U.S. Response to the Global Threat of HIV/AIDS: Basic Facts

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Summary

The human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) is one of the world's most pressing global health challenges. Since the beginning of the epidemic, more than 60 million people have been infected with HIV, approximately 30 million of whom have died of HIV-related causes. As of 2009, there were 33.3 million people living with the virus, the vast majority of whom live in sub-Saharan Africa. Expanded access to antiretroviral therapy (ART) over the past decade, due in large part to U.S. support, has contributed to declines in deaths among people living with HIV. Nonetheless, new infections continue to outpace access to treatment. The 112th Congress will likely be faced with determining how, and to what extent, the United States should respond to the continued challenge of global HIV/AIDS.

The United States has recognized HIV/AIDS as a key foreign policy priority. Congress has passed several pieces of legislation related to global HIV/AIDS prevention, treatment, and care. In particular, in 2003, Congress enacted the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25), authorizing $15 billion to combat global HIV/AIDS, tuberculosis (TB), and malaria through the President's Emergency Plan for AIDS Relief (PEPFAR), an initiative proposed by the George W. Bush Administration. In 2008, Congress enacted the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P.L. 110-293), authorizing $48 billion for HIV/AIDS, TB, and malaria programs from FY2009 through FY2013. From FY2004 through FY2010, the United States spent a total of $26,348 million on bilateral HIV/AIDS programs.

PEPFAR is the largest commitment in history by any nation to combat a single disease and makes up the majority of donor funding for global HIV/AIDS. When PEPFAR was announced, health experts were debating whether the international community had a responsibility to provide ART in developing countries and whether they could be safely administered in such environments. PEPFAR responded to calls from those advocating treatment for the world's poor and demonstrated that ART could be effectively provided in low-resource settings.

PEPFAR is coordinated by the Office of the U.S. Global AIDS Coordinator (OGAC) at the Department of State and is implemented by a range of U.S. agencies that include, among others, the United States Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC). The United States also supports several multilateral organizations responding to HIV/AIDS, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United Nations Joint Program on HIV/AIDS (UNAIDS).

Due in part to the global response to HIV/AIDS, progress has been made in combating the epidemic. New HIV infections fell by more than 25% in 33 countries between 2001 and 2009, and AIDS-related deaths have declined significantly. At the same time, major challenges remain in the fight against HIV/AIDS. For example, the number of people in need of treatment has continued to grow, straining available resources. Global health experts have increasingly debated the sustainability of expanded access to HIV/AIDS treatment, and many argue that efforts to reduce new infections should become the central focus of donor assistance. This report outlines basic facts related to global HIV/AIDS, including characteristics of the epidemic and U.S. legislation, programs, funding, and partnerships related to global HIV/AIDS. It concludes with a brief description of some of the major issues that might be considered by the 112th Congress as it responds to the disease. The report will be updated as events warrant.

Contents

Introduction ... 1
Description of HIV/AIDS ... 1
Global HIV/AIDS Statistics ... 1
Regional Distribution of HIV/AIDS ... 2
HIV/AIDS Treatment, Care, and Prevention ... 3
Key U.S. Legislation on Global HIV/AIDS, 2003-2011 ... 4
U.S. Global HIV/AIDS Programs ... 5
PEPFAR Implementing Agencies ... 6
U.S. Global HIV/AIDS Assistance Funds ... 7
Key Partners in the Response to Global HIV/AIDS ... 11
Key Issues in Global HIV/AIDS ... 12

Figures

Figure 1. Number of People Newly Infected with HIV, 1990-2009 ... 2
Figure 2. Global Prevalence Rates of HIV, 2009 ... 3
Figure 3. PEPFAR Organizational Chart: Appropriations ... 8
Figure 4. U.S. Funding for Bilateral Global HIV/AIDS Programs in Constant Dollars: FY2004-FY2010 ... 9
Figure 5. Donor Government HIV/AIDS Assistance, as Share of Total Disbursements, 2009 ... 11

Tables

Table 1. U.S. Bilateral Funding for Global HIV/AIDS: FY2004-FY2012 ... 9
Table 2. U.S. Appropriations for the Global Fund: FY2004-FY2012 ... 10

Contacts

Author Contact Information ... 13

Introduction

Over the past decade, the United States has recognized the human immunodeficiency virus and the acquired immune deficiency syndrome (HIV/AIDS) as a key foreign policy priority. Congressional authorization of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 brought unprecedented attention and funding to the epidemic and established a new and central role for donor governments in the fight against HIV/AIDS, particularly regarding the provision of AIDS treatment. The United States remains the largest single donor for global HIV/AIDS efforts in the world, providing over 50% of all government donor funds. In recent years, despite the continued challenge of HIV/AIDS around the world, international funding for HIV/AIDS—including U.S. assistance—has begun to level off. This report provides information on key components of the HIV/AIDS epidemic and the U.S. response to HIV/AIDS.

