Level and flow of national and international resources for the response to HIV/AIDS, 1996-1997

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
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HARVARD SCHOOL OF PUBLIC HEALTH
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Executive Summary

The UNAIDS Programme Coordinating Board (PCB) recommended during its 1997 meeting that the UNAIDS Secretariat undertake a study on the funding of the national response to HIV/AIDS in developing countries and countries in transition. The knowledge of national and international financing of HIV/AIDS programmes in the developing world is of importance to the implementation and monitoring of the global response to HIV/AIDS. It provides needed information as the pandemic and the prevention and care needs continue to grow.

The study used three sources of information to track HIV/AIDS financing in 1996 and 1997. First, 15 official development assistance (ODA) agencies reported on their financing of HIV/AIDS activities. Second, 64 developing countries and countries in transition provided information on the funds they spent on HIV/AIDS programmes. Third, data were gathered from the European Commission (EC), the UNAIDS Secretariat, UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank through reviews of agency records, financial reports and interviews.

Major findings:

- In 1996, 15 ODA agencies and the European Commission committed US$ 342.6 million to programmes for HIV/AIDS. In 1997, 13 of these ODA agencies and the European Commission reported committing US$ 306.4 million (data are missing from two ODA agencies).

- Trend data from 10 ODA agencies indicate that, during the period 1987-1996, ODA agency support for HIV/AIDS programmes increased steadily. However, this increase has not kept pace with the growth of the HIV/AIDS pandemic. Despite an increase in absolute amounts, the relative funds made available from ODA agencies per HIV–infected person were more than halved between 1988 and 1997.

- HIV/AIDS ODA has increasingly been in the form of bilateral funding. The percentage of HIV/AIDS ODA channelled through multi-lateral organizations has dropped from over 70% in 1987 to 22% in 1997.

- For selected countries, World Bank loans have become a major source of funds for HIV/AIDS programmes.

- In the 64 countries included in the analyses, a total of US$ 548.5 million was spent on HIV/AIDS programmes in 1996. Although national funding provided nearly half of the reported funds overall, this distribution was skewed: Brazil and Thailand contributed a high proportion of national funding, whilst 29 of the 64 respondent countries reported that national sources represented less than 10% of HIV/AIDS monies.

- The study revealed large differences in spending for HIV/AIDS activities among countries. These differences are often unrelated to the severity of the epidemic or to the ability to pay for the activities, as measured by per capita gross national product. This finding holds both for national funds and for funds provided by international sources.

- The study was unable to track funds spent for care and support of people living with HIV/AIDS. The funds reported in the study also do not sufficiently reflect the costs related to infrastructure of the national programmes, such as staff costs for the national programmes or general costs for the health care system.

- The study identified shortcomings in current capacity to monitor HIV/AIDS resource flows. Systems need to be further developed to fully understand these resource flows at national and international levels.

Acronyms

DAC	Development Assistance Committee
EC	European Commission
FAO	Food and Agriculture Organization of the United Nations
GNP	Gross national product
GPA	Global Programme on AIDS
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
ILO	International Labour Organization
INGO	International nongovernmental organization
NGO	Nongovernmental organization
ODA	Official development assistance
OECD	Organization for Economic Cooperation and Development
PCB	Programme Coordinating Board
PPP	Purchasing power parity
STD	Sexually transmitted disease
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
WHO	World Health Organization

I. Introduction

The monitoring of national and international financing of HIV/AIDS programmes in the developing world is of critical importance to the development and implementation of the global response to HIV/AIDS. This monitoring provides information on overall funding trends as the pandemic – and the prevention and care needs – continue to grow. It shows where the disparities between needs and financial commitments are the greatest. It stimulates accountability by governments and donors on their respective financial support to HIV/AIDS programmes in general, and reflects efforts made to reach specific populations and geographic areas.

Since the inception of the World Health Organization Global Programme on AIDS in 1987, various groups have attempted to monitor the financing of HIV/AIDS in developing countries. These efforts have succeeded in providing snapshots of the status and trends of national and international HIV/AIDS financing. They did not result, however, in the creation of effective, sustained monitoring systems capable of tracking resources and detecting possible financial gaps in those countries most in need.

The need to develop and to apply a financial monitoring system that would include data on national and international HIV/AIDS financing persists. The UNAIDS Programme Coordinating Board (PCB) recommended at its fourth meeting, 4-7 April 1997, that the UNAIDS Secretariat prepare an overview of the funding level of national responses to HIV/AIDS in developing countries and countries in transition. The UNAIDS Secretariat and the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health undertook the present collaborative study as a follow-up to this recommendation.

This study provides a baseline on which to build a financial monitoring system for national and international HIV/AIDS financing. It also highlights a series of issues that need to be addressed in the development of such a system.

II. Study objectives

The overall objectives of the study were to:

- estimate the amount of national and international resources made available and obligated in support of the national response to HIV/AIDS in 1996 and 1997;
- make recommendations for the development of a system to monitor this information on an ongoing basis.

III. Methods

The study used three sources of information to track HIV/AIDS financing in 1996 and 1997:

- 19 ODA[1] agencies and the European Commission (EC) were asked to report on their financing of HIV/AIDS activities, (see Annex 1).
- information on HIV/AIDS spending was collected from the UNAIDS Secretariat, UNAIDS Cosponsoring Organizations – UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank – as well as FAO, ILO, UNDCP, UNHCR and UNV.
- UNAIDS Secretariat or UNAIDS Cosponsor staff in 72 countries were asked to gather information on funds obligated and disbursed for all nationally and internationally funded HIV/AIDS projects and programmes in the country (see Annex 2).

(1) Official development assistance includes grants or loans to countries and territories on Part 1 of the DAC List of Aid Recipients (developing countries) which are provided: (1) by the official sector; (2) with promotion of economic development and welfare as the main objective; (3) at concessional financial terms (in the case of a loan, the grant element must be at least 25%).

Most of the information presented in this report was collected through questionnaires mailed to the 19 ODA agencies, to the 72 recipient countries and to FAO, ILO, UNDCP, UNHCR and UNV. The latter five UN agencies provided information on their HIV/AIDS activities. However, they are not included in this report since most of the resources they reported originated from the UNAIDS Secretariat or UNDP and had already been accounted for. Fifteen out of the 19 ODA agencies (79%) responded to the survey although two ODA agencies reported financial data for 1996 only (see Annex 1). Sixty-four countries categorized by the World Bank as low and medium economies responded to the survey (89%, see Annex 2). Data were also gathered from the European Commission, the UNAIDS Secretariat, UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank through reviews of agency records, financial reports and interviews.

Respondents were asked to provide 1996 and 1997 information on both HIV/AIDS-specific projects (discrete projects) and on projects that include HIV/AIDS components but address a wider set of issues (integrated projects). Respondents were asked to approximate percentages of integrated project funds that addressed HIV/AIDS. If a reliable estimate could not be provided, 25% of the project funds were counted as HIV/AIDS funds. In the case of blood safety programmes, STD prevention and care programmes, and condom distribution schemes, which serve to prevent or reduce the risk of HIV infection even if they address other issues as well, the totality of the reported funds was counted as HIV/AIDS funds.

All data reported by ODA agencies and United Nations agencies were checked for completeness and accuracy against country-reported data, and vice versa. All discrepancies were noted and extensive follow-up was undertaken with respondents to resolve differences in reporting. Tables of the information collected were compiled and sent to all respondents for final corrections and confirmation. Most respondents provided feedback on this final round. Where donors and countries did not provide feedback on these final tables, only data previously reported or agreed to by these respondents were included for analysis.

IV. Results

Official development assistance and the response to HIV/AIDS

Trends in ODA

For two decades, up to the early 1990s, net disbursements of official development assistance (ODA) consistently amounted to around 0.35% of combined gross national product (GNP) for the 21 members of the Development Assistance Committee (DAC).[2] Since then, there has been a sustained fall in aid levels. Between 1992 and 1997, net ODA fell by 23% in real terms. In 1997, net disbursements of ODA amounted to 0.22% of the combined gross national product of donor countries. This is the lowest proportion recorded since the United Nations established a goal of 0.70% of GNP for official development assistance in 1970.

Although there is considerable variation in the figures for individual donor countries, the downward trend is clear. Only four countries – Denmark, the Netherlands, Norway and Sweden – have consistently met the 0.70% goal. Between 1995 and 1996, half of the DAC members had reduced their ODA contributions. In 1997, one fourth of the DAC members had reduced their contributions compared to 1996.

(2) Sources include OECD Development Cooperation 1997 Report. Paris: Organization for Economic Cooperation and Development (OECD), 1998; OECD Development Cooperation 1995 Report. Paris: Organization for Economic Cooperation and Development (OECD), 1996; OECD Development Cooperation 1993 Report. Paris: Organization for Economic Cooperation and Development (OECD), 1994; «OECD/DAC Statistical Reporting Systems: DAC Statistics.» OECD website: http:\\www.oecd.org, January 1999.

This decline is part of a larger trend in many industrialized countries to cut public spending in order to reduce budget deficits. It is in those countries that have been running the largest deficits that aid contributions have decreased fastest. At the same time, the flow of private finance to developing countries has increased during the past decade and is at its highest level since the early 1960s. Most donor countries now acknowledge that private financing cannot replace ODA, since it seeks a return on investment and usually does not go to such social services as health care and education. However, ODA disbursements do not yet reflect changes in ODA agency policy regarding the flow of private finance to developing countries.

HIV/AIDS ODA, 1996-1997

Few ODA agencies have a budget line for HIV/AIDS activities. Only two of the countries included in this study, Belgium and the United States, reported having such a budget line. During the early years of the epidemic, ODA agencies contributing funds to HIV/AIDS disbursed it to vertical programmes and projects, i.e. HIV/AIDS-specific activities. It was therefore relatively simple to track HIV/AIDS ODA. Today, ODA agencies are increasingly funding integrated programmes and projects that include HIV/AIDS components but address a wider set of issues. This trend is favourable to the expansion and sustainability of the response to the pandemic. This "mainstreaming" of HIV/AIDS activities, however, means that the funds supporting activities relevant to HIV/AIDS are much more difficult to track than they were in the past. Most ODA agencies were unable to approximate the percentages of their integrated project funds that addressed HIV/AIDS. In such cases, 25% of the project funds were counted as HIV/AIDS funds.

