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Donor Government Funding for HIV in Low- and Middle-Income Countries in 2020

Prepared by:

Adam Wexler & Jen Kates
KFF

and

Eric Lief
Consultant

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 2020, 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:

- **IN A YEAR WHEN THE WORLD WAS UPENDED BY COVID-19, STRAINING COUNTRY ECONOMIES AND CHALLENGING THEIR HEALTH SYSTEMS, DONOR GOVERNMENT FUNDING FOR HIV INCREASED IN 2020.** Disbursements were US\$8.2 billion in 2020, an increase of US\$377 million over 2019 (US\$7.8 billion), in current U.S. dollars (funding was higher even after accounting for inflation and exchange rate fluctuations).
- **HOWEVER, THIS WAS DRIVEN ALMOST ENTIRELY BY INCREASED U.S. CONTRIBUTIONS TO THE GLOBAL FUND DUE PRIMARILY TO THE DISBURSEMENT OF PRIOR-YEAR FUNDING.** The U.S. contribution to the Global Fund totaled US\$1.1 billion in 2020, an increase of US\$540 million over 2019 (US\$552 million), as funds appropriated in prior years were disbursed, which is not expected to continue at this level in 2021.^{1,2} Three other donors (Japan, Germany, and the U.K.) also increased their Global Fund contributions in 2020.³
- **ADDITIONALLY, BILATERAL FUNDING FROM DONOR GOVERNMENTS OTHER THAN THE U.S. DECLINED IN 2020, CONTINUING A LONGER-TERM TREND.** Bilateral disbursements decreased by almost US\$100 million, from US\$5.7 billion in 2019 to US\$5.6 billion in 2020. Thirteen of 14 donor governments decreased their bilateral support; funding from the U.S. was flat. Since 2010, bilateral funding from donor governments other than the U.S. has declined by more than US\$1 billion, while U.S. funding has remained at essentially the same levels.
- **AS SUCH, THE U.S. IS NOT ONLY THE LARGEST DONOR TO HIV, EVEN AFTER ADJUSTING FOR THE SIZE OF ITS ECONOMY, IT IS CARRYING AN INCREASING SHARE OF THE INTERNATIONAL RESPONSE.** In 2020, the U.S. disbursed US\$6.2 billion, accounting for 76% of total donor government HIV funding (bilateral and multilateral combined). The U.K. was the second largest donor (US\$612 million, 7%), followed by Japan (US\$258 million, 3%), Germany (US\$246 million, 3%), and France (US\$216 million, 3%). The U.S. also ranked first when standardized by the size of its economy, followed by the U.K., the Netherlands, and Sweden. Over the past decade, the U.S. share of donor government funding for HIV has grown significantly (the U.S. share was 54% in 2010), as other donor governments have pulled back their support.
- **THE OUTLOOK FOR 2021 AND BEYOND IS UNCERTAIN, GIVEN THE ONGOING EFFECTS OF COVID-19.** While many donor government economies are starting to rebound from the global economic recession brought on by COVID-19, recovery still remains below pre-pandemic projections, and the environment is fluid.⁴ This creates significant uncertainty for development aid budgets, including for HIV. Importantly, the increases reported in this year's report largely reflect prior-year political decisions and the timing of payouts of prior-year funds. As such, they do not yet capture the economic impact of COVID-19 on donor budgeting decisions. In addition, the future impact of COVID-19 in low- and middle-income countries remains tenuous, with some experiencing a "third-wave" and most not

expected to gain access to vaccines in any significant way for months if not years. This could lead to even greater funding needs for HIV and other health programs. At the same time, several donor governments have provided emergency COVID-19 support to low- and middle-income countries, some of which may help to address lost ground in the HIV response; this includes, for example, emergency funding provided by the U.S. in 2021 to both PEPFAR and the Global Fund. These factors make it difficult to predict what the ultimate impact will be on funding for HIV in the future.

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 2020. It is part of a collaborative tracking effort between UNAIDS and the KFF 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 and multilateral assistance are included (see methodology for more detail).