Description of HIV/AIDS

HIV is an infectious disease that damages human immune cells. The final stage of HIV is AIDS, which occurs when an individual's immune system is so damaged it can no longer fight off other infections. If left untreated, AIDS is fatal. HIV is spread through contact with the bloodstream or by passing through delicate mucous membranes, including the vagina, rectum, and urethra. Transmission primarily occurs in three ways: (1) unprotected sexual intercourse with an infected partner; (2) injections with a needle, syringe, or other equipment that has been used by an infected person; and (3) between a child and an infected mother, during pregnancy, birth, or breast-feeding. High-risk groups include sex workers, men who have sex with men, and injecting drug users.

Global HIV/AIDS Statistics[1]

Prevalence: Prevalence measures the number of people living with a disease. Since the beginning of the epidemic, almost 60 million people have been infected with HIV. As of 2009, there were 33.3 million people living with the virus. Women make up 52% of those living with HIV. The number of people living with HIV continues to rise as a combined result of new infections and improved access to antiretroviral treatment (ART) that have lowed AIDS-related mortality.

Incidence: Incidence measures the number of people who contract a disease within a given time period (usually one year). In 2009, 2.6 million people contracted HIV—7,100 new infections per day—including 370,000 children under the age of 15. New infections are thought to have peaked in 1996 at 3.5 million (**Figure 1**). Incidence has fallen by more than 25% in 33 countries between 2001 and 2009, including in 22 sub-Saharan African countries.

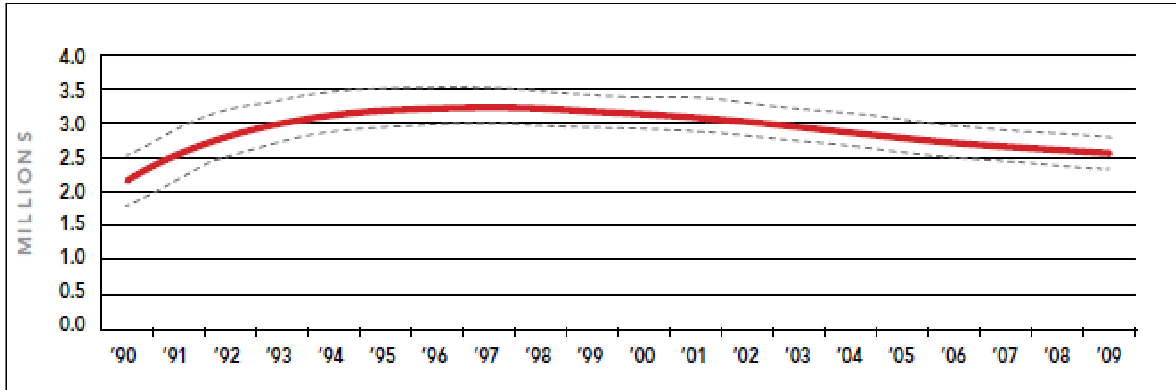
Mortality: HIV continues to be a leading cause of death worldwide and the number one killer in sub-Saharan Africa. By 2009, more than 26 million people had died of AIDS worldwide. In 2009, 1.8 million people died of AIDS, including roughly 260,000 children. AIDS-related deaths are

[1] All data in this section is from Joint United Nations Program on HIV/AIDS (UNAIDS), *Report on the Global AIDS Epidemic*, 2010, http://www.unaids.org/documents/20101123_GlobalReport_em.pdf.

thought to have peaked in 2004 at 2.2 million and declined since then due to the improved access to ART.

Figure 1. Number of People Newly Infected with HIV, 1990-2009

(Millions per year)



Source: UNAIDS, *Report on the Global AIDS Epidemic*, 2010, p. 16.

Notes: The dotted line represents high and low estimates of new infections each year.

Regional Distribution of HIV/AIDS[2]

HIV/AIDS is a global phenomenon, but there are important regional and intra-regional differences in HIV prevalence, incidence, and mortality.