TABLE 1

HIV/AIDS ODA Disbursements for Selected Donor Countries at Current Prices and Exchange Rates, 1996-1997

Donor country	1996 HIV/AIDS ODA (US$ million)	Percent of total 1996 HIV/AIDS ODA provided by country	1997 HIV/AIDS ODA (US$ million)	Percent of total 1997 HIV/AIDS ODA provided by country
Australia	12.56	4%	11.55	4%
Belgium	10.76	3%	4.33	2%
Canada	10.04	3%	12.55	4%
Denmark	12.74	4%	8.74	3%
Finland	0.77	…	1.14	…
France	21.5	7%	DNA	-
Germany	6.14	2%	12.65	5%
Japan	9.67	3%	9.38	3%
Luxembourg	0.60	…	DNA	-
Netherlands	35.46	11%	33.75	12%
Norway	13.49	4%	14.19	5%
Sweden	15.75	5%	10.74	4%
Switzerland	1.75	1%	1.60	1%
UK	25.9	8%	24.48	9%
USA	137.51	44%	135.19	48%
Sub-total	**314.64**	**100%**	**280.29**	**100%**
European Commission	27.98		26.09	
Total	**342.62**		**306.38**	

DNA= data not available
…= less than 0.5%

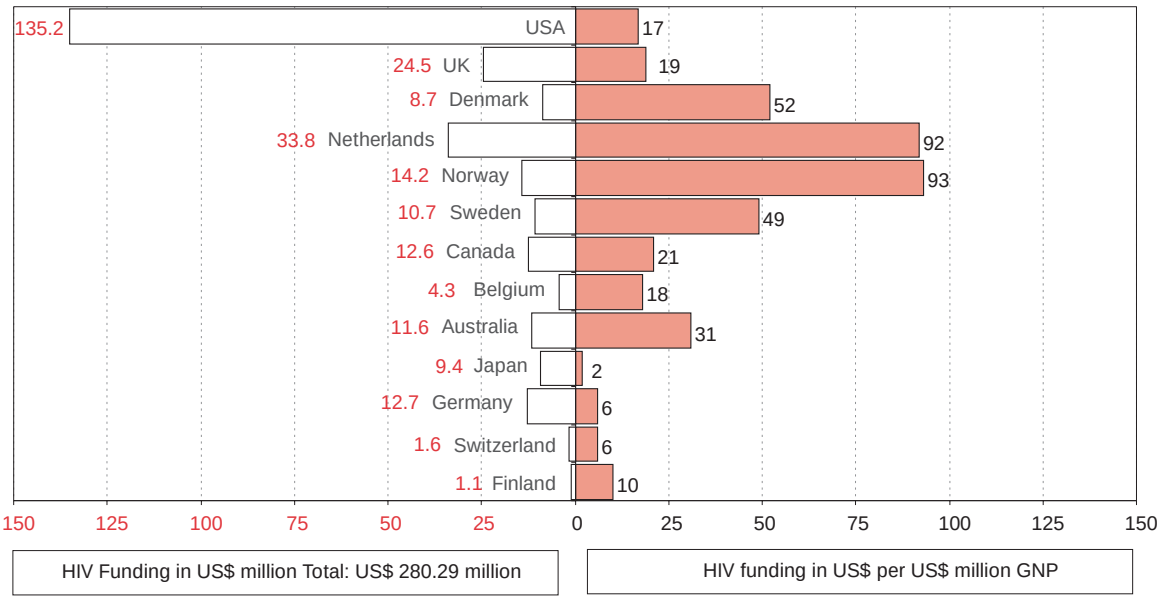
Australia, Belgium, Canada, Denmark, Finland, Germany, Japan, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States reported having disbursed US$ 292.5 million and US$ 280.3 million to HIV/AIDS activities in developing countries and countries in transition in 1996 and 1997, respectively (Table 1).[3] In addition, France and Luxembourg, which were unable to provide information for 1997, reported disbursing US$ 21.5 million and US$ 603 000 respectively for 1996. In total, these 15 donor countries reported having committed US$ 314.6 million in 1996 and US$ 280.3 million in 1997.

Together, the 13 donor countries that provided information for both 1996 and 1997 provided about 80% of all official development assistance in both those years. With France and Luxembourg included in 1996, the sample of donor countries included provided 96% of ODA for 1996. When looked at as a proportion of total official development assistance allocated each year, HIV/AIDS ODA allocated by the 13 donor countries in 1996 was 0.6% of overall ODA. In 1997, this proportion increased to 0.7%. This apparent increase was due mostly to a 13% reduction in overall ODA funding provided by these 13 donor countries – contributions to HIV/AIDS stayed the same.

The United States was by far the largest contributor of funds during the two-year period, contributing US$ 137.5 million in 1996 and US$ 135 million in 1997 (Table 1). The Netherlands and the United Kingdom were also large contributors: the Netherlands disbursed US$ 35.5 million in 1996 and US$ 34 million in 1997 and the United Kingdom disbursed US$ 26 million in 1996 and US$ 24.5 million in 1997.

FIGURE 1

HIV/AIDS ODA as reported by 13 ODA Agencies: Total Amount Obligated, 1997, in US$ million and Obligations Reported by ODA Agencies per US$ million 1997 GNP



(3) OECD yearly exchange rates were used to convert all donor country currencies into US dollars. All amounts are reported in current US dollars unless stated otherwise. Unless otherwise specified by the source of information, multiple-year grants were distributed equally among all years of the grant period.

The picture is different when HIV/AIDS ODA is broken down as a proportion of gross national product (GNP), for each country. Norway and the Netherlands contributed the largest proportions of their countries' GNP to the international response to HIV/AIDS in both 1996 and 1997 (Figure 1 illustrates this for 1997).

The European Commission also reported budgeted HIV/AIDS monies from three sources of funding. US$ 18.9 million and US$ 16.5 million were committed for 1996 and 1997 respectively within the EC HIV/AIDS budget line. In addition, under the 8th European Development Fund for all African, Caribbean and Pacific countries, the EC also committed US$ 9.1 million in 1996 and US$ 9.6 million in 1997 for both HIV/AIDS-specific projects and integrated projects including HIV/AIDS components. Finally, the EC also allocates funds to HIV/AIDS under the national indicative programmes for African, Caribbean and Pacific countries and under the general technical and financial cooperation agreements for Asia, Latin America and the Mediterranean, although the present study was not able to track these funds.

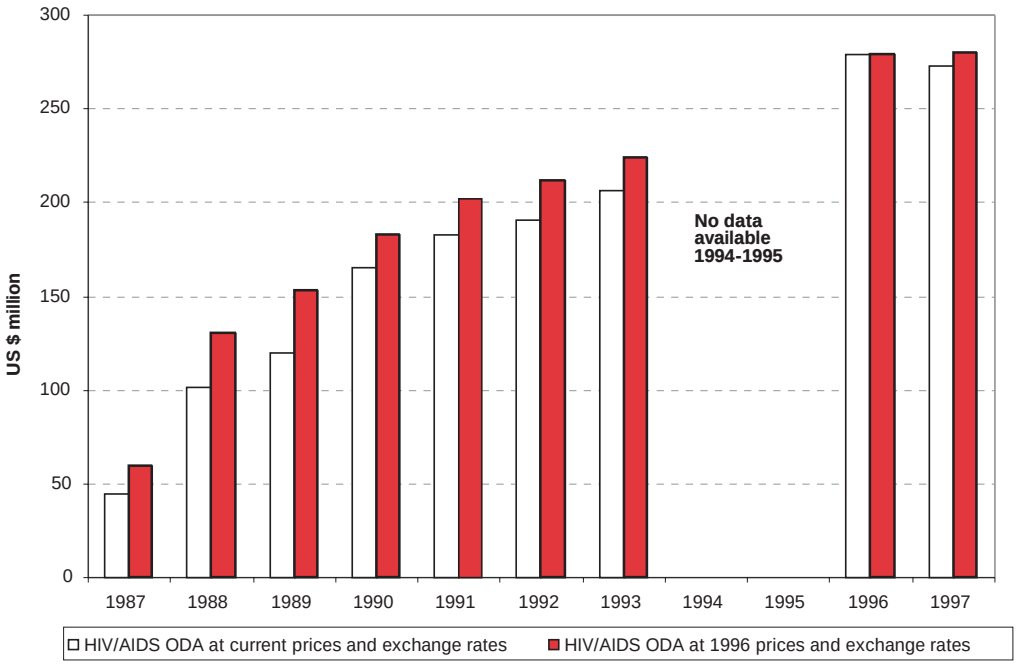
Trends in HIV/AIDS ODA, 1987-1997

In 1991, and again in 1994, the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health undertook an assessment of HIV/AIDS funding worldwide.[4] The current study builds on these assessments.

For 10 donor countries (Australia, Canada, Denmark, Germany, Japan, the Netherlands, Norway, Sweden, the United Kingdom and the United States), data are available for all years except 1994 and 1995 and HIV/AIDS ODA allocations can be tracked over time from 1987 to 1997. The ODA disbursed by these countries represents about 75% of the overall ODA from DAC members in both 1996 and 1997.

FIGURE 2

HIV/AIDS ODA Disbursements by Selected ODA Agencies at Current and 1996 Prices and Exchange Rates, 1987-1997



(4) Mann J & Tarantola D, eds., AIDS in the World II (New York, Oxford: Oxford University Press, 1996) and Mann J, Tarantola D & Netter T, eds., AIDS in the World (Cambridge, London: Harvard University Press, 1992)

FIGURE 3

Total ODA and HIV/AIDS ODA Disbursements by Selected Donor Countries at 1996 Prices and Exchange Rates, 1987-1997

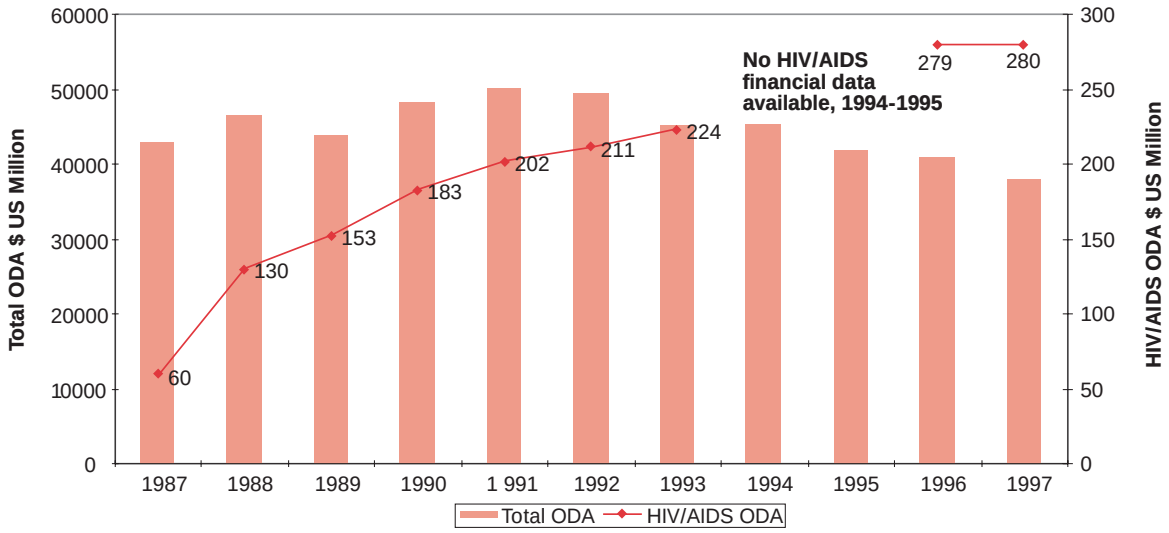
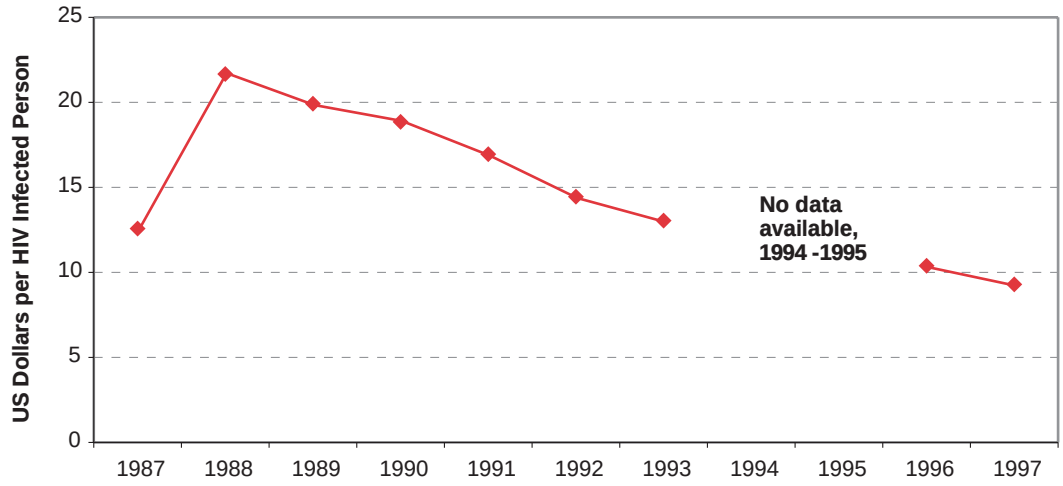