Findings

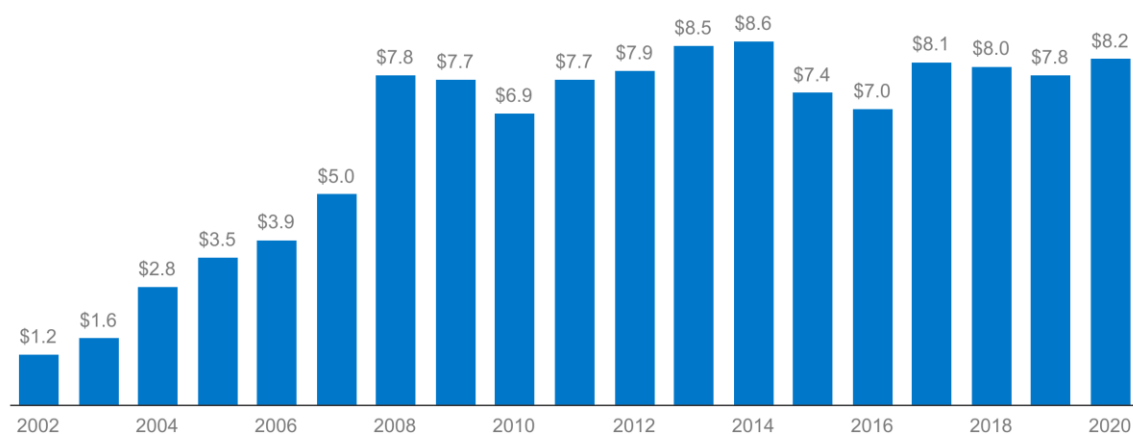
Total Funding

In 2020, when the world was wrestling with the health and economic impacts of the COVID-19 pandemic, donor government funding for HIV through bilateral and multilateral channels totaled US\$8.2 billion in current USD, an increase of US\$377 million compared to 2019 (US\$7.8 billion) (See [Figure 1](#) and [Table 1](#)).⁵ Even after accounting for inflation and exchange rate fluctuations, funding increased. However, the rise in 2020 was almost entirely due to the timing of contributions to the Global Fund from the U.S., without which, overall funding would have declined. In fact, total funding from most donor governments (10 of the 14) declined in 2020, with the exception of Germany, Japan, and the U.S., which increased, and Italy, which remained essentially flat.

Figure 1

HIV Funding from Donor Governments, 2002-2020

US\$ in billions



NOTE: Totals represent disbursements (in current U.S. dollars) in low- and middle-income countries. SOURCES: UNAIDS and KFF analyses; Global Fund to Fight AIDS, Tuberculosis and Malaria online data queries; UNITAID Annual Reports and direct communication; OECD CRS online data queries.

Table 1: Donor Government Funding for HIV (bilateral & multilateral), 2010-2020 (current USD in millions)

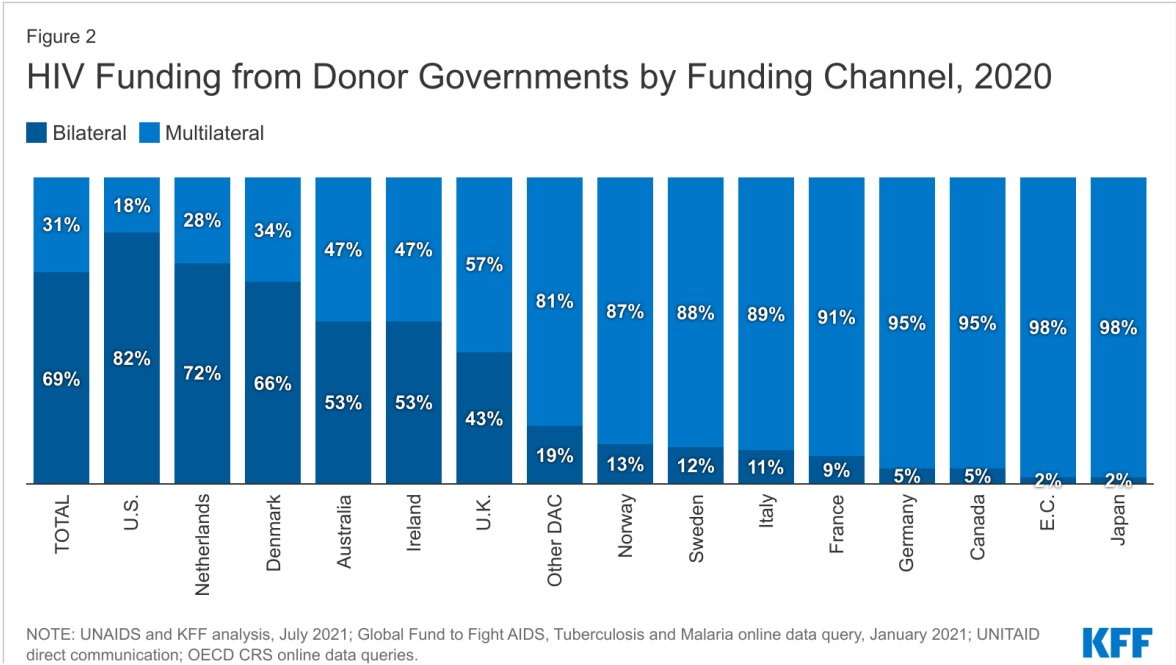