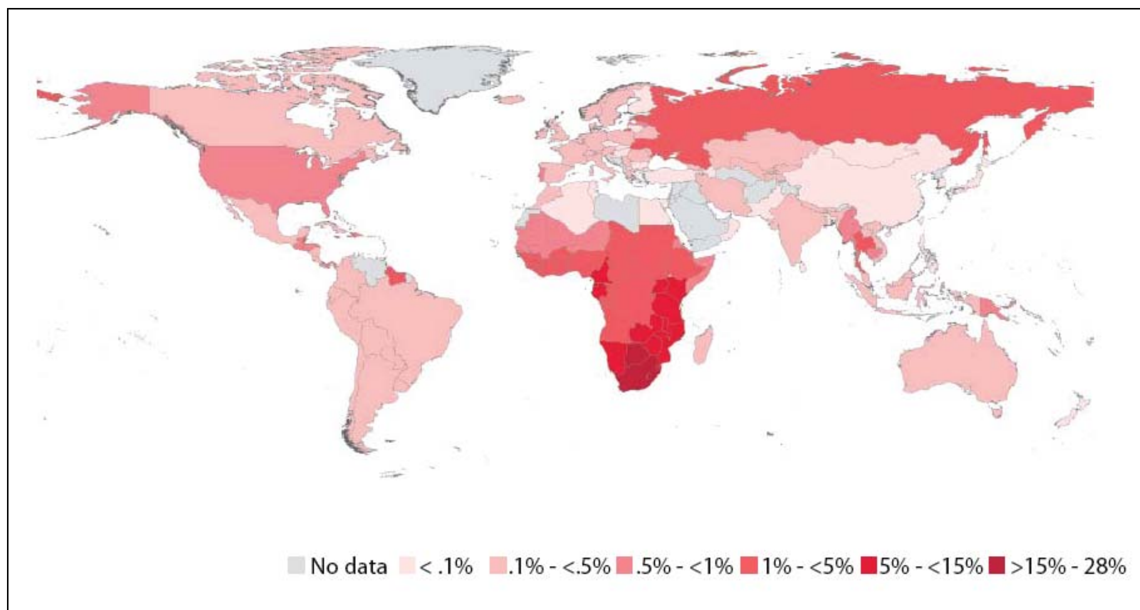
- Sub-Saharan Africa (SSA) is the region most affected by HIV/AIDS (**Figure 2**). As of 2009, an estimated 22.5 million people were living with HIV/AIDS in SSA, accounting for 68% of all people living with HIV worldwide. Nearly 90% of the estimated 16.9 million children who had lost one or both of their parents from AIDS-related deaths by the end of 2009 were in SSA. Southern Africa is home to the nine countries with the world's highest HIV prevalence rates worldwide and was home to an estimated 11.3 million people living with HIV in 2009. Swaziland has the world's highest prevalence rate (25.9%), and South Africa has the world's largest population with HIV (5.6 million). In 2009, about 1.8 million people in SSA contracted HIV and some 1.3 million people in the region died from AIDS.
- As of 2009, an estimated 4.9 million people were living with HIV in Asia, including 360,000 people who became infected in 2009. Also in 2009, approximately 300,000 AIDS-related deaths occurred in the region. Since 2000, the epidemic has remained somewhat stable in Asia, with HIV incidence peaking in the mid-1990s.
- As of 2009, an estimated 1.6 million people were living with HIV in Latin America and the Caribbean, including 109,000 people who became infected in 2009. In the region, the Bahamas has the highest prevalence rate, while Brazil

[2] All data in this section is from UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

has the largest population living with virus. Overall, the epidemic in Latin America has stabilized as has the rate of new infections in the Caribbean.

- Eastern Europe and Central Asia (EECA) has experienced the largest regional increase in HIV prevalence, most prominently in Russia and Ukraine. Since 2000, the number of people living with HIV in the region has almost tripled. As of 2009, an estimated 1.4 million people were living with HIV in EECA, including 130,000 people who were infected in 2009.

Figure 2. Global Prevalence Rates of HIV, 2009



Source: UNAIDS, *Report on the Global AIDS Epidemic*, 2010, p. 23.

Notes: Prevalence rates measure the percentage of people living with HIV in each country.

HIV/AIDS Treatment, Care, and Prevention

Treatment: Use of ART to treat HIV/AIDS has lowered the rate of AIDS-related deaths in much of the world. ART coverage—the percentage of people on ART among those in need—was 36% in 2009, up from 7% in 2003.[3] While lowering AIDS-related deaths, access to ART has also increased HIV prevalence around the world, as infected individuals are now living longer. ART also has some preventive benefits as it lowers viral loads, consequently reducing the likelihood of transmission.

Care Activities: Care for individuals infected and affected by HIV/AIDS constitutes a wide range of activities, including support for ART adherence, treatment of opportunistic infections, nutritional counseling, mental health services, prevention education, and livelihood activities, along with attention to orphans and vulnerable children.

[3] UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

Prevention Activities: A number of prevention efforts are being used to combat HIV/AIDS, including male circumcision, reduction of mother-to-child transmission (PMTCT), behavior change programs (including advocacy of abstinence, being faithful, and using condoms), HIV testing, blood supply safety programs, and harm reduction programs aimed at high-risk groups.

Prevention Research: Efforts to develop HIV preventive vaccines and microbicides—compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infections—are underway. Results from a 2010 study in South Africa, funded in part by the United States, showed that the use of a microbicide was 39% effective in reducing a woman's risk of contracting HIV during sex.[4] Many health experts support microbicide research as it offers women vulnerable to violence and sexual coercion some degree of protection against HIV.