FIGURE 4

HIV/AIDS ODA Disbursements per HIV–Infected Person for Selected ODA Agencies, 1987-1997



Total HIV/AIDS funding by these 10 ODA agencies increased from approximately US$ 44 million in 1987 to US$ 165 million in 1990 – almost a fourfold increase in the four years following the creation of the WHO Global Programme on AIDS. HIV/AIDS funding by these 10 ODA agencies has continued to increase, albeit at a slower rate, between 1990 and 1996. The 10 ODA agencies contributed US$ 279.3 million to HIV/AIDS activities in 1996; contributions decreased slightly to US$ 273 million in 1997. When inflation and changes in purchasing power parity are taken into account, the HIV/AIDS funding of these 10 ODA agencies has increased each year from 1987 to 1996 (Figure 2).[5]

The overall pattern of contributions by these 10 ODA agencies masks significant variations within the group. Three countries - Japan, the United States and the Netherlands - have consistently increased their HIV/AIDS ODA. Australia also steadily increased its HIV/AIDS contributions up to 1996 but reported a decrease in these allocations between 1996 and 1997. In the case of Canada, Denmark, Norway and Sweden, HIV/AIDS funding peaked in 1990 or 1991; although yearly allocations have fluctuated significantly since then, the amounts allocated by each country have come nowhere near the amounts disbursed in those peak years.

It is also interesting to compare trends in HIV/AIDS ODA to the trends in overall ODA contributions by these 10 donor countries. Although overall ODA contributions have decreased steadily since 1992, ODA contributions to HIV/AIDS activities by these 10 donor countries have steadily increased (Figure 3).

Another way to look at the ODA funding trend for HIV/AIDS-related programmes is to compare the increase in funding to the increasing severity of the epidemic. At constant prices, HIV/AIDS–related ODA increased from US$ 60 to US$ 280 million between 1987 and 1997. However, during the same time period, the estimated number of HIV-infected persons has increased from approximately four million to over 30.6 million. ODA funding per person living with HIV has therefore peaked in 1988 at approximately US$ 22 per person for the 10 ODA agencies included. It has since steadily dropped to its 1997 rate of under US$ 9 per person living with HIV (Figure 4).

HIV/AIDS ODA, by channel, 1996-1997

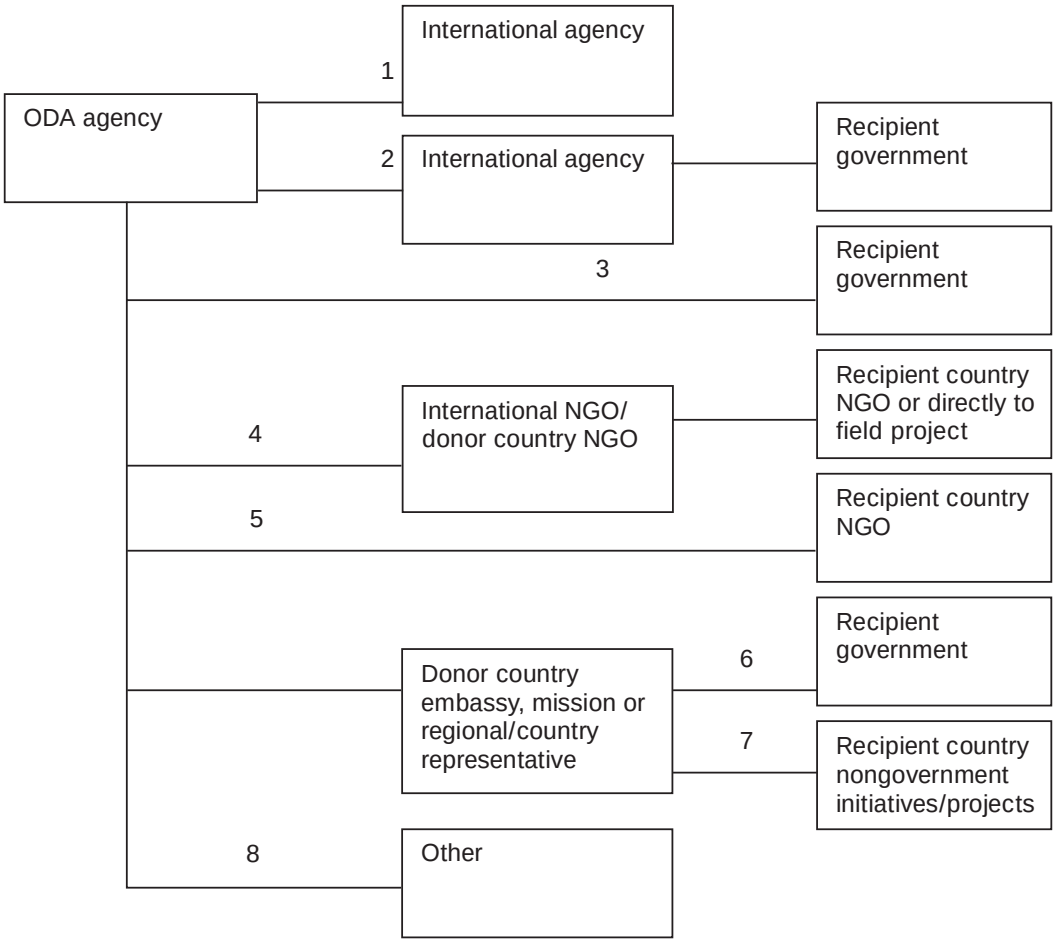
ODA can be made available to recipient governments, institutions or nongovernmental organizations according to three patterns of funding – multilateral, multi-bilateral and bilateral – each using a particular channel from the source of funds to their beneficiary (Figure 5). Under multilateral funding, donor funds are channelled through multilateral agencies: the United Nations and its specialized agencies. The funds can be transferred to these agencies as core budget contributions or supplemental funding for general agency activities implemented at global, regional and national levels. Under multi-bilateral funding, resources are transferred to multilateral agencies for projects in specific countries. Finally, under bilateral funding, ODA agencies may transfer portions of their funding to recipient country governments, private institutions, or non-governmental organizations. This funding can be done either directly (for example from donor government to recipient government), or through an international nongovernmental organization (for example a private voluntary organization, a not-for-profit technical assistance group, or a consulting firm).

(5) Figures at 1996 prices were calculated using the DAC Deflators for Resource Flows which convert dollar-denominated data for any year to dollars with the purchasing power they had in a specified base year (in this case, 1996).

(6) UNAIDS/WHO, Report on the global HIV/AIDS epidemic, Geneva, UNAIDS, June 1998.

FIGURE 5

Channelling of ODA from Funding Source to Intended Recipient



One of the initial aims of the study was to track HIV/AIDS funding from ODA agencies to recipient countries according to each specific funding channel and intended recipient (e.g. governmental AIDS programme, local NGO, international NGO, other institutions, regional initiatives). However, despite determined attempts by several ODA agencies to provide the disaggregated data which were needed, some of the largest donors were not able to do so, thereby limiting the value of final results. The United States was able to provide information only on the channelling of overall HIV/AIDS ODA through the United Nations, but was not able to provide information on the channelling of bilateral funding. Information from the European Commission on the amounts of resources provided in support of HIV/AIDS work in developing countries did not include information on the channelling of these resources. France provided only an overall HIV/AIDS funding figure, but did not have the central information required to perform the channel-specific analysis.

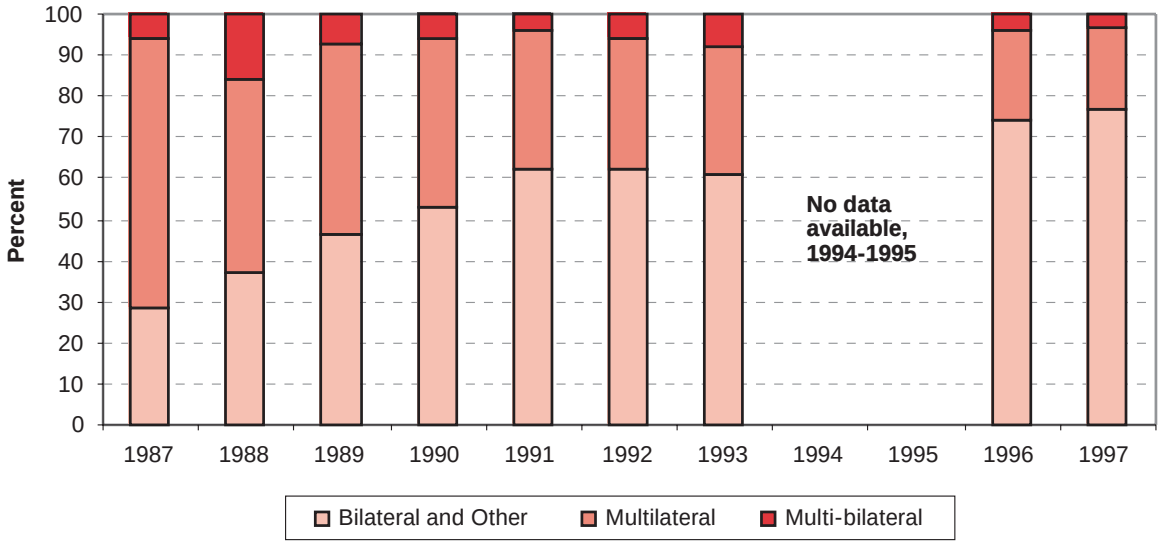
As a result of these limitations, it was not possible to identify funding data according to intended recipient category. Yet, as shown below, it was possible to draw some broad conclusions on general funding trends, according to the three channels referred to earlier.

Trends in HIV/AIDS ODA, by channel, 1987-1997

The decrease in HIV/AIDS ODA through United Nations agencies began in 1987 (Figure 6). In the early stages of the epidemic, most of the HIV/AIDS ODA passed through the WHO Global Programme on AIDS. The 10 donors for whom data are available over time decreased their multilateral and multi-bilateral HIV/AIDS allocations steadily between 1987 and 1991 as additional channels for programme financing and implementation became available to them. They decreased their multilateral and multi-bilateral contributions from 71% to 38% of total HIV/AIDS ODA in 1987 and 1991, respectively. This proportion levelled off between 1991 and 1993 but decreased to 26% in 1996 and 22% in 1997. Confirming this trend, the 13 donors for whom data were available for 1996 and 1997 reported that decreasing amounts of HIV/AIDS ODA had been channelled through United Nations agencies. Multilateral HIV/AIDS ODA decreased from US$ 62 million in 1996 to US$ 51 million in 1997 while multi-bilateral funds decreased from US$ 11 million in 1996 to US$ 8 million in 1997.

FIGURE 6

Channelling Trends in HIV/AIDS ODA
Disbursements for Selected ODA Agencies, 1987-1997



ODA agency policies on HIV/AIDS ODA

Official development assistance is generally targeted to countries. ODA agencies were asked to provide information on the criteria that they used in allocating resources to HIV/AIDS programmes and projects to specific countries. Criteria came under the following categories:

- political/historical (countries with which donor countries have historical ties);
- geographical (countries selected by agency governing bodies as priorities for funding);
- sectoral (such as health, social and infrastructure development selected for funding priority);
- strategic (i.e. move from funding government programmes to funding NGOs);
- epidemiological (severity of the epidemic).