Government	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Australia	\$105	\$111	\$125	\$144	\$100	\$99	\$78	\$24	\$46	\$67	\$22
Canada	\$136	\$147	\$154	\$141	\$125	\$109	\$95	\$119	\$123	\$116	\$85
Denmark	\$171	\$206	\$171	\$192	\$167	\$139	\$107	\$90	\$77	\$51	\$41
France	\$408	\$413	\$375	\$410	\$303	\$263	\$242	\$268	\$302	\$287	\$216
Germany	\$306	\$304	\$288	\$285	\$278	\$201	\$182	\$162	\$162	\$180	\$246
Ireland	\$82	\$76	\$60	\$60	\$51	\$36	\$31	\$29	\$25	\$28	\$24
Italy	\$11	\$5	\$14	\$2	\$26	\$20	\$26	\$29	\$27	\$35	\$33
Japan	\$157	\$85	\$209	\$102	\$176	\$118	\$113	\$99	\$156	\$193	\$258
Netherlands	\$350	\$322	\$193	\$186	\$219	\$178	\$214	\$203	\$232	\$213	\$194
Norway	\$119	\$119	\$111	\$111	\$104	\$82	\$71	\$64	\$70	\$69	\$41
Sweden	\$141	\$164	\$171	\$172	\$154	\$109	\$112	\$91	\$103	\$99	\$94
United Kingdom	\$891	\$971	\$800	\$842	\$1,114	\$900	\$646	\$744	\$591	\$646	\$612
United States	\$3,722	\$4,507	\$5,022	\$5,621	\$5,572	\$5,005	\$4,913	\$5,947	\$5,841	\$5,666	\$6,211
European Commission	\$102	\$123	\$101	\$101	\$91	\$92	\$37	\$113	\$114	\$76	\$8
Other DAC	\$182	\$104	\$78	\$81	\$85	\$76	\$76	\$60	\$61	\$58	\$68
Other Non-DAC	\$15	\$18	\$22	\$29	\$33	\$13	\$17	\$27	\$24	\$14	\$19
Total	\$6,898	\$7,675	\$7,896	\$8,479	\$8,599	\$7,440	\$6,959	\$8,069	\$7,953	\$7,796	\$8,173