Key U.S. Legislation on Global HIV/AIDS, 2003-2011

- On May 27, 2003, President George W. Bush signed into law the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Leadership Act, P.L. 108-25). The Leadership Act authorized $15 billion for global HIV/AIDS, TB, and malaria programs from FY2004 through FY2008. The act also authorized the creation of the Office of the Global AIDS Coordinator (OGAC) at the Department of State to oversee and coordinate all bilateral HIV/AIDS activities and funding.

  As part of the act, Congress recommended the following distribution of HIV/AIDS funds:

  - 15% of funds be used for palliative care, and
  - 20% of funds be used for HIV/AIDS prevention efforts.

  Congress further required the following distribution of HIV/AIDS funds for each fiscal year from FY2006 to FY2008:

  - at least 55% of funds be used for AIDS treatment, of which at least 75% be used for the purchase and distribution of ART and at least 25% be used for related care;
  - at least 33% of appropriated prevention funds be used for abstinence-until-marriage programs; and
  - at least 10% of funds be spent on orphans and vulnerable children.

  Finally, the act mandated that from FY2004 to FY2008, the United States contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund, see, "Key Partners in the Response to Global HIV/AIDS") not exceed 33% of the total amount of funds contributed from all sources.

[4] Center for the AIDS Program of Research in South Africa (CAPRISA), *Study of Microbicide Gel Shows Reduced Risk of HIV and Herpes Infection in Women*, July 20, 2010, http://www.caprisa.org/joomla/index.php/component/content/article/1/226.

- On July 24, 2008, President Bush signed into law the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Lantos-Hyde Act, P.L. 110-293). The Lantos-Hyde Act authorized $48 billion for U.S. global HIV/AIDS, TB, and malaria efforts from FY2008 through FY2013, including $2 billion for the Global Fund in FY2008.

  As part of the act, Congress removed the recommendations that 20% on funds be spent on prevention efforts and that 33% of these funds be used for abstinence-until-marriage programs, and required the following:

  - for each fiscal year from FY2009 to FY2013, at least 10% of funds be spent on orphans and vulnerable children;
  - for each fiscal year from FY2009 to FY2013, more than 50% of bilateral assistance be spent on treatment and care of individuals infected with HIV/AIDS;
  - balanced funding for prevention activities including those that promote abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction and country-specific implementation of such activities; and
  - a report to Congress should less than 50% of prevention funds go to activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction in any country with a generalized epidemic.

U.S. Global HIV/AIDS Programs

In 1999, the 106th Congress authorized resources to support a proposal by the Clinton Administration to broaden U.S. activities related to global HIV/AIDS through the Leadership and Investment in Fighting an Epidemic (LIFE) initiative. LIFE sought to address HIV/AIDS in 14 African countries and in India and represented the first time agencies other than the United States Agency for International Development (USAID) were included in the U.S. response to HIV/AIDS. President George W. Bush launched two initiatives that built on the LIFE initiative. In 2002, President Bush announced the International Mother and Child HIV Prevention Initiative, which focused on preventing mother-to-child transmission of HIV in 12 African countries and in two Caribbean countries. In 2003, President Bush announced PEPFAR, proposing that the United States spend $15 billion over the course of five years to combat HIV/AIDS. Both the LIFE initiative and the International Mother and Child HIV Prevention Initiative were replaced by PEPFAR.

PEPFAR significantly increased attention to and funding for global HIV/AIDS. The President proposed that the majority of the funds ($9 billion) be concentrated in 15 focus countries, including 12 in sub-Saharan Africa. The proposal also allocated $5 billion to research and to other bilateral HIV/AIDS programs and $1 billion for contributions in FY2004 to the Global Fund.

PEPFAR represents the largest commitment by any country toward an international health issue. At the time it was established, health experts were debating whether the international community had a responsibility to provide ART to HIV-positive people in developing countries and whether they could be safely administered in such environments. PEPFAR responded to calls from those

advocating treatment for the world's poor and demonstrated that ART could be effectively provided in low-resource settings.

Through the Leadership Act, Congress authorized the establishment of the Office of the Global AIDS Coordinator (OGAC), at the Department of State. OGAC oversees and coordinates all U.S. spending on bilateral global HIV/AIDS activities implemented by various agencies (see "PEPFAR Implementing Agencies"), as well as contributions to multilateral organizations.

President Barack Obama has committed to continued support for PEPFAR, while working to transition PEPFAR from an emergency plan to a long-term and sustainable approach to global HIV/AIDS. On May 5, 2009, the President announced the six-year, $63 billion Global Health Initiative (GHI), a new effort to develop a comprehensive U.S. global health strategy. The GHI calls for a more integrated U.S. response to global health issues and for a shift in U.S. global health strategy from one focused on specific diseases to a more comprehensive approach to health. PEPFAR is the central component of the GHI and accounts for over 60% of the President's FY2012 budget proposal. As part of the GHI, PEPFAR has committed to supporting the following goals from FY2010 through FY2014:

- prevention of more than 12 million new HIV infections;
- treatment of more than 4 million people living with HIV/AIDS;
- care for more than 12 million people, including 5 million orphans and vulnerable children; and
- training and retention of more than 140,000 new heath care workers.[5]