All 15 ODA agencies indicated that more than one of these criteria was used when allocating resources. All donor countries except France and Switzerland indicated that decisions to fund HIV/AIDS programmes were linked to

sectoral priorities. All donors except Japan, the Netherlands and Switzerland indicated that decisions were made according to geographical priorities. Less than half the donors considered the severity of the epidemic as one of the criteria for allocating resources to HIV/AIDS activities; only Canada, Japan, Luxembourg, Norway, the United Kingdom and the United States indicated that this criterion was taken into consideration for their allocation of HIV/AIDS ODA.

HIV/AIDS ODA, by region, 1996-1997

Of the total HIV/AIDS ODA allocated by the EC and by the 13 donor agencies that provided data for 1996 and 1997, approximately 50% were identified as earmarked for specific countries or regions each year. In both years, countries in sub-Saharan Africa received the largest proportion of resources (US$ 114 million in 1996, and US$ 102 million in 1997). Countries in Asia and the Pacific received the next largest amounts (US$ 42 million in 1996 and US$ 33 million in 1997). Reported funding increased markedly for HIV/AIDS projects in Eastern Europe, from less than US$ 300 000 in 1996 to over US$ 3 million in 1997.

For each year, Tanzania, Uganda and Zimbabwe were the largest single recipients of funding, over 10 million dollars a year being earmarked for each country. In addition to country-earmarked funds, each country also received a portion of regionally and globally earmarked funds.

ODA agency projections for HIV/AIDS ODA, 1998-1999

ODA agencies were also asked to provide projections for their HIV/AIDS ODA in 1998-1999 (Table 2). In about half the countries, projected trends in HIV/AIDS ODA differ from those in overall ODA. Canada projected that its HIV/AIDS funding would remain the same while its overall ODA contribution would decrease. Denmark indicated that its HIV/AIDS ODA would decrease while its overall ODA would increase. Sweden projected that while its overall ODA contribution would remain the same, its HIV/AIDS obligations would increase. Finland, France and the United Kingdom indicated that their overall ODA would increase but HIV/AIDS allocations would stay the same.

ODA agencies were also asked to project future trends in the channelling of their HIV/AIDS ODA. Belgium, Luxembourg, the Netherlands and Sweden projected increases (relative or absolute) in ODA channelled through multilateral agencies, while most countries indicated that their multilateral funding would remain at the same relative level. Denmark indicated that it would decrease its bilateral funding while most ODA agencies indicated that their bilateral HIV/AIDS assistance either would remain the same or would increase. Most ODA agencies also indicated that their HIV/AIDS funding through NGOs would remain the same or increase.

United Nations financing of HIV/AIDS activities

United Nations agency spending on HIV/AIDS is difficult to monitor. This is primarily due to the lack of detailed central monitoring systems of country budgets and expenditures. Another reason is that, like ODA agencies, United Nations agencies are increasingly funding integrated activities whose HIV/AIDS components are difficult to track.

Those UNAIDS Cosponsor agencies with budget allocations for HIV/AIDS which provided information on total amounts available and spent were UNDP, UNESCO, UNICEF and WHO; the latter also provided detailed information on sources of funds and expenditures by operational and programme level. UNFPA does not have a budget allocation for HIV/AIDS but was able to provide an estimate of how much funding was allocated to integrated HIV/AIDS projects. The World Bank provided information on the total amount of HIV/AIDS loans provided since 1987.

No global figure for United Nations financing of HIV/AIDS activities was calculated. It is not appropriate to add all UN agency reported HIV/AIDS-related expenditures as there is some double reporting by the individual agencies. Similarly, because UN agency

TABLE 2

Selected ODA Agencies Projections for HIV/AIDS ODA Disbursements, 1998-1999

	1996-1997 Funding		Projected funding trends, 1998-1999				
Country	**1996 Funding US$ million**	**1997 Funding US$ million**	**Overall ODA**	**Obligations to HIV/AIDS**	**Multilateral ODA**	**Bilateral ODA**	**ODA through NGO**
Australia	12.56	11.55	→	→	DNA	DNA	DNA
Belgium	10.76	4.33	DNA	DNA	↑	DNA	DNA
Canada	10.04	12.55	↓	→	→	→	→
Denmark	12.74	8.74	↑	↓	→	↓	→
Finland	0.77	1.14	↑	→	→	→	DNA
France*	21.50	DNA	↑	→	→	→	→
Germany	6.14	12.65	DNA	DNA	DNA	DNA	DNA
Japan	9.67	9.38	DNA	DNA	→	→	↑
Luxembourg	0.60	DNA	↑	DNA	↑	DNA	DNA
Netherlands	35.46	33.75	→	→	↑	→	↑
Norway	13.49	14.19	DNA	DNA	DNA	DNA	DNA
Sweden	15.75	10.74	→	↑	↑	↑	↑
Switzerland	1.75	1.60	→	→	→	DNA	→
United Kingdom	25.90	24.48	↑	→	→	↑	↑
United States	137.51	135.19	→	→	→	↑	↑
Total	**314.64**	**280.29**					

(→) = no change projected; (↑) = projected increase; (↓) = projected decrease; (DNA)= data not available

*Projections only for 1998

reports include extra-budgetary funds provided by ODA agencies and included in their reports, it is not appropriate to add expenditures reported by a UN agency on HIV/AIDS to those reported by an ODA agency.

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Table 3 shows UNAIDS Secretariat expenditures and implementation by broad programme areas.[7] The total expenditures incurred for country-based operations were just above US$ 47 million. This amount includes costs to country-based staff, operational support to United Nations Theme Groups on HIV/AIDS operations, and financial support to country level activities. It also includes US$ 12.8 million provided in direct financial support to National AIDS Programmes in recognition of the fact that many countries faced difficulties with the phasing out of WHO/GPA support. In addition to these funds, the UNAIDS Secretariat provided US$ 5.3 million in strategic planning and development funds (SPDF). The funds were provided through the UN Theme Groups on HIV/AIDS to support catalytic activities that would enhance development in new sectors and with new partners, generate commitment and contributions from Cosponsors and other ODA agencies and expand the coverage of the national response.

(7) UNAIDS, 1996-1997 Financial Report (document UNAIDS/PCB(6)/98.7); UNAIDS, Contributions in-kind to UNAIDS, 1996-1997 (document UNAIDS/PCB(6)/98.7 Addendum I); UNAIDS, UNAIDS contractual agreements with its Cosponsors, 1996-1997 (document UNAIDS/PCB(6)/98.7 Addendum II).

TABLE 3

UNAIDS Secretariat 1996-1997 Expenditures (US$ million at current prices)

	Core budget	Outside core budget		
		Funds for designated activities	Multi-bilateral funding	Total
Country support				
- Country-based operations	*37.77*	*3.47*	*6.13*	*47.37*
- Global country support operations	*11.39*	*0.52*	*-*	*11.91*
Subtotal country support	49.16	3.99	6.13	59.28
International best practice (policy, strategy and research)	32.89	1.88	-	34.77
Programme management and administration	19.66	0.53	-	20.19
Total	**101.71**	**6.40**	**6.13**	**114.24**

The UNAIDS Secretariat contributed nearly US$ 19 million to the Cosponsors for the financing of HIV/AIDS–related activities (Table 4). Over US$ 10 million of these funds were for UNAIDS workplan and other activities subcontracted to other agencies for implementation. US$ 8 million were funds from the Coordinated Appeal for Supplemental Funded Activities, 1996-1997 and 1998-1999. During the 1996-1997 biennium, the Cosponsors contributed US$ 6 million to the UNAIDS Secretariat budget. In addition, Cosponsors also provided in-kind contributions worth US$ 1.3 million.

United Nations Children's Fund (UNICEF)

UNICEF began work on HIV/AIDS in 1986, when the Uganda country office initiated the organization's first HIV/AIDS prevention project. In 1990, the Executive Board approved a global HIV/AIDS inter-regional programme, with supplementary resources to

TABLE 4

UNAIDS Secretariat Contributions to Cosponsor HIV/AIDS Activities, 1996-1997 (US$ million at current prices)

Cosponsor	General activities	Coordinated appeal	Total
UNICEF	1.99	1.85	3.84
UNDP	0.51	1.97	2.48
UNFPA	0.01	0.00	0.01
UNESCO	0.35	0.93	1.28
WHO	6.95	3.40	10.35
World Bank	0.52	0.10	0.62
Total	**10.33**	**8.25**	**18.58**

facilitate expansion of HIV/AIDS-related activities by providing modest but flexible funding to country programmes.

UNICEF support of HIV/AIDS activities had gained momentum by 1991. In addition to inter-regional programme funds, country programme resources had been used to expand UNICEF participation in HIV/AIDS programming in an increasing number of countries. Once UNICEF's programme approach for HIV/AIDS had been established, the years from 1992 to 1995 saw a rapid increase in the number of UNICEF-supported programmes, in the funding for these activities and in the amount of staff and staff-time devoted to HIV/AIDS efforts. By 1996, the vast majority of UNICEF's field offices had programme activities focused on HIV/AIDS-related issues, spanning a diversity of situation-specific responses. In order to expand and deepen UNICEF's multi-sectoral approach to HIV/AIDS, senior posts were established at headquarters for women's health, youth health, and health communication, all with a particular emphasis on HIV/AIDS.

Throughout 1996 and 1997, programming of HIV/AIDS activities accelerated at regional and country levels. This multi-sectoral approach to HIV/AIDS programming has been a key strategy for UNICEF, ensuring that HIV/AIDS issues are an integral part of all programme areas. Because of this multi-sectoral approach, it is difficult to identify the precise level of financial support for HIV/AIDS activities. The method used for calculating the estimates for this biennium was based on the identification of activities coded as HIV/AIDS-specific[8] in the financial system available during 1996-1997. Therefore, activities that are HIV/AIDS-related but coded under 'school-health' or 'communications' are not reflected here; neither are staff costs, which constitute a large contribution to HIV/AIDS activities in terms of technical assistance to countries, and are primarily supported by core resources.

Based on the financial information available at the time this study was carried out, UNICEF estimates that it had spent a total of US$ 3.5 million in 1996 and US$ 6.7 million in 1997. These figures are based on general resources (core resources) and supplementary funding, for global, regional and country-level activities for HIV/AIDS-specific activities only.

United Nations Development Programme (UNDP)

The HIV/AIDS activities of UNDP are guided by its overall mandate: to promote human development by assisting countries to accelerate the process of capacity development both within governments and within nations as a whole. The focus of UNDP's HIV/AIDS activities is to identify effective and sustainable policy and programming responses surrounding the social and economic implications of the epidemic.

TABLE 5

UNDP HIV and Development Activities, 1996-1997 Expenditures (US$ million at current prices)

	1996		1997	
	Programme funds	Cost sharing	Programme funds	Cost sharing
Country	15.91	47.0	19.38	8.93
Regional	0.91	-	1.41	-
Global	0.66	0.3	1.08	0.48
Total	**17.48**	**47.3**	**21.87**	**9.41**

(8) HIV/AIDS-specific activities include activities coded in the financial system as HIV/AIDS only. Other HIV/AIDS-related activities (i.e. education and communications) and staff costs are not included.

Total UNDP expenditure from its programme funds was US$ 17.48 million and US$ 21.87 million in 1996 and 1997 respectively (Table 5). In addition, UNDP implemented activities for partners (including the World Bank) at country level under their cost sharing arrangement. These activities were worth US$ 47.3 million and US$ 9.41 million in 1996 and 1997 respectively.