NOTE: Totals represent bilateral and multilateral disbursements (in current U.S. dollars) in low- and middle-income countries. SOURCES: UNAIDS and KFF analyses; Global Fund to Fight AIDS, Tuberculosis and Malaria online data queries; UNITAID Annual Reports and direct communication; OECD CRS online data queries.

According to UNAIDS estimates, donor governments accounted for approximately 37% of the estimated \$21.7 billion in resources available to address HIV in 2020; domestic resources accounted for 61%, and the remainder was from foundations, other multilateral organizations, and UN agencies.⁶ This amount is well below the US\$29 billion that UNAIDS estimates will be needed by 2025 in order to reach global goals.

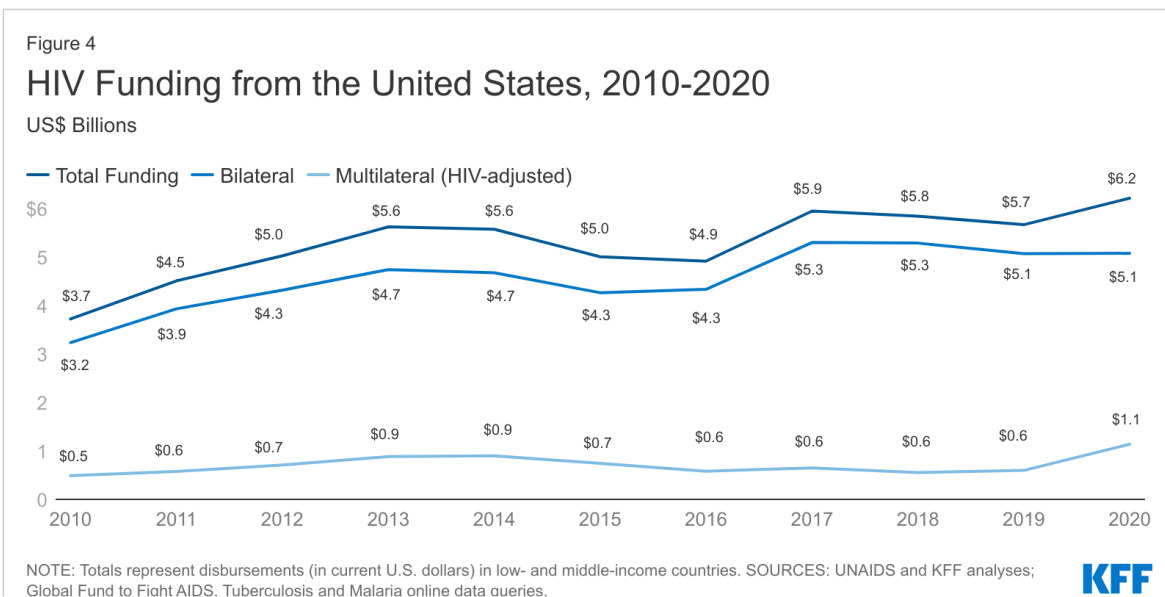
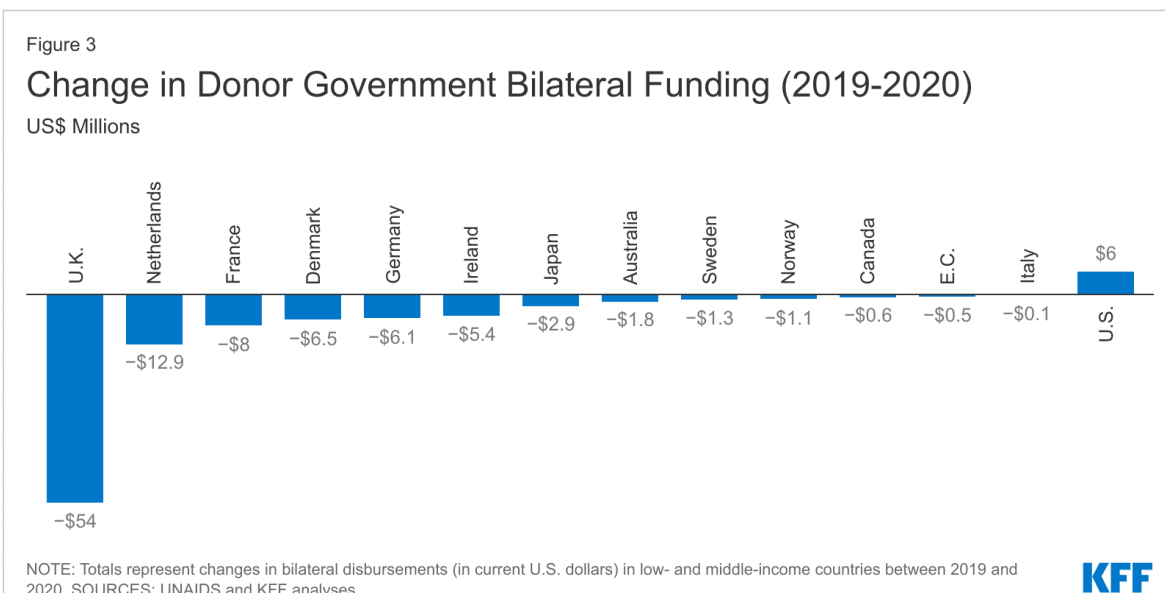
The U.S. continued to be the largest donor to HIV efforts, providing US\$6.2 billion and accounting for 76% of total donor government funding in 2020. The second largest donor was the U.K. (US\$612 million, 7%), followed by Japan (US\$258 million, 3%), Germany (US\$246 million, 3%), and France (US\$216 million, 3%). Over the past decade, the U.S. has accounted for an increasing share of total donor government funding, rising significantly since 2010 when it accounted for 54% of total disbursements. The increasing share by the U.S. is largely attributable to declines in bilateral funding from other donors (see below).

While most funding from donors is provided bilaterally (69%), largely driven by the U.S. (which provides 82% of its funding through bilateral channels), the majority of donors (ten - Australia, Canada, European Commission, France, Germany, Italy, Japan, Norway, Sweden, and the U.K.) provide a larger share of their resources through multilateral channels (See [Figure 2](#)).