PEPFAR Implementing Agencies

PEPFAR programs are led by OGAC at the State Department and implemented by various U.S. agencies and departments, including the following:

- **U.S. Agency for International Development:** USAID supports HIV/AIDS programs in nearly 100 countries. These programs focus on providing treatment, care, and support to people infected with HIV/AIDS; strengthening primary health care systems; providing training, technical assistance, and commodities that reduce HIV transmission; reducing high-risk behaviors; and supporting international partnerships.
- **Centers for Diseases Control and Prevention (CDC):** CDC's Global AIDS Program (GAP) operates in 38 countries and three regional programs. CDC HIV/AIDS programs assist ministries of health and local implementing organizations to implement HIV/AIDS prevention programs, analyze program impact and cost effectiveness, and build the capacity of public workforce, as well as public health information, laboratory, and management systems.
- **National Institutes of Health (NIH):** NIH supports HIV/AIDS research and training in 90 countries. This research focuses on tools to prevent HIV

[5] The President's Emergency Plan For AIDS Relief, *The U.S. President's Emergency Plan for AIDS Relief: Five-Year Strategy*, Office of the Global AIDS Coordinator, Department of State, 2009, http://www.pepfar.gov/strategy/.

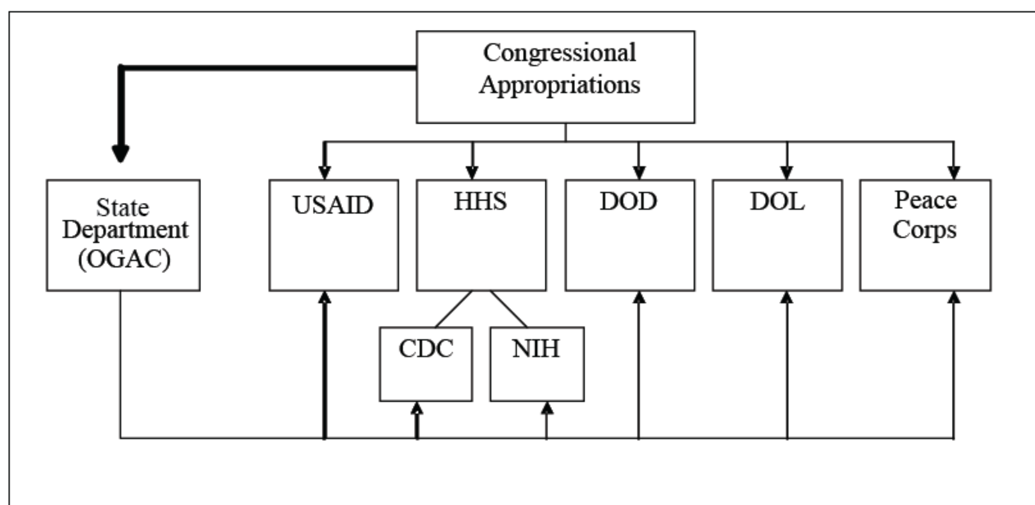
transmission, such as vaccines and microbicides; strategies to prevent mother-to-child transmission; and approaches to treating HIV and its associated opportunistic infections and co-infections in resource poor settings.

- **Health Resources and Services Administration (HRSA):** HRSA's HIV/AIDS strategy focuses on health system strengthening and improvements in human resources for health. HRSA runs HIV/AIDS programs in more than 25 countries that support rapid roll-out of ART, education and training for health workers, and innovative approaches to health data collection and evaluation.
- **U.S. Food and Drug Administration (FDA):** FDA ensures the availability of safe and effective AIDS treatment. Since 2004, FDA has supported an accelerated review process for ARTs, including generic drugs and fixed dose combination drugs (FDCs)—multiple antiretroviral drugs combined into a single pill—for PEPFAR programs. As of 2008, 80 generic ART formulations, including 16 FDCs, had been approved or tentatively approved by FDA.
- **Department of Defense (DOD):** DOD operates HIV/AIDS programs in 73 countries. DOD's primary role under PEPFAR is to support military-to-military HIV/AIDS prevention, treatment, and care efforts; assist in the development of military-specific HIV/AIDS policies; and provide HIV/AIDS counseling, testing, and care for military families. DOD also provides HIV prevention scientific and technical assistance to non-military PEPFAR programs. The DOD HIV/AIDS Prevention Program (DHAPP) manages DOD's HIV/AIDS programs for foreign militaries and oversees the use of PEPFAR funds by other DOD organizations.
- **Department of Labor (DOL):** DOL implements HIV/AIDS programs in over 23 countries that facilitate the development of comprehensive workplace-based HIV prevention and education programs; assist governments, employers, and trade unions to develop and disseminate workplace policy countering stigma and discrimination; and support collaboration between government, business, and labor in countering HIV/AIDS.
- **Peace Corps:** Peace Corps volunteers support community-based HIV/AIDS care and prevention efforts in 77 countries. In FY2009, 21% of Peace Corps volunteer projects were related to HIV/AIDS and 25 Peace Corps posts received direct PEPFAR funding, while other posts benefited from activities organized by the headquarters using central PEPFAR funding.
- **U.S. Department of Commerce (DOC):** DOC creates and disseminates sector-specific strategies to inform HIV trade advisory committees on how the private sector can help combat HIV/AIDS. The U.S. Census Bureau also contributes to PEPFAR by assisting with data management and analysis, estimating infections averted, and supporting mapping of country-level activities.