United Nations Population Fund (UNFPA)

Support for HIV/AIDS prevention is provided within the larger framework of UNFPA's programme of assistance to developing countries and in close collaboration with governments, other agencies and organizations, including NGOs. Guidelines on UNFPA support for reproductive health, including family planning and sexual health, were issued in November 1995 and updated in November 1997. These guidelines recognize HIV/AIDS prevention as an integral component of reproductive health and they identify those components of HIV/AIDS prevention that UNFPA should support.

The precise level of UNFPA financial support for HIV/AIDS prevention activities is difficult to measure, since HIV/AIDS prevention in most instances is an integrated part of reproductive health programmes. UNFPA has estimated the overall level of HIV/AIDS expenditures at country level for four consecutive years (1994-1997).[9] These estimates are based on information collected through questionnaires sent out to UNFPA field offices. The method used to calculate these estimates is based on the information from a sub-set of countries that were able to provide good information on HIV/AIDS expenditures.

The estimate of UNFPA support for HIV/AIDS prevention at country level was US$ 20.5 million and US$ 21 million in 1996 and 1997 respectively. This is to be compared to the estimate of US$ 15.5 million in 1994 and US$ 20.0 million in 1995. In addition, UNFPA estimates that US$ 1 million was allocated to HIV/AIDS activities at the regional and inter-regional levels in both 1996 and 1997.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Although not a funding agency, UNESCO contributes to the work in the area of HIV/AIDS by virtue of the scope of its fields of competence and approaches. UNESCO has also funded activities focused on preventive education and basic science and research in the area of HIV/AIDS and on mainstreaming of HIV/AIDS in the areas of gender, communication and ethics and human rights. The total budget for 1996-1997 amounted to US$ 4 million of which approximately US$ 1 million was allocated for country level activities, most of it to a single research facility in Côte d'Ivoire.

World Health Organization (WHO)

The WHO Global Programme on AIDS (GPA) ceased operations on 31 December 1995. WHO/GPA was the major recipient of multilateral and multi-bilateral funding for HIV/AIDS between 1987 and 1995. Over US$ 674 million were channelled through WHO during this period. The Office of HIV/AIDS and Sexually Transmitted Diseases (ASD) was established in 1996 to coordinate the HIV/AIDS activities implemented throughout WHO.

In 1996-1997, WHO's HIV/AIDS priorities included the prevention, detection and treatment of STDs; the prevention of sexual transmission of HIV; the prevention of transmission of HIV through blood; the reduction of transmission associated with substance abuse; the prevention of perinatal transmission of HIV; the care and support of the persons or groups affected by HIV/AIDS/TB and STDs, based on the strengthening of health care systems; and the promotion of adequate and appropriate societal responses to HIV/AIDS.

Table 6 shows the total budget allocations of US$ 19.75 million for WHO HIV/AIDS activities for the 1996-1997 biennium. The figures indicated for global activities include the budget allocations for activities carried out by ASD and other WHO programmes.

(9) UNFPA, AIDS Update, New York: United Nations Population Fund, 1996 and 1997.

TABLE 6

WHO Response to HIV/AIDS, 1996-1997 (US$ millions at current prices)

	Regular budget funds	Extra-budgetary funds	Total
Country	3.56	4.06	7.62
Regional/inter-country	4.16	0.54	4.70
Global	3.13	4.30	7.43
Total	**10.85**	**8.90**	**19.75**

World Bank

The World Bank began providing funding for HIV/AIDS prevention and care projects as part of its broader health and social sector projects in 1986. Free-standing HIV/AIDS loans have been provided since 1989. Between 1986 and 1997, the World Bank has committed US$ 580.9 million in multiple year loans in support of HIV/AIDS prevention and control to 60 projects throughout the world. Eight of these loans were discrete HIV/AIDS or HIV/AIDS/STD loans for a total of US$ 446.4 million. The other loans included an HIV/AIDS component which represented between less than 1% and 57% of the total loan.

Of the US$ 580.9 million committed in multiple year loans since 1986, US$ 323.8 million (56%) of the loans were International Development Association (IDA) loans. These loans are made at concessionary rates and have a grant element of at least 25%. The remaining US$ 257.2 million (44%) were loans of the International Bank for Reconstruction and Development (IBRD), made at prevailing market rates.

Nearly 40% of all HIV/AIDS projects funded by the World Bank since 1986 have been in sub-Saharan Africa. However, increasing amounts are being allocated to countries in other regions including Brazil, Argentina, China, India and Indonesia.

There is no evident trend in HIV/AIDS lending over time. The amounts for multiple year loans agreed to each year range from US$ 0.3 million in 1987 to US$ 243 million in 1994. In 1996 and 1997, the total amounts approved for HIV/AIDS funding amounted to US$ 35.4 million and US$ 30.4 million, respectively.

The World Bank could not provide information on yearly disbursements of loans. One way to approximate the annual disbursement rate is to assume that it remains constant throughout the life of the loan, and that the HIV-specific component is disbursed at the same rate as the overall loan. Using these assumptions, the total estimated yearly World Bank loan disbursements to HIV/AIDS would be US$ 72.5 million for 1996 and US$ 77.3 million for 1997. The corresponding figures for the countries included in the survey would be approximately US$ 69 million for each of the two years. The loans are not implemented at the same rate over the years, however, and this is confirmed by the information collected in the country surveys, where the total for 1996 was US$ 116 million and for 1997 US$ 77.8 million. It should be noted that the country survey also included a few loans with integrated HIV/AIDS components, which were not included on the list provided by the World Bank.

The World Bank also finances grants for HIV prevention and care, and administers grant programmes for other organizations. Most grant support is provided through four umbrella programmes: the Special Grants Program, the Japanese Program for Human Resources Development (PHRD), the East Africa Initiative and the World Bank Small Grants Program. In 1996 and 1997, the Special Grants Program provided US$ 5 million to support the UNAIDS

Secretariat and three regional prevention initiatives, including the Western Africa HIV/AIDS Prevention Project, the Latin American and Caribbean Regional Initiative for AIDS/STD Control (SIDALAC), and the South-East Asia HIV/AIDS Project.

Country-reported HIV/AIDS financing

While the sample of countries included in the study (Annex 2) may not be representative of all countries, they are home to over 90% of the population of low and middle economy countries. They also include most of the countries severely affected by the pandemic, and 77% of the almost 31 million people estimated to be living with HIV/AIDS at the end of 1997.

Country reports on the financing of HIV/AIDS activities varied considerably in their level of completeness and detail. Data reported for 1997 were less complete than the data reported for 1996. Analyses were therefore limited to country-reported data for 1996.

Most of the country reports presented HIV/AIDS resources obligated by national AIDS programmes, ODA agencies, the UNAIDS Secretariat, UNAIDS Cosponsors, and other international institutions. The country surveys included very little information on other government spending, spending by local NGOs and institutions, funding obligated by district or municipal governments or by the private sector. This is partly due to the fact that UNAIDS Secretariat and UNAIDS Cosponsor staff working at national level served as the focal points for gathering the data. More importantly, however, it is difficult to track resources channelled through ways other than the national AIDS programmes and international institutions.

Most country responses also centred on the HIV/AIDS expenditures of the health sector; few included information on cross-sectoral spending on HIV/AIDS. Similarly, although countries, like ODA agencies, were asked to report on both discrete and integrated HIV/AIDS activities, most of the activities reported were discrete. Resources allocated to discrete activities represented 96% of all allocations in 1996.

With the exception of Brazil and Thailand, expenditures for prevention activities were much better covered than those related to care and support. Country respondents were not asked to report expenditures for mitigating the impact of HIV/AIDS, such as paid sick leave, early retirement or social programmes targeting orphans and other affected populations. No information was requested on HIV/AIDS care costs incurred by health insurance schemes; similarly, no information was requested on out-of-pocket spending on HIV/AIDS care. Finally, the information collected rarely included expenditures for governmental staff salaries and infrastructure.

The limited information on resources allocated to care is one of the weaknesses of this study. Not taking into account the resources that countries spend on the care and support of HIV/AIDS means that in general, but especially for countries with high prevalence rates and public hospital services, national resource allocations are grossly underestimated.As early as 1988, people living with HIV occupied 53% of the beds in a Kinshasa hospital. Similarly, a study of two Zambian district hospitals showed that 44-47% of bed-days were taken up by patients with HIV-related conditions in 1991-1992. These studies were conducted before the epidemic peaked in both countries and therefore prior to the peak impact on the health system.[10]

Country-reported HIV/AIDS financing, by type of funding institution

Information reported in the country surveys can be organized according to four major types of

(10) *A.Buvé. AIDS and hospital bed occupancy: an overview.* Tropical Medicine and International Health. *1997, 2(2): 136-139.*

funding institutions (Table 7). These include ODA agencies, United Nations agencies (including the UNAIDS Secretariat), the World Bank and national governments. Table 7 shows that the level and pattern of reported funding varies from country to country, and also illustrates differences across regions. The proportion of total funds contributed by the national government was much higher in those countries of Eastern Europe (79%) and Latin America (67%) included in the study than in those countries from sub-Saharan Africa (9%) and the Caribbean (8%). The share of United Nations agency funding in surveyed countries was largest in the sub-Saharan African region (22%).

According to the information reported by the countries included in this survey, a total of US$ 548.5 million was allocated in 1996 by national and international sources for national responses to HIV/AIDS. Of this total, US$ 266 million (49%) was contributed by national governments. World Bank loans constituted US$ 127.5 million (23% of the total). ODA agencies (including the EC) contributed US$ 102 million (19%) through bilateral or multi-bilateral channels and the United Nations agencies US$ 49 million (9%).

Table 7 shows that four countries account for nearly two thirds of the total HIV-related expenditure reported by the countries in the study: Brazil (36%), Thailand (14%), India (7%) and Uganda (7%). Brazil also accounts for just over half the total national government expenditure of US$ 266 million reported in the study, due mainly to the Brazilian national policy of providing universal coverage by antiretroviral therapy to all HIV-positive persons. With US$ 74 million, Thailand accounts for a further 28% of reported national government expenditure.

In 1996, the countries included in the study reported that a total of nearly US$ 178 million was provided by United Nations agencies (US$ 49 million) and by the World Bank (US$ 127.5 million, mostly as loans). UN funding was specifically reported by 58 of 64 countries, two of which, Uganda (27%) and Indonesia (11%), account for over a third of the reported UN funds. As regards World Bank funds, specifically reported by 23 countries only, Brazil (50%) India (20%), Zimbabwe (7%), Kenya and Uganda (6% each) account for nearly nine-tenths of the total.