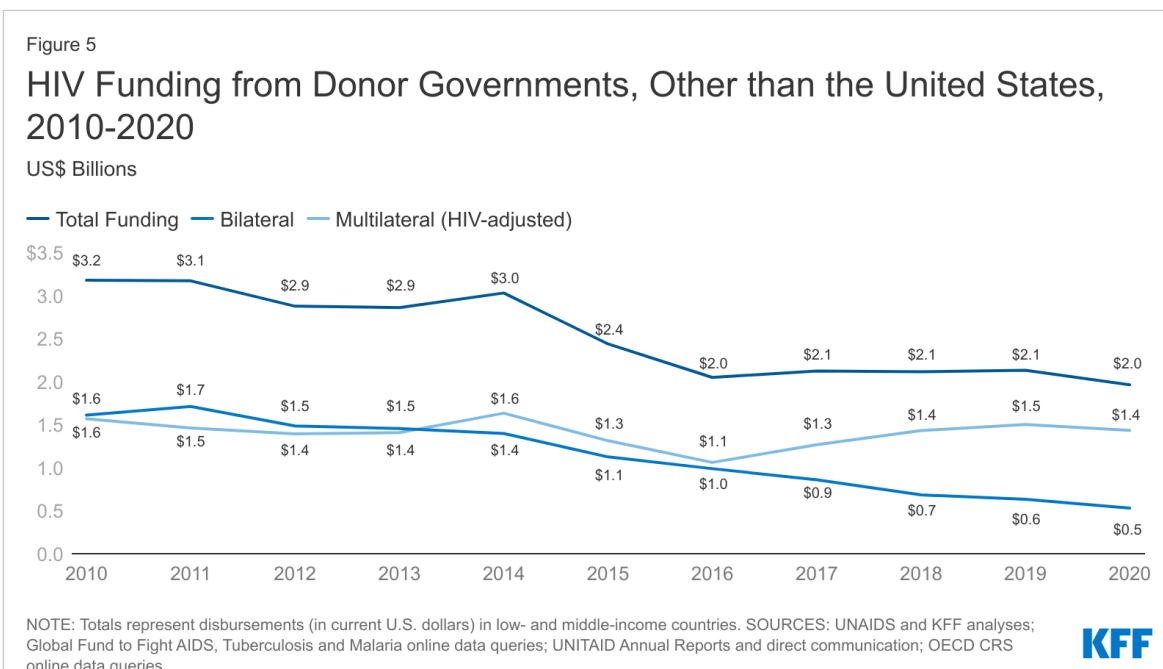


Bilateral Disbursements

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\$5.6 billion in 2020, a decline of almost US\$100 million compared to 2019 and marking the third year in a row of declines. All donor governments decreased bilateral funding in 2020, with the exception of the U.S., which was flat (See [Figure 3](#)). These trends were the same after accounting for inflation and exchange rate fluctuations.



Declines in bilateral funding from donor governments, other than the U.S., are part of a decade long trend. Since 2010, while bilateral funding from the U.S. has been mostly flat, funding from all other donor governments has decreased by more than US\$1 billion dollars and these declines have not been offset by increased multilateral support from some donors (See [Figure 4](#) and [Figure 5](#)). As a result, the U.S. has taken on an increasing share of donor government bilateral disbursements accounting for 67% in 2010 and rising to 91% in 2020.



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 – totaled \$2.6 billion in 2020 (after adjusting for an HIV share to account for the fact that the Global Fund and UNITAID address other diseases).³ Funding was US\$2.3 billion for the Global Fund, US\$67 million for UNITAID, and US\$191 million for UNAIDS.

While donor government contributions to multilateral organizations reached the highest level to date in 2020, rising by almost US\$500 million compared to the 2019 level (US\$2.1 billion), the increase was due to a small set of donors. In fact, only 4 of 14 donors (Germany, Japan, the U.K., and the U.S.) increased their multilateral contributions (largely due to their increased contributions to the Global Fund), while eight (Australia, Canada, Denmark, France, the Netherlands, Norway, Sweden, and the European Commission) decreased, and two remained flat (Ireland and Italy). These trends were the same after adjusting for inflation and exchange rate fluctuations.

In 2020, the U.S. contribution to the Global Fund (calculated as an HIV-adjusted share of the total contribution) nearly doubled from US\$552 million in 2019 to almost US\$1.1 billion. This increase, however, was almost entirely due to the disbursement in 2020 of funds appropriated by Congress for the Global Fund in prior years, and is not expected to continue at this level in 2021. In addition to the U.S., three other donors (Japan, Germany, and the U.K.) increased their contributions to the Global Fund.

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 2020, followed by the U.K., Japan, and Germany. 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 2020 (\$21.7 billion) to their share of the global economy. By this measure, only one country, the U.S., provided a greater share of total HIV resources than their share of total GDP ([Figure 6](#)).
- **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 U.K., the Netherlands, and Sweden ([Figure 7](#)).

Table 2: Assessing Fair Share Across Donors, 2020

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%	0.3%	0.1%	\$16.3
Canada	1.9%	1.0%	0.4%	\$51.5
Denmark	0.4%	0.5%	0.2%	\$115.3
France	3.1%	2.6%	1.0%	\$83.1
Germany	4.5%	3.0%	1.0%	\$64.7
Ireland	0.5%	0.3%	0.1%	\$57.6
Italy	2.2%	0.4%	0.1%	\$17.6
Japan	6.0%	3.2%	1.1%	\$51.1
Netherlands	1.1%	2.4%	0.9%	\$213.2
Norway	0.4%	0.5%	0.2%	\$113.2
Sweden	0.6%	1.1%	0.4%	\$174.6
United Kingdom	3.2%	7.5%	2.7%	\$225.8
United States	24.8%	76.0%	28.1%	\$296.7
European Commission	-	0.1%	0.0%	-
Other DAC	-	0.8%	0.3%	-
Other Non-DAC ³	-	0.2%	0.1%	-

NOTE: 1 - In 2020, donor governments provided an estimated \$8.2 billion in international assistance (bilateral and multilateral) for HIV in low- and middle-income countries.