U.S. Global HIV/AIDS Assistance Funds

Congress provides funds for HIV/AIDS assistance to several U.S. agencies through a number of appropriations vehicles: State-Foreign Operations (State-Foreign Ops); Labor, Health and Human Services and Education (Labor-HHS); and Department of Defense (Defense) (**Figure 3**). **Table 1** details all U.S. funding for global HIV/AIDS since FY2004.

Figure 3. PEPFAR Organizational Chart: Appropriations



Source: CRS analysis.

- **State-Foreign Operations Appropriations:** The majority of PEPFAR funds are appropriated through State-Foreign Operations to the Department of State. In FY2010, Congress appropriated approximately 81% of all global HIV/AIDS funds to the Department of State. As the coordinator of global HIV/AIDS activities, the Department of State transfers the bulk of these funds to implementing agencies in support of bilateral HIV/AIDS programs. Per congressional proviso, the Department also uses some of these funds to make contributions to other organizations that combat global HIV/AIDS, including the Global Fund. Congress also appropriates funds to USAID for bilateral HIV/AIDS activities through State-Foreign Operations appropriations.
- **Labor, Health and Human Services, and Education Appropriations:** Congress appropriates funds for global HIV/AIDS activities to HHS agencies, including CDC and NIH, through Labor-HHS appropriations. Congress provides a second portion of the U.S. contribution to the Global Fund through Labor-HHS. Congress used to appropriate funds to DOL for bilateral HIV/AIDS activities, but it has not done so since FY2005. DOL's HIV/AIDS programs are now supported through transfers from the Department of State.
- **Department of Defense Appropriations:** Congress also appropriates funds to DOD for bilateral HIV/AIDS programs through DOD appropriations.

Table 1. U.S. Bilateral Funding for Global HIV/AIDS: FY2004-FY2012

($ millions, current)

Program/Agency	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 Actual	FY2008 Actual	FY2009 Actual	FY2010 Estimate	FY2004-FY2010 TOTAL	FY2011 Request	FY2012 Request
USAID	555.5	384.7	373.8	345.9	371.1	350.0	350.0	2,731.0	350.0	350.0
State	488.1	1,373.9	1,777.1	2,869.0	4,116.4	4,559.0	4,609.0	19,792.5	4,800.0	4,641.9
Of which, UNAIDS	*0.0*	*27.0*	*29.7*	*30.0*	*35.0*	*40.0*	*43.0*	*204.7*	*45.0*	*45.0*
FMF[a]	1.5	2.0	2.0	1.6	1.0	n/s	n/s	n/s	n/s	n/s
CDC	266.9	123.8	122.6	121	118.9	118.9	119.0	991.1	118.1	118.0
NIH	317.2	369.5	373.0	361.7	411.7	451.7	485.6	2,770.4	470.6	489.4
DOL	9.9	2.0	0.0	0.0	0.0	0.0	0.0	11.8	0.0	0.0
DOD	4.3	7.5	5.2	0.0	8.0	8.0	10.0	43.0	0.0	n/s
TOTAL Bilateral HIV/AIDS	**1,643.4**	**2,263.4**	**2,653.7**	**3,699.2**	**5,027.1**	**5,487.6**	**5,573.6**	**26,348.0**	**5,738.7**	**5,599.3**

Source: Compiled by CRS from Congressional Budget Justifications and appropriations legislation.

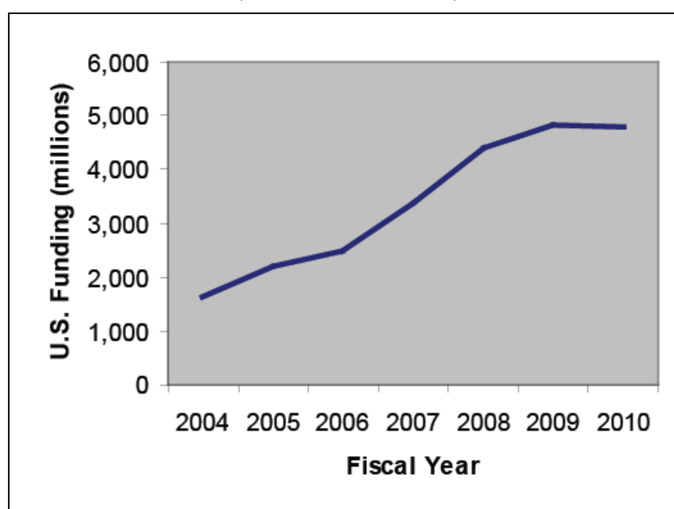
Note: FY2011 Funding is currently provided under a continuing resolution at FY2010-enacted levels until March 4, 2011. "n/s" stands for "not specified" and "n/a" stands for "not available."

a. Foreign Military Financing (FMF) funds are used to purchase equipment for DOD HIV/AIDS Programs.

