Economic Development. *World Health Organization*. December 20, 2001. Available at: <http://www3.who.int/whosis/cmh>.
- ⁹ Piot P. *Halting the Global Spread of HIV/AIDS: the Future of U.S. Bilateral and Multilateral Responses (Testimony to the Hearing of the Committee on Foreign Relations of the United States Senate)*: UNAIDS; February 13 2002.
- ¹⁰ World Bank. Turning the Tide Against HIV/AIDS: Time for Global Action to Match a Global Threat [Press Release]. June 21, 2001. Available at: <http://wbln0018.worldbank.org/news/pressrelease.nsf/673fa6c5a2d50a67852565e200692a79/d233ffead1b7d6f85256a7200536d48?OpenDocument>. Accessed May 22, 2002.
- ¹¹ Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Global Fund Update* March 20 2002.
- ¹² UNAIDS. *Report [to the UNAIDS Programme Coordinating Board] on the State of HIV/AIDS Financing* May 28 2002.
- ¹³ Unless otherwise noted, U.S. spending data reflect amounts appropriated by the U.S. Congress.
- ¹⁴ Alagiri P, Summers T, Kates J. *U.S. Spending on the Global HIV/AIDS Epidemic*: Henry J. Kaiser Family Foundation; July 2002.
- ¹⁵ Securing America's Future, Department of State and International Programs (From the Fiscal Year 2003 Budget Proposal from U.S. President Bush). *Office of Management and Budget (OMB)* [Internet]. February 4, 2002. Available at:

www.whitehouse.gov/omb/budget/fy2003/bud20.html. Accessed May 22, 2002.

¹⁶ Foster S, Niederhausen P. *Federal HIV/AIDS Spending: A Budget Chartbook, Fiscal Year 2001*: The Henry J. Kaiser Family Foundation; 2002.

¹⁷ UNAIDS. UNAIDS Resource Flows database (project expenditure data as reported); 2002.

¹⁸ EuropeAid. Annual Report on the Implementation of the European Commission's External Assistance. *European Commission*. 2001. Available at: http://europa.eu.int/comm/europeaid/reports/aidco_2000_annual_report_horizon_en.pdf.

¹⁹ Data on U.S. spending were not derived from the UNAIDS Resource Flows database, but from other sources as cited.

²⁰ Barnett C, Bhawalkar M, Nandakumar AK, Schneider P. The Application of the National Health Accounts Framework to HIV/AIDS in Rwanda. *Abt Associates Inc.* [Internet]. February 2001. Accessed May 22, 2002.

²¹ Izazola-Licea JA, Valladares R. *Financing and Expenditure in Response to HIV/AIDS in Latin America and the Caribbean (Preliminary Version)*: Regional Initiative on AIDS for Latin America and the Caribbean (SIDALAC); Unpublished.

²² Ernberg G, Opuni M, Schwartländer B, Walker N, Tarantola D, Kieffer MP. Level and flow of national and international resources for the response to HIV/AIDS, 1996-1997. *François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health, and UNAIDS*. April. Available at:

www.unaids.org/publications/documents/economics/costeffec/una99e25.pdf.

²³ UNAIDS. UNAIDS' Cosponsors [Internet]. Available at: www.unaids.org/cosponsors/index.html. Accessed June 3, 2002.

²⁴ UNAIDS. Report of the Executive Director, 2000-2001 [to the UNAIDS Programme Coordinating Board]. May 3, 2002. Available at: www.unaids.org/about/governance/files/pcb12-Rep-Exe-Director-E.doc. Accessed June 18, 2002.

²⁵ World Bank. World Bank Intensifies Action Against HIV/AIDS [Issue brief]. April, 2002. Available at: www.worldbank.org/html/extdr/pb/pbaid.htm. Accessed June 18, 2002.

²⁶ World Bank. World Bank to Commit \$500 Million More To Fight HIV/AIDS in Africa; New Support Will Reach More Countries and Sub-regional HIV/AIDS Programs [Press release]. February 7, 2002. Available at: <http://lnweb18.worldbank.org/news/pressrelease.nsf/673fa6c5a2d50a67852565e200692a79/1880ae1841cf7d8785256b59007f39e1?OpenDocument>. Accessed June 18, 2002.

²⁷ Global Fund to Fight AIDS, Tuberculosis, and Malaria. Fact Sheet [Internet]. Undated. Available at: www.globalfundatm.org/journalists/fsheets/fs.htm. Accessed May 22, 2002.

²⁸ United Nations, Office of the Spokesperson for the Secretary-General. Contributions Pledged to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

May 3, 2002. Available at:

www.un.org/News/press/docs/2002/20020520.unaids.htm. Accessed May 22, 2002.