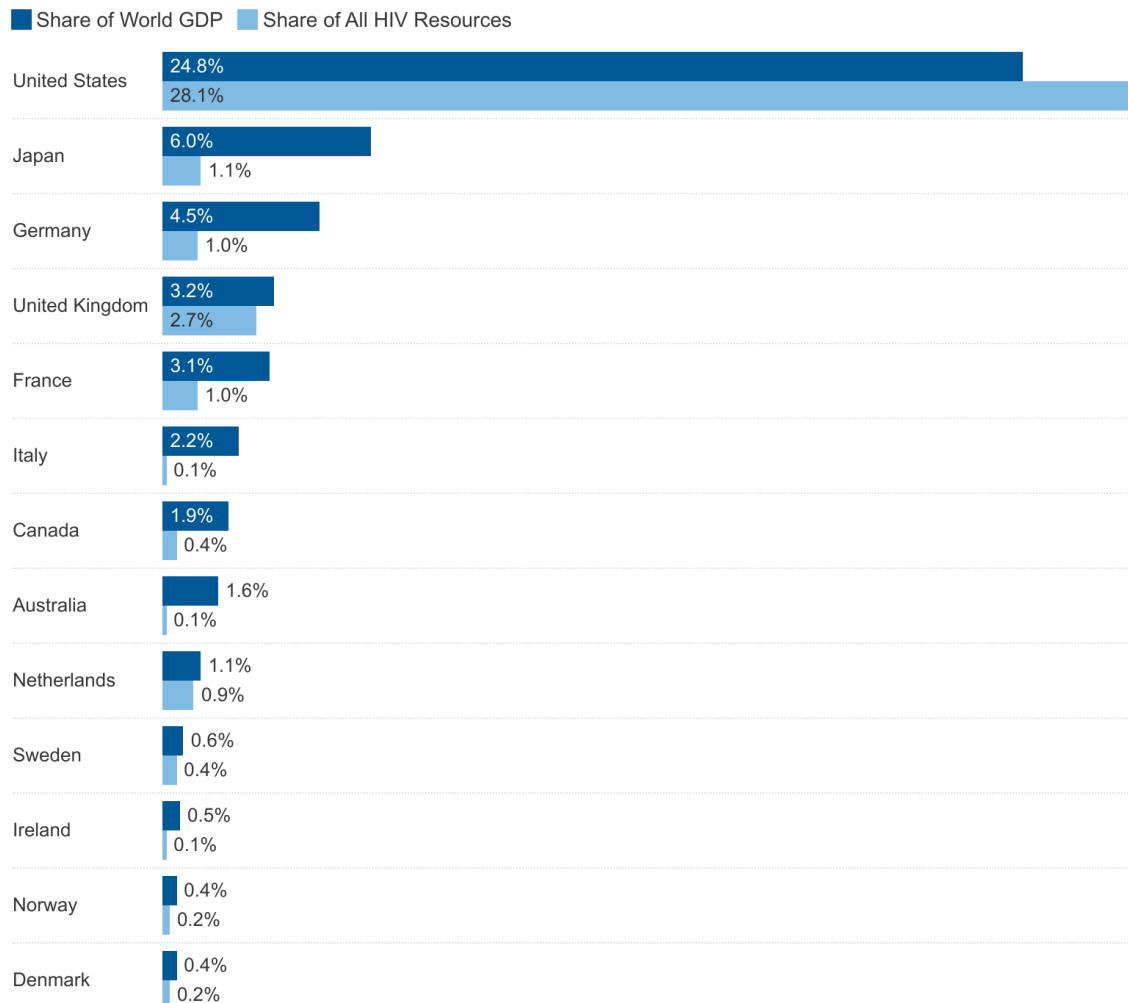
2 - UNAIDS estimates that US\$21.5 billion was available for HIV from all sources (domestic, donor governments, multilaterals, and philanthropic) in 2020, expressed in 2019 USD. For purposes of this analysis, this estimate was converted to 2020 USD, or \$21.7 billion.