Since the establishment of PEPFAR, U.S. funding for global HIV/AIDS has increased each year, with the largest increases between FY2004 and FY2008. U.S. funding for bilateral global HIV/AIDS programs has been largely level since FY2008 (**Figure 4**).

Figure 4. U.S. Funding for Bilateral Global HIV/AIDS Programs in Constant Dollars: FY2004-FY2010

($ millions, constant)



Source: Compiled by CRS from Congress Budget Justifications.

The United States also supports global HIV/AIDS programs through contributions to the Global Fund, an international financing mechanism for the response to HIV/AIDS, TB, and malaria (**Table 2**). U.S. contributions to the Global Fund support grants for HIV/AIDS, TB, and malaria. The Global Fund has historically directed approximately 61% of its funds for HIV/AIDS efforts.[6] The United States is the single largest donor to the Global Fund.

Table 2. U.S. Appropriations for the Global Fund: FY2004-FY2012

($ millions, current)

Program/Agency	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 Actual	FY2008 Actual	FY2009 Actual	FY2010 Estimate	FY2004-FY2010 TOTAL	FY2011 Request	FY2012 Request
USAID Global Fund	397.6	248.0	247.5	247.5	0.0	100.0	0.0	1,240.6	0.0	0.0
FY2004 Carryover	-87.8	87.8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
State Global Fund	0.0	0.0	198.0	377.5	545.5	600.0	750.0	2,471.0	700.0	1,000.0
HHS Global Fund	149.1	99.2	99.0	99.0	294.8	300.0	300.0	1,341.1	300.0	300.0
TOTAL Global Fund	**458.9**	**435.0**	**544.5**	**724.0**	**840.3**	**1,000.0**	**1,050.0**	**5,052.7**	**1,000.0**	**1,300.0**

Source: Compiled by CRS from appropriations legislation.

Notes: In the "FY2004 Carryover" row, "n/a" is used to reflect requirements in the U.S. Leadership Act, which stipulates that U.S. contributions to the Fund not exceed 33% of Fund contributions from all sources. FY2005 Consolidated Appropriations (P.L. 108-447) added this amount to the 2005 contribution, subject to the same 33% limitation.

In low-income countries, 88% of total spending on HIV/AIDS is from international sources, just over three-quarters of which is from bilateral donors, with the remaining quarter from multilateral donors. In 2009, U.S. funds made up over half of all donor government disbursements for global HIV/AIDS (**Figure 5**) and 27% of global HIV/AIDS funds from all sources, including donor and domestic governments, multilateral organizations, and the private sector.[7] When standardized to correspond to gross domestic product (GDP) per $1 million spent, six European countries spend more than the United States on global HIV/AIDS.[8]

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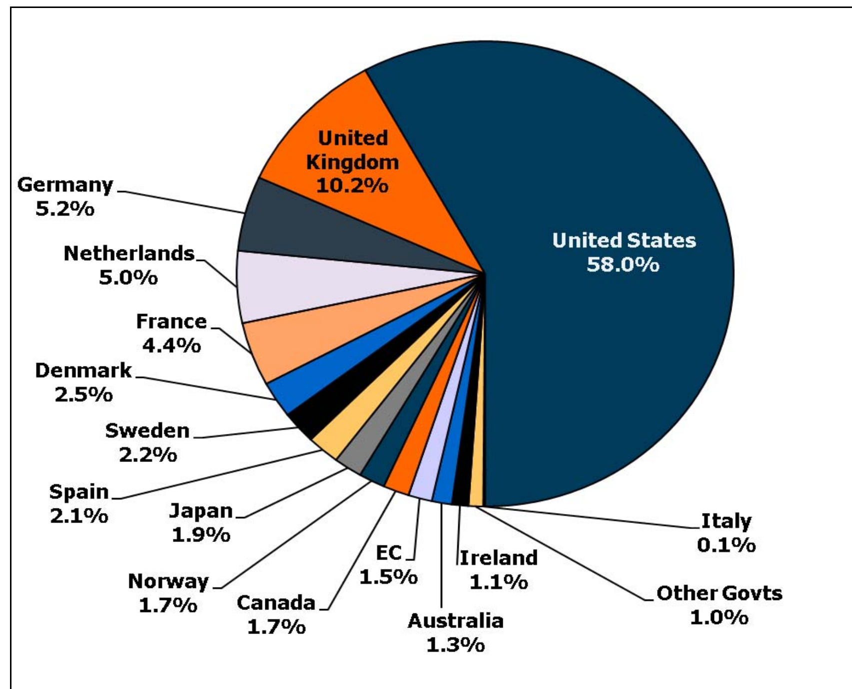
[6] The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Distribution of Funding After 7 Rounds*, http://www.theglobalfund.org/en/distributionfunding/?lang=en#disease.