²⁹ Summers T, Cooke J, Morrison S. The Global Fund to Fight AIDS, TB, and Malaria: Successes and Challenges. *Center for Strategic and International Studies (CSIS) Task Force on HIV/AIDS*. February 2002.

Available at:

www.csis.org/africa/0202_HIVTBMAL.pdf.

³⁰ U.S. General Accounting Office. *Letter to Congressional Committees regarding "The Global Fund to Fight AIDS, Tuberculosis, and Malaria Has Been Established but It Is Premature to Evaluate Its Effectiveness"* (GAO-02-819R) June 7 2002.

³¹ Global Fund to Fight AIDS, Tuberculosis, and Malaria. Global Fund to Fight AIDS, Tuberculosis, and Malaria Announces First Grants: Commits Up to \$616 Million Over Two Years for Prevention and Treatment Calls for Additional Resources to Address World's Deadliest Epidemics [Press Release]. Undated.

Available at:

www.globalfundatm.org/journalists/journalists_pr.html. Accessed May 22, 2002.

³² Renz L, Lawrence S. Foundation Growth and Giving Estimates, 2001 Preview. *Foundation Center* [Internet]. Available at:

http://fdncenter.org/research/trends_analysis/pdf/fgge02.pdf. Accessed May 22, 2002.

³³ Funders Concerned About AIDS. *Preliminary Data on AIDS Grantmaking by U.S. Philanthropy: 1996-2002*. New York, NY April 2002.

³⁴ Funders Concerned About AIDS. Voices from the Field: Remobilizing HIV/AIDS Philanthropy for the 21st Century [Internet]. June 2001. Available at: www.fcaids.org/pubs/FCAAFRPbrochure.pdf. Accessed May 22, 2002.

³⁵ Bill and Melinda Gates Foundation. HIV/AIDS: The Twentieth Century Plague. Available at: www.gatesfoundation.org/globalhealth/hivaidstb/hivaidstb/default1.htm. Accessed June 18, 2002.

³⁶ Bill and Melinda Gates Foundation. Personal Communication; 2002.

³⁷ Bill and Melinda Gates Foundation. Grants database reviewed through web site search. Available at: www.gatesfoundation.org. Accessed May 27, 2002.

³⁸ Ford Foundation. *Ford Foundation Annual Report 2002*. New York, NY.

³⁹ Ford Foundation. Personal communication; 2002.

⁴⁰ Henry J. Kaiser Family Foundation. loveLife [Internet]. Available at: www.kff.org/docs/sections/safrica/loveLife.html. Accessed May, 2002.

⁴¹ Henry J. Kaiser Family Foundation. Personal communication; 2002.

⁴² AIDS Care: A Q&A with Dr. Timothy G. Evans. *Rockefeller Foundation* [Internet]. April 22, 2001.

Available at:

www.rockfound.org/display.asp?contect=1&Collection=4&DocID=441&Preview=0&. Accessed May 22, 2002.

⁴³ Rockefeller Foundation. RF Involvement in AIDS [unpublished memorandum]; 2002.