TABLE 7

Country-Reported HIV/AIDS Financing, by Type of Funding Institution, at Current Prices and Exchange Rates, 1996

Country	ODA agencies		UN		World Bank		National government		Total funds reported by country
	US$	% of total funds	US$	%of total funds	US$	%of total funds	US$	%of total funds	US$
Angola	427 535	93%	5 000	1%	28 562	6%	-	-	461 097
Botswana	-	-	-	-	-	-	2 711 640	100%	2 711 640
Burkina Faso	567 979	12%	2 354 627	50%	1 813 186	38%	—	-	4 735 792
Central African Republic	557 701	29%	604 968	31%	498 598	26%	292 385	15%	1 953 652
Chad	75 000	6%	105 000	9%	731 233	62%	277 648	23%	1 188 881
Côte d'Ivoire	6 152 853	85%	375 000	5%	-	-	725 806	10%	7 253 659
Democratic Republic of Congo	2 000 000	55%	1 325 431	37%	300 000	8%	-	-	3 625 431
Ethiopia	848 639	65%	346 657	27%	-	-	110 294	8%	1 305 590
Ghana	1 654 829	76%	514 373	24%	-	-	17 367	1%	2 186 569
Kenya	8 476 095	39%	1 470 000	7%	8 000 000	37%	3 537 500	16%	21 483 595
Madagascar	374 000	49%	322 171	43%	59 400	8%	-	-	755 571
Malawi	4 455 015	70%	764 524	12%	-	-	1 124 633	18%	6 344 172
Mauritania	18 571	21%	48 500	55%	-	-	21 429	24%	88 500
Mauritius	10 499	7%	75 426	54%	-	-	54 726	39%	140 651
Mali	DNA	-	DNA	-	DNA	-	70 909	2%	3 649 851*
Mozambique	2 373 277	82%	122 000	4%	385 360	13%	-	-	2 880 637
Namibia	463 000	39%	301 000	25%	-	-	435 700	36%	1 199 700
Nigeria	3 467 609	90%	363 406	9%	21 250	1%	9 756	-	3 862 020
Rwanda	6 690 152	65%	3 497 107	34%	37 500	-	-	-	10 224 759
Senegal	3 294 925	74%	545 532	12%	280 000	6%	352 000	8%	4 472 457
Sudan	900	-	278 200	65%	-	-	150 000	35%	429 100
United Republic of Tanzania	899 357	39%	1 393 159	60%	-	-	33 333	1%	2 325 849
Uganda	13 583 800	36%	13 459 690	36%	8 000 000	21%	2 540 000	7%	37 583 490
Zambia	3 822 806	62%	2 200 882	35%	-	-	190 878	3%	6 214 566
Zimbabwe	5 319 725	38%	45 000	-	8 569 000	61%	43 802	-	13 977 527
Total sub-Saharan Africa	**65 534 267**	**46%**	**30 517 653**	**22%**	**28 724 089**	**20%**	**12 699 806**	**9%**	**141 054 756**
Bangladesh	2 013 034	91%	210 312	9%	-	-	-	-	2 223 346
Cambodia	2 135 180	56%	1 242 315	32%	400 000	10%	61 392	2%	3 838 887
China	2 139 152	35%	876 136	14%	363 000	6%	2 755 507	45%	6 133 795
Fiji	6 273	4%	138 127	96%	-	-	-	-	144 400
India	3 674 554	10%	1 176 334	3%	25 424 465	67%	7 467 222	20%	37 742 575
Indonesia	3 602 806	33%	5 288 376	48%	1 511 323	14%	516 893	5%	10 919 398
Lao PDR	1 195 927	77%	347 000	22%	18 400	1%	-	-	1 561 361
Myanmar	-	-	1 064 079	56%	-	-	844 000	44%	1 908 079
Nepal	52 083	18%	213 295	75%	-	-	18 274	6%	283 651
Pakistan	170 000	8%	100 000	5%	-	-	1 779 448	87%	2 049 448
Philippines	7 565 000	85%	295 000	3%	64 000	1%	931 000	11%	8 855 000
Papua New Guinea	175 000	5%	2 915 753	91%	-	-	109 653	3%	3 200 406
Thailand	2 710 324	3%	1 734 898	2%	-	-	74 062 123	94%	78 507 345
Viet Nam	764 000	13%	585 896	10%	-	-	4 545 455	77%	5 895 351
Total Asia and Pacific	**26 203 333**	**16%**	**16 187 521**	**10%**	**27 781 188**	**17%**	**93 090 967**	**57%**	**163 263 042**

TABLE 7 (CONTINUED)

Country-Reported HIV/AIDS Financing, by Type of Funding Institution, at Current Prices and Exchange Rates, 1996

Country	ODA agencies		UN		World Bank		National government		Total funds reported by country
	US$	% of total funds	US$	%of total funds	US$	%of total funds	US$	%of total funds	US$
Brazil	-	-	-	-	63 766 667	32%	133 951 111	68%	197 717 778
Costa Rica	-	-	-	-	-	-	71 810	100%	71 810
Ecuador	4 500	100%	-	-	-	-	-	-	4 500
El Salvador	-	-	35 000	100%	-	-	-	-	35 000
Guatemala	53 784	100%	-	-	-	-	-	-	53 784
Honduras	1 257 644	28%	30 183	1%	3 146 541	71%	-	-	4 434 368
Nicaragua	107 176	57%	79 580	43%	-	-	-	-	186 756
Paraguay	-	-	63 600	3%	-	-	2 025 950	97%	2 089 550
Uruguay	-	-	57 000	17%	-	-	278 000	83%	335 000
Total Latin America	**1 423 104**	**1%**	**265 363**	**1%**	**66 913 208**	**33%**	**136 326 871**	**67%**	**204 928 546**
Bahamas	-	-	7 524	61%	-	-	4 900	39%	12 424
Dominican Republic	6 177 778	89%	337 036	5%	-	-	403 703	6%	6 918 517
Haiti	1 143 200	52%	553 649	25%	513 200	23%	-	-	2 210 049
Jamaica	96 421	15%	158 447	25%	-	-	383 881	60%	638 749
Trinidad & Tobago	39 941	47%	9 953	12%	-	-	34 738	41%	84 632
Total Caribbean	**7 417 399**	**76%**	**1 056 656**	**11%**	**513 200**	**5%**	**792 484**	**8%**	**9 779 739**
Albania	11 694	38%	19 140	62%	-	-	-	-	30 834
Azerbaijan	-	-	28 017	100%	-	-	-	-	28 017
Belarus	5 500	-	46 518	4%	-	-	1 120 608	96%	1 172 626
Bulgaria	4 900	2%	425	-	-	-	283 691	98%	289 016
Kyrgyzstan	-	-	350 395	82%	-	-	75 917	18%	426 312
Latvia	-	-	32 496	3%	-	-	1 222 783	97%	1 255 279
Poland	20 000	1%	222 373	8%	-	-	2 451 223	91%	2 693 596
Romania	481 000	8%	118 040	2%	3 583 333	63%	1 512 000	27%	5 694 373
Republic of Kazakhstan	25 000	1%	113 500	4%	-	-	2 746 667	95%	2 885 167
Russian Federation	855 492	6%	31 000	-	-	-	13 997 200	94%	14 883 692
Ukraine	80 000	48%	85 000	52%	-	-	-	-	165 000
Total Eastern Europe	**1 483 586**	**5%**	**1 046 904**	**4%**	**3 583 333**	**12%**	**23 410 089**	**79%**	**29 523 912**
Total all regions	**102 061 689**	**19%**	**49 074 097**	**9%**	**127 515 018**	**23%**	**266 320 217**	**49%**	**548 549 995**

* Includes total ODA and UN agency funding

DNA = data not available

Discrepancies between reports from countries and from ODA/United Nations agencies

Comparisons between data reported by countries and data reported by ODA agencies showed that 31 countries reported having received more funds from ODA agencies than ODA agencies reported having contributed to them (Table 8). Almost the same number of countries (27) reported receiving less.

TABLE 8.

ODA Agency Reported HIV/AIDS Funding and HIV/AIDS ODA Reported by Countries, at Current Prices and Exchange Rates, 1996 (US$)

Country	ODA agency reported funding	ODA reported by countries	Difference between ODA reported by countries and by ODA agencies
Angola	134 100	427 535	293 435
Botswana	84 010	-	-84 010
Burkina Faso	108 928	567 979	459 051
Central African Republic	-	557 701	557 701
Chad	-	75 000	75 000
Côte d'Ivoire	138 667	6 152 853	6 014 186
Democratic Republic of Congo	411 395	2 000 000	1 588 605
Ethiopia	10 347 649	848 639	-9 499 010
Ghana	3 100 993	1 654 829	-1 446 164
Kenya	6 559 570	8 476 095	1 916 525
Madagascar	-	374 000	374 000
Malawi	8 440 540	4 455 015	-3 985 525
Mauritania	-	18 571	18 571
Mauritius	-	10 499	10 499
Mali	4 959	3 578 942	3 573 983
Mozambique	671 269	2 373 277	1 702 008
Namibia	232 965	463 000	230 035
Nigeria	1 433 146	3 467 609	2 034 463
Rwanda	3 245 497	6 690 152	3 444 655
Senegal	1 929 223	3 294 925	1 365 702
Sudan	117 335	900	-116 435
United Republic of Tanzania	10 657 925	899 357	-9 758 568
Uganda	12 145 085	13 583 800	1 438 715
Zambia	6 195 244	3 822 806	-2 372 438
Zimbabwe	13 371 062	5 319 725	-8 051 337
Total sub-Saharan Africa	**79 329 562**	**65 534 267**	
Bangladesh	2 681 663	2 013 034	-668 629
Cambodia	2 930 245	2 135 180	-795 065
China	783 005	2 139 152	1 356 147
Fiji	-	6 273	6 273
India	3 063 546	3 674 554	611 008
Indonesia	4 411 201	3 602 806	-808 395
Lao PDR	120 801	1 195 927	1 075 126
Myanmar	38 114	-	-38 114
Nepal	3 354 794	52 083	-3 302 711
Pakistan	906 818	170 000	-736 818
Philippines	6 524 253	7 565 000	1 040 747
Papua New Guinea	1 361 235	175 000	-1 186 235
Thailand	8 796 278	2 710 324	-6 085 954
Viet Nam	990 461	764 000	-226 461
Total Asia and Pacific	**33 280 750**	**26 203 333**	

TABLE 8. (CONTINUED)

ODA Agency Reported HIV/AIDS Funding and HIV/AIDS ODA Reported by Countries, at Current Prices and Exchange Rates, 1996 (US$)

Country	ODA agency reported funding	ODA reported by countries	Difference between ODA reported by countries and by ODA agencies
Brazil	6 685 597	-	-6 685 597
Costa Rica	230 647	-	-230 647
Ecuador	206 092	4 500	-201 592
El Salvador	246 755	-	-246 755
Guatemala	406 292	53 784	-352 508
Honduras	1 526 367	1 257 644	-268 723
Nicaragua	964 426	107 176	-857 250
Paraguay	-	-	-
Uruguay	-	-	-
Total Latin America	**10 266 176**	**1 423 104**	
Bahamas	-	-	-
Dominican Republic	2 064 260	6 177 778	4 113 518
Haiti	1 318 421	1 143 200	-175 221
Jamaica	1 427 638	96 421	-1 331 217
Trinidad & Tobago	-	39 941	39 941
Total Caribbean	**4 810 319**	**7 417 399**	
Albania	-	11 694	11 694
Azerbaijan	-	-	-
Belarus	-	5 500	5 500
Bulgaria	-	4 900	4 900
Kyrgyzstan	-	-	-
Latvia	-	-	-
Poland	4 440	20 000	15 560
Romania	5 047	481 000	475 953
Republic of Kazakhstan	73 581	25 000	-48 581
Russian Federation	117 282	855 492	738 210
Ukraine	-	80 000	80 000
Total Eastern Europe	**200 350**	**1 483 586**	

Reporting differences account in the main for these discrepancies. Not all ODA agencies replied to the survey, nor did all countries reply; this has resulted in slightly different data sets. In addition, one major donor country, France, did not provide data at project or country level. Thus, two of the major recipients of ODA from France, Côte d'Ivoire and Rwanda, reported having received much more funding than what was reported as provided by ODA agencies.

Some of the money earmarked by an ODA agency for global or regional activities will eventually be spent at the country level. While ODA agencies report these funds as global or regional allocations, individual countries report these funds as country allocations. This appears to have contributed to the discrepancy in the reports of funding for the Dominican Republic, which reported more funds from USAID than USAID reported allocating to the country.