[7] UNAIDS, *Report on the Global AIDS Epidemic*, 2010.

[8] UNAIDS and Kaiser Family Foundation, Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009, July 2010, http://www.kff.org/hivaids/upload/7347-06.pdf.

Figure 5. Donor Government HIV/AIDS Assistance, as Share of Total Disbursements, 2009

(Percent of $ billions, current)



Source: UNAIDS and Kaiser Family Foundation, Financing the Response to AIDS in Low- and Middle-Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2009, July 2010, p. 5.

Notes: EC stands for European Commission.

Key Partners in the Response to Global HIV/AIDS

The United States works with a range of partners to combat HIV/AIDS, including other national governments, multilateral organizations, non-governmental organizations (NGOs), and the private sector. Through authorizing legislation and annual appropriations, Congress provides funds to several multilateral organizations and international research initiatives who contribute to the fight against HIV/AIDS, including the Global Fund and the United Nations Joint Program on HIV/AIDS (UNAIDS).

- **The Global Fund:** The Global Fund was established in 2002 as a public-private partnership to provide financial support for global responses to HIV/AIDS, TB, and malaria. The United States contributes more to the Global Fund than any other country. By the end of 2009, the Global Fund had committed to grant roughly $10.8 billion for HIV/AIDS programs in 140 countries.[9]
- **UNAIDS:** UNAIDS is the main advocate for United Nations (U.N.) action on HIV/AIDS and is responsible for coordinating HIV/AIDS activities

[9] The Global Fund to Fight AIDS, Tuberculosis, and Malaria, *Innovation and Impact: Results Summary*, 2010, http://www.theglobalfund.org/documents/replenishment/2010/Progress_Report_Summary_2010_en.pdf.

implemented by nine agencies, including U.N. Children's Fund (UNICEF); U.N. Development Program (UNDP); International Labor Organization (ILO); U.N. Population Fund (UNFPA); U.N. Office on Drugs and Crime (UNODC); U.N. Educational, Scientific and Cultural Organization (UNESCO); World Food Program (WFP); World Health Organization (WHO); and the World Bank. The United States is one of the largest contributors to UNAIDS. UNAIDS oversees a wide range of HIV/AIDS activities, which include efforts to reduce transmission of HIV; ensure access to ART; prevent death from HIV/TB co-infection; empower men who have sex with men; remove punitive law, policies, and practices that block effective responses to AIDS; reduce sexual and gender-based violence; and empower young people to protect themselves from HIV.

Key Issues in Global HIV/AIDS

The 112th Congress will likely be faced with a number of issues regarding the U.S. response to global HIV/AIDS, including how much assistance to provide and how to best apportion global HIV/AIDS funds. Given the United States' central role in the fight against HIV/AIDS, many experts assert that the future direction of the U.S. response to HIV/AIDS will have significant implications for the global response to HIV/AIDS as a whole. The 112th Congress may consider the following issues as it considers the U.S. response to global HIV/AIDS:

- **Treatment efforts:** Without a vaccine or cure to HIV, people continue to contract HIV and require lifelong treatment. As such, despite efforts by the international community to expand access to treatment, the number of people in need of ART outpaces treatment resources. Global health experts have increasingly debated the sustainability of offering HIV/AIDS treatment and whether treatment should continue to be the central focus of donor assistance.
- **Prevention efforts:** There is widespread support within the global health community for intensifying prevention efforts, particularly in light of the persistent need for HIV/AIDS treatments. At the same time, experts disagree on what prevention efforts are most effective, how to measure the success of any one prevention activity, and how to incentivize leaders of developing countries to increase financial investment in prevention, particularly given its less immediate and dramatic results when compared with treatment.
- **Health System Strengthening:** Many global health experts argue that an effective long-term approach to global HIV/AIDS requires efforts to strengthen health systems (HSS) in low- and middle-income countries. However, there is little consensus within the global health community over how to define, implement, and measure HSS activities, and over whether PEPFAR has had a beneficial or detrimental impact on the broader functioning of health systems.
- **Country ownership:** Donor governments have increasingly supported the concept of country ownership as a way to promote sustainable and country-appropriate responses to the epidemic. To this end, PEPFAR programs have begun to implement "Partnership Frameworks" with partner countries to clarify joint goals and strategies. A number of issues related to country ownership are being debated within donor governments, including how to best align donor priorities and country priorities and how to maintain effective levels of oversight while shifting control to host governments.

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