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



Figure 6

Donor Government Share of Resources Available for HIV Compared to Share of GDP, 2020

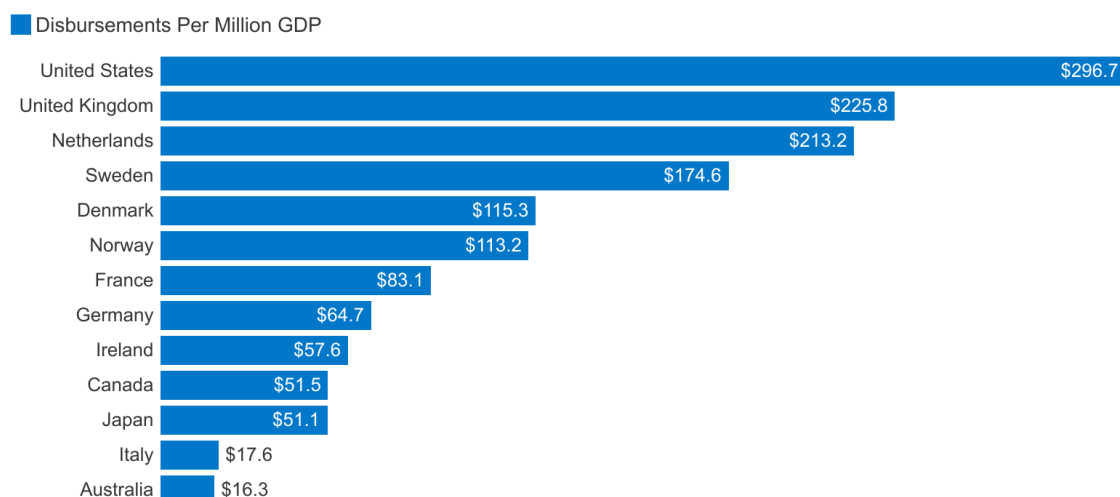


NOTE: Donor funding totals represent disbursements (in current U.S. dollars) in low- and middle-income countries. "GDP" represents gross domestic product. UNAIDS estimates that US\$21.5 billion was available for HIV from all sources in 2020, expressed in 2019 USD. For purposes of this analysis, the estimate was converted to 2020 USD, or \$21.7 billion. SOURCES: UNAIDS and KFF analysis, July 2021; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2021; UNITAID direct communication; OECD CRS online data queries.



Figure 7

Donor Government Ranking by Funding for HIV per US\$1 Million GDP, 2020



NOTE: Donor funding totals represent disbursements (in current U.S. dollars) in low- and middle-income countries. "GDP" represents gross domestic product. SOURCES: UNAIDS and KFF analysis; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query; UNITAID direct communication; International Monetary Fund, 2021 World Economic Outlook Database, accessed June 2021.

KFF

Looking Forward

Funding from donor governments for HIV increased by US\$377 million in 2020. This increase is largely attributable to a near doubling of the U.S. contribution to the Global Fund, a function of timing not new political commitments. In addition, donor governments other than the U.S. continued a longer trend of reducing their bilateral funding for HIV, declines not offset by increased contributions to multilateral institutions, including the Global Fund, from some donor governments.

Looking ahead, future funding for HIV from donor governments is uncertain. The funding amounts presented in this report were primarily the result of decisions made prior to the COVID-19 pandemic and may not reflect changes in donor government development funding levels that occurred during the pandemic. While many donor governments are starting to rebound from the global economic recession brought on by COVID-19, recovery still remains below pre-pandemic projections, and the environment is fluid. In addition, the future impact of COVID-19 in low- and middle-income countries remains tenuous, with some experiencing a "third-wave" and most not expected to gain access to vaccines in any significant way for months if not years. This could lead to even greater funding needs for HIV and other health programs. At the same time, several donor governments have provided emergency COVID-19 support to low- and middle-income countries, some of which may help to address lost ground in the HIV response; this includes, for example, emergency funding provided by the U.S. in 2021 to both PEPFAR and the Global Fund. These factors make it difficult to predict what the ultimate impact will be on funding for HIV in the future.

Methodology

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

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 2021, representing the fiscal year 2020 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 2019 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 2019, and therefore, do not necessarily reflect 2020 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 2020 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 Foreign, Commonwealth & Development Office (FCDO) for the

financial year 2020/21 are based on an existing FCDO '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 2020 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. UNITAID contributions were adjusted to represent 44% of the donor's total contribution, reflecting UNITAID's reported attribution for HIV-related projects. Norwegian Global Fund 2020 contributions are consistent with Norway's multiyear disbursement schedule.

In addition to contributions supporting the Global Fund's and UNITAID's core activities, some donor governments provided funding to these multilateral organizations for COVID-related efforts. These COVID-specific contributions were not included in totals for the purposes of this report.

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 2020 (see: <http://www.imf.org/external/pubs/ft/weo/2020/01/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

See [here](#).