A number of countries, such as Ethiopia, Tanzania and Zimbabwe, reported receiving significantly less funding than the ODA agencies have indicated. There are a number of administrative reasons for this under-reporting of ODA at the country level, such as differences in allocations and actual spending at the country level, and time lags between allocation of resources and reception of those resources

in the country. ODA agencies may also have reported funding differently than the countries receiving the funding, for instance as regards resources spent on technical support or administrative overheads of programme implementation, or support costs charged by international or local implementing groups to ODA agencies for services in a country.

Finally, the survey respondents at country level may have been unaware of funds channelled by some ODA agencies through NGOs and other institutions at country level. Similarly, while ODA agencies include allocations to research projects in a particular country as part of their HIV/AIDS ODA, countries often do not consider these allocations as contributions to their national response to HIV/AIDS.

Cross-checking between funds reported by United Nations agencies and country-reported data showed similar discrepancies in the case of the UNAIDS Secretariat, UNFPA and UNICEF. In the case of the UNAIDS Secretariat, the total of core funding and Strategic Planning Development Funds provided to the countries in the study was US$ 11.7 million, while the total reported in the country surveys amounted to US$ 9.4 million. In some cases, UNAIDS support was not reported at all and in other cases, only partial amounts were reported. This is due at least in part to delays in the disbursement of UNAIDS contributions at country level and to delayed implementation of funded activities.

The country survey forms reported UNFPA funding in support of HIV/AIDS at country level, both as discrete HIV/AIDS activities and as activities integrated in other UNFPA projects. On the other hand, the UNFPA AIDS Update states that UNFPA only provides funding for HIV/AIDS activities in an integrated fashion. The information provided in the country forms may reflect a misunderstanding of the terminology used in the study.

Whereas the UNFPA indicated in its AIDS Update that there was hardly any funding increase from 1996 to 1997 for AIDS prevention at country level, countries reported UNFPA-funded activities for a total of US$ 9.1 million in 1996 and US$ 12.5 million in 1997, which corresponds to an increase of 37%. The increase is mostly attributable to major new projects in a few countries and to some increases in funding for other countries.

The differences in the amounts reported in the two surveys are thus in all likelihood due to different approaches of data collection and to differences in identification of the integration of HIV/AIDS activities into UNFPA programme activities. It is therefore not appropriate to draw conclusions from comparisons between the figures provided in the UNFPA AIDS Update and those provided in this study without further research.

UNICEF was not able to check or confirm the data collected at country level, since details on country level funding are not available at headquarters. The estimates provided by the 64 country surveys totalled US$ 9.7 million and US$ 10.4 million in 1996 and 1997 respectively. This is considerably higher than the amount of expenditure reported by UNICEF for all discrete HIV/AIDS activities funded at country level. The majority of the projects reported in the country surveys were also classified as discrete, and it may be that respondents found it difficult to classify activities as discrete or integrated.

Estimated proportion of total HIV/AIDS financing captured by survey

To further assess the completeness of the country reports, survey respondents were sent a follow-up questionnaire regarding the quality and completeness of the data reported in their country survey. The questionnaire asked for ratings on a 5-point scale that ranged from 0% to 100% of completeness in reporting. A rating on completeness of reporting was given for total HIV/AIDS funding in 1996 as well as for discrete and integrated HIV/AIDS projects, by channel of funding. Of the 64 countries concerned, 33 completed and returned this questionnaire.

The overall 1996 reported funding was rated as having captured about two thirds of all funding

for HIV/AIDS in these countries. Several other patterns emerge from the analysis of responses. First, there is wide discrepancy as regards perceived completeness of reporting for discrete programmes and for integrated programmes. Reporting on the funding of discrete programmes was rated as being about 60% complete while integrated programmes were rated as reporting on less than half of total integrated funding. There were also large differences regarding the sources of funding. Reporting completeness for private contributions was rated as low for both discrete and integrated projects (38% and 27%), while reporting completeness for UN funding was rated as high (84 % and 60%).

Overall, the follow-up survey suggests that reports of country level financing are far from complete. If results of the survey are used to attempt an adjustment of the country–reported data, total national and international HIV/AIDS spending in the 64 countries included in this study could be as high as US$ 810 million for 1996.

Country-reported HIV/AIDS financing, by size of HIV–infected population

Needs of countries in the response to AIDS differ substantially because of many factors, including differences in the stage and patterns of the epidemic. One simple measure of assessing whether available funding is meeting the needs of the countries included in the study is to look at the amount of funds available in relation to the estimated number of adults living with HIV/AIDS. Seven of the eight countries in the world with more than one million adults estimated to be living with HIV/AIDS participated in the study (Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, Zimbabwe and India). These countries account for nearly 50% of the estimated total population living with HIV/AIDS in the world, but for only 16% and 25%, respectively, of the reported national and international expenditure on HIV/AIDS.

Table 9 lists the national and international funds made available to the response to HIV/AIDS in 1996 as reported by the countries. It also lists, for each country, the 1997 population, the estimated total prevalence and adult prevalence rate of HIV/AIDS, and the per capita gross domestic product adjusted for purchasing power parity. The last two columns show the funds available per HIV–infected person.

The total amount available per HIV–infected person varies substantially among countries. In general, values were highest in Eastern European countries. For example, with more than US$ 12 000 per person living with HIV, Latvia had the highest HIV funding per capita of all countries in the study. These comparably high rates are associated with a rather small number of persons living with HIV/AIDS. Figures were generally lowest in countries of sub-Saharan Africa, where the epidemic is worst. Of the countries with an estimated HIV prevalence rate of 1% and above, only Mali, Senegal and Uganda had funding of US$ 40 and more per HIV–infected person.

In Asia and Latin America, figures range from less than one US dollar in Ecuador to more than US$ 1000 in Lao PDR (which has a small number of HIV infected persons). Brazil and Thailand are among the countries most affected by HIV in their respective regions. However, with US$ 134 million and US$ 74 million spent from national resources respectively, both countries have by far the highest national contributions made available to the response to HIV/AIDS.

TABLE 9

Country-Reported HIV/AIDS Funding at Current Prices and Exchange Rates (US$), 1996, by Estimated HIV–Positive Population

Country	Population 1997 In thousands	Number of people living with HIV/AIDS	Adult prevalence rate (%)	International donors*	National government	Funds reported by country	GNP-PPP per capita	Funds per HIV–positive	National funds per HIV–positive
Angola	11 569	110 000	2.12	461 097	-	461 097	1030	$4.19	$0.00
Botswana	1 518	190 000	25.10	-	2 711 640	2 711 640	7390	$14.27	$14.27
Burkina Faso	11 087	370 000	7.17	4 735 792	-	4 735 792	950	$12.80	$0.00
Central African Republic	3 416	180 000	10.77	1 661 267	292 385	1 953 652	1430	$10.85	$1.62
Chad	6 702	87 000	2.72	911 233	277 648	1 188 881	880	$13.67	$3.19
Côte d'Ivoire	14 300	700 000	10.06	6 527 853	725 806	7 253 659	1580	$10.36	$1.04
Democratic Republic of Congo	48 040	950 000	4.35	3 625 431	-	3 625 431	790	$3.82	$0.00
Ethiopia	60 148	2 600 000	9.31	1 195 296	110 294	1 305 590	500	$0.50	$0.04
Ghana	18 338	210 000	2.38	2 169 202	17 367	2 186 569	1790	$10.41	$0.08
Kenya	28 414	1 600 000	11.64	17 946 095	3 537 500	21 483 595	1130	$13.43	$2.21
Madagascar	15 845	8 600	0.12	755 571	-	755 571	900	$87.86	$0.00
Malawi	10 086	710 000	14.92	5 219 539	1 124 633	6 344 172	690	$8.94	$1.58
Mauritania	2 392	6 100	0.52	67 071	21 429	88 500	1810	$14.51	$3.51
Mauritius	1 141	500	0.08	85 925	54 726	140 651	9000	$281.30	$109.45
Mali	11 480	89 000	1.67	3 578 942	70 909	3 649 851	710	$41.01	$0.80
Mozambique	18 265	1 200 000	14.17	2 880 637	-	2 880 637	500	$2.40	$0.00
Namibia	1 613	150 000	19.94	764 000	435 700	1 199 700	5390	$8.00	$2.90
Nigeria	118 369	2 300 000	4.12	3 852 265	9 756	3 862 021	870	$1.68	$0.00
Rwanda	5 883	370 000	12.75	10 224 759	-	10 224 759	630	$27.63	$0.00
Senegal	8 762	75 000	1.77	4 120 457	352 000	4 472 457	1650	$59.63	$4.69
Sudan	27 899	140 000	0.99	279 100	150 000	429 100	DNA	$3.07	$1.07
United Republic of Tanzania	31 507	1 400 000	9.42	2 292 516	33 333	2 325 849	DNA	$1.66	$0.02
Uganda	20 791	930 000	9.51	35 043 490	2 540 000	37 583 490	1030	$40.41	$2.73
Zambia	8 478	770 000	19.07	6 023 688	190 878	6 214 566	860	$8.07	$0.25
Zimbabwe	11 682	1 500 000	25.84	13 933 725	43 802	13 977 527	2200	$9.32	$0.03
Total or *Average*	**497 725**	**16 646 200**	**-**	**128 354 951**	**12 699 806**	**141 054 757**	*$1900*	*$8.47*	*$0.76*
Albania	-	100	-	30 834	-	30 834	DNA	$308.34	$0.00
Azerbaijan	7 655	100	<0.005	28 017	-	28 017	1490	$280.17	$0.00
Belarus	-	9 000	-	52 018	1 120 608	1 172 626	4380	$130.29	$124.51
Bulgaria	-	300	-	5 325	283 691	289 016	4280	$963.39	$945.64
Kyrgyzstan	4 481	100	<.005	350 395	75 917	426 312	1970	$4263.12	$759.17
Latvia	2 474	100	0.01	32 496	1 222 783	1 255 279	3650	$12 552.79	$12 227.83
Poland	38 635	12 000	0.06	242 373	2 451 223	2 693 596	6000	$224.47	$204.27
Romania	22 606	5 000	0	4 182 373	1 512 000	5 694 373	4580	$1138.87	$302.40
Republic of Kazakhstan	16 832	2 500	0.03	138 500	2 746 667	2 885 167	3230	$1154.07	$1098.67
Russian Federation	147 708	40 000	0.05	886 492	13 997 200	14 883 692	4190	$372.09	$349.93
Ukraine	51 424	110 000	0.43	165 000	-	165 000	2230	$1.50	$0.00
Total or *Average*	**291 815**	**179 200**	**-**	**6 113 823**	**23 410 089**	**29 523 912**	*$3600*	*$164.75*	*$130.64*

TABLE 9 (CONTINUED)

Country-Reported HIV/AIDS Funding at Current Prices and Exchange Rates (US$), 1996, by Estimated HIV–Positive Population