- ⁴⁴ Global Business Council on HIV and AIDS. Business Action on HIV/AIDS - a blueprint. Available at: www.businessfightsaids.org/web/zips/blue_print.PDF. Accessed June 12, 2002, 2002.
- ⁴⁵ Daly K. The Business Response to HIV/AIDS: Impact and Lessons Learned. *The Prince of Wales Business Leaders Forum*, UNAIDS. Available at: www.unaids.org/publications/documents/sectors/workplace/businessresponse2001.pdf. Accessed June 12, 2002.
- ⁴⁶ UNAIDS. Accelerating Access To HIV/AIDS Care, Treatment And Support: Progress report Updated November 2001. Available at: www.unaids.org/acc_access/AAprogress1101.doc. Accessed June 12, 2002.
- ⁴⁷ UNAIDS. New Public/Private Sector Effort Initiated To Accelerate Access To HIV/AIDS Care And Treatment In Developing Countries [Press Release]. Available at: www.unaids.org/whatsnew/press/eng/pressarc00/geneva110500.html. Accessed May 22, 2002.
- ⁴⁸ UNAIDS. Accelerating Access to HIV Care, Support and Treatment [Internet]. Available at: www.unaids.org/acc_access/index.html. Accessed June 12, 2002.
- ⁴⁹ UNAIDS. Countries That Have Expressed Interest in Accelerating Access [Internet]. March 22, 2002. Available at: www.unaids.org/acc_access/AAcountries220302.doc. Accessed June 12, 2002.
- ⁵⁰ Abbott Laboratories. Abbott Laboratories To Offer AIDS Drugs And Rapid Diagnostic Test At No Profit In Africa [Press Release]. March 27, 2001. Available at: http://abbott.com/news/press_release.cfm?id=248. Accessed May 22, 2002.
- ⁵¹ Bristol-Myers Squibb. Bristol-Myers Squibb Announces Accelerated Program To Fight HIV/AIDS In Africa [Press Release]. March 14, 2001. Available at: www.bms.com/news/press/data/fg_press_release_1446.html. Accessed May 22, 2002.
- ⁵² Merck & Co. Merck & Co., Inc. Announces Significant Reductions in Prices of HIV Medicines to Help Speed Access in Developing World: Merck will Not Profit from Sales of Crixivan and Stocrin in Developing Countries [Press Release]. March 7, 2001. Available at: www.merck.com/newsroom/press_releases/030701.html. Accessed May 22, 2002.
- ⁵³ GlaxoSmithKline. *Personal communication* 2002.
- ⁵⁴ GlaxoSmithKline. Facing the Challenge: Our contribution to improving healthcare in the developing world [Internet]. Undated. Available at: www.gsk.com/community/downloads/facing_the_challenge.pdf. Accessed May 22, 2002.
- ⁵⁵ Pfizer Inc. Pfizer to Offer Diflucan Antifungal Medicine at No Charge to HIV/AIDS Patients in 50 Least Developed Countries Around the World [Press Release]. June 6, 2001. Available at: www.pfizer.com/pfizerinc/about/press/nochargediflucan.html. Accessed May 22, 2002.
- ⁵⁶ Pfizer Inc. African and Western Alliance to Build First Large-Scale AIDS Medical Training Facility in Africa [Press Release]. June 11, 2001. Available at: www.pfizer.com/pfizerinc/about/press/aidsfacility.html. Accessed May 22, 2002.
- ⁵⁷ Pfizer Inc. Major Study in Uganda to Identify Best Community-Based Approaches for HIV/AIDS Prevention [Press Release]. June 25, 2001. Available at: www.pfizer.com/pfizerinc/about/press/ugandastudy.html. Accessed May 22, 2002.
- ⁵⁸ Pfizer Inc. Pfizer Statement to Oxfam Report [Press Release]. July 19, 2001. Available at: www.pfizer.com/pfizerinc/about/press/oxfamreport.html. Accessed May 22, 2002.
- ⁵⁹ Boehringer-Ingelheim. World AIDS Day 2001 - Progress in the Battle against AIDS [Press Release]. November 30, 2001. Available at: www.boehringer-ingelheim.com/corporate/asp/archive/adetail.asp?ID=207. Accessed May 22, 2002.
- ⁶⁰ UNAIDS. Innovative Approaches to HIV Prevention: Selected Case Studies [Internet]. October, 2000. Available at: www.unaids.org/publications/documents/care/general/JC414-InnovAppr-E.pdf. Accessed May 22, 2002.
- ⁶¹ CDC. Global AIDS Program Technical Strategies Overview [Internet]. March 30, 2002. Available at: www.cdc.gov/nchstp/od/gap/strategies/1_overview.htm. Accessed May 23, 2002.
- ⁶² USAID. USAID's Efforts: HIV/AIDS Prevention [Internet]. Available at: www.usaid.gov/pop_health/aids/TechAreas/prevention/preventionfactsheet.html. Accessed May 7, 2002.
- ⁶³ USAID. USAID's Expanded Response to the Global HIV/AIDS Pandemic [Internet]. Available at: www.usaid.gov/pop_health/aids/News/expandedresponsefactsheet.html. Accessed May 7, 2002.
- ⁶⁴ USAID. Prevention to Care: USAID's Interrelated Strategies for Fighting the HIV/AIDS Pandemic [Internet]. Available at: www.usaid.gov/pop_health/aids/News/preventiontocarefactsheet.html. Accessed May 7, 2002.
- ⁶⁵ Getson A (USAID). Personal communication; 2002.
- ⁶⁶ Office of AIDS Research, National Institutes of Health. *NIH AIDS Funding/NIH International AIDS Funding*. Unpublished data 2002.
- ⁶⁷ Office of AIDS Research (NIH). Personal communication; 2002.
- ⁶⁸ Office of AIDS Research, National Institutes of Health. Global AIDS Research Initiative and Strategic Plan [Internet]. Available at: www.nih.gov/od/oar/public/pubs/global.pdf. Accessed May 7, 2002.



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