Appendix: Donor Government Funding for HIV (current USD in millions), 2019 & 2020

Government	Bilateral Disbursements		UNAIDS		Global Fund ¹				UNITAID				Total Disbursements	
	2019	2020	2019	2020	2019 (100%)	2019 (53%)	2020 (100%)	2020 (53%)	2019 (100%)	2019 (45%)	2020 (100%)	2020 (44%)	2019	2020
Australia	\$13.5	\$11.7	\$3.2	\$3.1	\$94.0	\$49.9	\$13.8	\$7.3	-	-	-	-	\$66.6	\$22.1
Canada	\$4.6	\$4.0	\$3.8	\$3.8	\$203.5	\$108.0	\$145.1	\$76.9	-	-	-	-	\$116.5	\$84.7
Denmark	\$33.2	\$26.7	\$5.9	\$6.1	\$22.6	\$12.0	\$14.8	\$7.8	-	-	-	-	\$51.0	\$40.6
France	\$26.7	\$18.6	\$0.5	\$0.5	\$408.4	\$216.9	\$293.8	\$155.7	\$94.6	\$42.9	\$93.5	\$41.1	\$286.9	\$215.9
Germany	\$18.8	\$12.7	\$5.9	\$28.8	\$291.8	\$154.9	\$386.0	\$204.6	-	-	-	-	\$179.7	\$246.1
Ireland	\$18.1	\$12.7	\$2.6	\$2.7	\$14.0	\$7.4	\$16.5	\$8.8	-	-	-	-	\$28.1	\$24.1
Italy	\$4.0	\$3.8	-	-	\$58.6	\$31.1	\$55.5	\$29.4	-	-	-	-	\$35.1	\$33.3
Japan	\$7.5	\$4.5	\$0.6	\$0.6	\$347.5	\$184.5	\$476.4	\$252.5	-	-	-	-	\$192.6	\$258.0
Netherlands	\$152.8	\$139.9	\$22.1	\$23.6	\$71.3	\$37.9	\$57.4	\$30.4	-	-	-	-	\$212.8	\$193.9
Norway	\$6.6	\$5.5	\$16.3	\$6.1	\$85.1	\$45.2	\$53.0	\$28.1	\$2.3	\$1.0	\$2.9	\$1.3	\$69.1	\$41.0
Sweden	\$12.8	\$11.5	\$32.8	\$31.1	\$99.6	\$52.9	\$96.7	\$51.3	-	-	-	-	\$98.5	\$93.9
United Kingdom	\$318.4	\$264.4	\$18.8	\$19.2	\$483.9	\$256.9	\$583.4	\$309.2	\$113.4	\$51.4	\$44.1	\$19.4	\$645.6	\$612.2
United States	\$5,068.2	\$5,074.3	\$45.0	\$45.0	\$1,040.0	\$552.3	\$2,060.5	\$1,092.1	-	-	-	-	\$5,665.5	\$6,211.4
European Commission	\$0.6	\$0.2	-	-	\$142.0	\$75.4	\$14.3	\$7.6	-	-	-	-	\$76.0	\$7.8
Other DAC	\$13.6	\$12.8	\$20.3	\$20.7	\$41.6	\$22.1	\$58.5	\$31.0	\$5.0	\$2.3	\$8.6	\$3.8	\$58.3	\$68.3
Other Non-DAC	-	-	-	-	\$22.2	\$11.8	\$35.0	\$18.6	\$4.0	\$1.8	\$2.0	\$0.9	\$13.6	\$19.4
TOTAL	\$5,699.4	\$5,603.3	\$177.9	\$191.1	\$3,425.9	\$1,819.3	\$4,360.9	\$2,311.3	\$219.3	\$99.4	\$152.1	\$66.9	\$7,796.0	\$8,172.7

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



Endnotes

¹ Donor government contributions to the Global Fund and UNITAID have been adjusted for an HIV-share to account for the fact that these multilateral organizations address other diseases and areas (see Methodology).

² In 2021, the U.S. Congress appropriated an additional \$3.5 billion in funding (beyond its regular contribution supporting HIV, TB, and malaria activities, which was flat in 2021 compared to the 2020 amount) to support the Global Fund's efforts to address the COVID-19 pandemic. This funding is not included because it is for COVID-specific activities and cannot be attributed to HIV.

³ In 2020, some donor governments provided COVID-specific emergency contributions to the Global Fund and UNITAID in addition to their contributions for core activities. Specifically, France and Norway provided COVID-specific funding to UNITAID, while Canada, Denmark, Germany, Italy, Norway, and Sweden provided COVID-specific funding to the Global Fund. For the purposes of this report, these COVID-specific amounts have been excluded as they cannot be attributed to a specific area, such as HIV.

⁴ World Bank, [Global Economic Prospects](#), June 2021.

⁵ Donor government disbursements are a subset of overall international assistance for HIV in low-and-middle-income countries, which also includes funding provided by other multilateral institutions, UN agencies, and foundations.

⁶ UNAIDS estimates that US\$21.5 billion was available for HIV from all sources in 2020, expressed in 2019 USD. For purposes of this analysis, this estimate was converted to 2020 USD, or \$21.7 billion. The UNAIDS estimate of total available resources for HIV includes disbursements from multilateral organizations in 2020 rather than the donor government contributions to these entities.

KFF

Headquarters and Conference Center

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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