Country	Population 1997 In thousands	Number of people living with HIV/AIDS	Adult prevalence rate (%)	International donors*	National government	Funds reported by country	GNP-PPP per capita	Funds per HIV–positive	National funds per HIV–positive
Brazil	163 132	400 000	0.63	63 766 667	133 951 111	197 717 778	6340	$494.29	$334.88
Costa Rica	3 575	10 000	0.55	-	71 810	71 810	6470	$7.18	$7.18
Ecuador	11 937	18 000	0.28	4 500	-	4 500	4730	$0.25	$0.00
El Salvador	5 928	18 000	0.58	35 000	-	35 000	2790	$1.94	$0.00
Guatemala	11 241	27 000	0.52	53 784	-	53 784	3820	$1.99	$0.00
Honduras	5 981	43 000	1.46	4 434 368	-	4 434 368	2130	$103.12	$0.00
Nicaragua	4 351	4 100	0.19	186 756	-	186 756	1760	$45.55	$0.00
Paraguay	5 088	3 200	0.13	63 600	2 025 950	2 089 550	3480	$652.98	$633.11
Uruguay	3 221	5 200	0.33	57 000	278 000	335 000	7760	$64.42	$53.46
Total or Average	**214 454**	**528 500**	**-**	**68 601 675**	**136 326 871**	**204 928 546**	*$4364*	*$387.76*	*$257.95*
Bahamas	288	6 300	3.77	7 524	4 900	12 424	10 180	$1.97	$0.78
Dominican Republic	8 097	83 000	1.89	6 514 814	403 703	6 918 517	4390	$83.36	$4.86
Haiti	7 395	190 000	5.17	2 210 049	-	2 210 049	1130	$11.63	$0.00
Jamaica	2 515	14 000	0.99	254 868	383 881	638 749	3450	$45.62	$27.42
Trinidad & Tobago	1 307	6 800	0.94	-	34 738	34 738	3450	$5.11	$5.11
Total or Average	**18 295**	**293 300**	**-**	**8 987 255**	**792 484**	**9 779 739**	*$4520*	*$33.34*	*$2.70*
Bangladesh	122 013	21 000	0.03	2 223 346	-	2 223 346	1010	$105.87	$0.00
Cambodia	10 516	130 000	2.40	3 777 495	61 392	3 838 887	DNA	$29.53	$0.47
China	1 243 738	400 000	0.06	3 378 288	2 755 507	6 133 795	3330	$15.33	$6.89
Fiji	809	260	0.06	144 400	-	144 400	4070	$555.38	$0.00
India	960 178	4 100 000	0.82	30 275 353	7 467 222	37 742 575	1580	$9.21	$1.82
Indonesia	203 480	52 000	0.05	10 402 505	516 893	10 919 398	3310	$209.99	$9.94
Lao PDR	5 194	1 100	0.04	1 561 327	-	1 561 327	1250	$1419.39	$0.00
Myanmar	46 765	440 000	1.79	1 064 079	844 000	1 908 079	DNA	$4.34	$1.92
Nepal	22 591	26 000	0.24	265 377	18 274	283 651	1090	$10.91	$0.70
Pakistan	143 831	64 000	0.09	270 000	1 779 448	2 049 448	1600	$32.02	$27.80
Philippines	70 724	24 000	0.06	7 924 000	931 000	8 855 000	3550	$368.96	$38.79
Papua New Guinea	4 500	4 500	0.19	3 090 753	109 653	3 200 406	2820	$711.20	$24.37
Thailand	59 159	780 000	2.23	4 445 222	74 062 123	78 507 345	6700	$100.65	$94.95
Viet Nam	76 548	88 000	0.22	1 349 896	4 545 455	5 895 351	1570	$66.99	$51.65
Total or Average	**2 970 046**	**6 130 860**	**-**	**70 172 041**	**93 090 967**	**163 263 008**	*$2806*	*$26.63*	*$31.34*

* refers to all international funding sources, including UN agencies
DNA= data not available
Sources: UNAIDS/WHO, *Report on the global HIV/AIDS epidemic, June 1998* and
The World Bank, *World Development Indicators, 1998*. Washington, D.C.: International Bank for Reconstruction and Development.

V. Conclusions and next steps

This study provides a baseline on national and international HIV/AIDS funding in 1996 and 1997. It also highlights a series of issues that need to be addressed in the development of a monitoring system on national and international HIV/AIDS financing.

The survey showed that for the 10 ODA agencies for which data are available, funding to HIV/AIDS programmes in constant dollars has grown continuously over the last 10 years. This has occurred even though there has been a decrease in overall ODA provided by these agencies. The survey also showed that, from an emphasis in the 1980s on multilateral funding, channelling of HIV/AIDS ODA by these 10 major ODA agencies shifted towards bilateral funding, so that currently more than half of all such funding is bilateral assistance. While there has been an almost five-fold increase in the HIV/AIDS ODA disbursed by these 10 ODA agencies over the last 10 years, this increase has not kept up with the growth of the epidemic. In addition, HIV/AIDS ODA is not necessarily disbursed to those countries where the need is greatest.

The study revealed a broad United Nations agency response to the epidemic. Most of the UNAIDS Cosponsors allocated significant resources to HIV/AIDS-related programmes in 1996 and 1997. The World Bank provided loans both for projects that specifically focus on HIV/AIDS and for broader projects that incorporate significant HIV/AIDS programming. For selected countries, World Bank loans are a major source of funds allocated to HIV/AIDS activities. However, funding from United Nations agencies proved to be more difficult to track than funding from ODA agencies.

The study also highlighted the fact that survey tools can provide relatively good coverage of country level efforts in prevention, which are mainly implemented and coordinated by the national AIDS programmes. Yet, while sectors such as care and support for those infected and affected will become increasingly important and probably exceed the expenditures on prevention activities in some countries, it was not possible to capture adequate information on care expenditures through a global survey of this type. In addition, only limited data could be obtained on out-of-pocket expenditures and infrastructure costs.

The country-level survey showed that, although more than half of the total reported resources came from national government funds or from loans from the World Bank, two countries, Brazil and Thailand, accounted for the major part of such funds; 29 of the 64 countries included in the study reported that less than 10% of the spending on HIV/AIDS in their country included national funds. There were also large differences among countries in financing the response to HIV/AIDS. While some of these differences are probably due to variations in the ability of countries to finance the response (e.g., the large amount of national funding reported by Brazil) the reason for other differences are less clear. For example, in sub-Saharan Africa, where the epidemic is the most severe, there are large differences in funding for countries with similar epidemics. Nigeria has over twice as many people infected with HIV/AIDS as Uganda (although with a lower prevalence of HIV/AIDS), yet Nigeria reported spending less than US$ 4 million in 1996, compared to the US$ 37 million reported by Uganda. Similarly in Asia, Myanmar reported spending less than other countries in the region, even though its epidemic is one of the most severe in the region. This holds true even if variations in cost of living are taken into account.

The study found that ODA agencies are able to track HIV/AIDS ODA. However, current structures in UN agencies and national programmes make it difficult to track actual expenditure on HIV/AIDS. The study also revealed limitations in identifying HIV/AIDS resources integrated in broader programmes, such as maternal and child health, or education. It has become increasingly clear that effective HIV/AIDS prevention, care and support will require the

mainstreaming of these activities within and outside the health sector. This is a welcome trend, but it will render the tracking of funds spent on HIV/AIDS increasingly difficult.

Future monitoring of HIV/AIDS ODA

On the basis of the experience gained through the current survey and similar exercises in the past, the UNAIDS Secretariat has proposed to ODA agencies a simplified structure for future tracking of HIV/AIDS resources. All ODA agencies indicated that they would be able to provide information requested on a yearly basis. Most ODA agencies, however, indicated that they would find it difficult to provide information on the percentage of integrated projects that relates to HIV/AIDS. In order to address this issue, the UNAIDS Secretariat will participate in efforts to develop and streamline tools and criteria for the identification and tracking of resources and expenditures within integrated activities, in collaboration with its Cosponsors and other partners.

Future monitoring of United Nations financing for HIV/AIDS programmes

The UNAIDS Secretariat has begun working with its Cosponsoring Organizations to improve the tracking of UN agency funds allocated to HIV/AIDS. Though a clear strategy remains to be developed, the Committee of Cosponsoring Organizations has agreed to provide HIV/AIDS-related financial information as part of the development of a unified workplan and budget for HIV/AIDS activities among the UNAIDS Secretariat and its Cosponsors. The UNAIDS Secretariat will continue to support its Cosponsors in strengthening their capacity in this area.

Future monitoring of financing for HIV/AIDS programmes at national level

Tracking of resources at the national level remains difficult. In most countries, the structures that would allow easy tracking of national and international resources made available to the national response to HIV/AIDS are non-existent. While it seems possible to capture the majority of funds made available within the health sector for prevention, other sources of funding are more difficult to assess. In a specific follow-up survey to this study, country respondents indicated that tracking of funding from other than the national programme, and national and international NGOs, would require a substantial time investment. Information on funding provided by the private sector, insurance companies and out-of-pocket expenditure is not available in most countries, even though these categories are likely to become increasingly important as care becomes more widely available even in the poorest countries.

The assessment and monitoring of needs and resource allocation for the national response to HIV/AIDS should be an integral part of the national strategic planning process. This process can offer a unique opportunity for a better understanding of the issues involved and for the integration of improved monitoring systems to assess the flow of resources when implementing plans. The National Response Database currently being compiled by the UNAIDS Secretariat will also provide a framework for countries to collect information on the national and international financing of HIV/AIDS projects and programmes on a continuous basis.

The UNAIDS Secretariat will also undertake intensified efforts in a series of countries to allow a better understanding of current structures and of their limitations for the tracking of HIV/AIDS funding in the different sectors. These efforts should lead to recommendations and protocols that will enable national programmes to establish improved tracking systems and report on trends over time.

ANNEX 1

ODA agencies asked to take part in the study

Australia	Australian Agency for International Development
(Austria*)	Federal Ministry of Foreign Affairs
Belgium	Secrétariat d'Etat pour le Développement et la Coopération
Canada	Canadian International Development Agency
Denmark	Ministry of Foreign Affairs
Finland	Department for International Development Cooperation
France**	Ministère des Affaires étrangères
Germany	Federal Ministry for Economic Cooperation and Development
(Ireland*)	Department of Foreign Affairs
(Italy*)	Mission permanente de l'Italie auprès de l'Office des Nations Unies et des autres Organisations internationales à Genève
Japan	Japan International Cooperation Agency Ministry of Health and Welfare
Luxembourg**	Ministère des Affaires étrangères
Netherlands	Ministry of Foreign Affairs
Norway	Royal Ministry of Foreign Affairs
(Spain*)	Ministry of Health
Sweden	Swedish International Development Cooperation Agency
Switzerland	Agence suisse de Coopération au Développement
UK	Department for International Development
USA	United States Agency for International Development

*Did not reply to survey
**Provided financial data for 1996 only

ANNEX 2

Countries invited to take part in the study

Africa
Angola
Botswana
Burkina Faso
Central African Republic
Chad
(Congo**)
Côte d'Ivoire
Democratic Republic of Congo
(Djibouti**)
Ethiopia
Ghana
Kenya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Nigeria
Rwanda
Senegal
(South Africa**)
Sudan
United Republic of Tanzania
Uganda
Zambia
Zimbabwe

Asia
Bangladesh
Cambodia
China
India
Indonesia
Lao PDR
Myanmar
Nepal
Pakistan
Philippines
Thailand
Viet Nam

Pacific
Fiji
Papua New Guinea

Latin America
(Argentina*)
Brazil
Costa Rica
Ecuador
El Salvador
Guatemala
Honduras
(Mexico*)
Nicaragua
Paraguay
(Peru*)
Uruguay

Caribbean
Bahamas
(Barbados**)
(Belize**)
Dominican Republic
Haiti
Jamaica
Trinidad & Tobago

Europe
Albania
Azerbaijan
Belarus
Bulgaria
Kyrgyzstan
Latvia
Poland
Republic of Kazakhstan
Romania
Russian Federation
Ukraine

*Did not reply to the survey
**Incomplete answers to the survey