



# HIV Resource Alignment

An Initiative of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) Joint Collaboration

## REFERENCE GUIDE

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## Acronyms

ARV	Antiretroviral drug
ASP	Above-site Programs
C&T	Care and Treatment
CHW	Community Health Workers
CMP	Communication Materials and Publications
COP/ROP	Country/Regional Operational Plan
ER	Expenditure Reporting
FAST	Funding Allocation to Strategy Tool
GDP	Gross Domestic Product
GHSD	U.S. State Department's Bureau of Global Health Security and Diplomacy
HIV	Human immunodeficiency virus
HMIS	Health Management Information Systems
HPE	Health Products - Equipment
HPNP	Health Products – Non-Pharmaceutical
HPPP	Health Products – Pharmaceutical Products
HR	Human Resources
HTS	HIV Testing Services
ICR	Indirect Cost Rate
IMF	International Monetary Fund
INF	Infrastructure
LSCTP	Living Support to Client/Target Population
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NASA	National AIDS Spending Assessment
NFM	New Funding Model
NHA	National Health Account

NHP	Non-Health Equipment
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PEPFAR	US President’s Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-Exposure Prophylaxis
PR	Principal Recipient
PREV	Prevention
PSM	Procurement and Supply Management
QA/QC	Quality Assurance/Quality Control
RADAR	Resource Alignment and Data Analysis Review tool
RBF	Results Based Financing
RSSH	Resilient Systems Support for Health
SE	Socioeconomic
TB	Tuberculosis
TRC	Travel-Related Costs
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children’s Fund
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

## 1.0 Introduction

To achieve sustained control of the HIV/AIDS epidemic, it is essential that there is active and routine coordination and communication between stakeholders and partners who can provide valuable insights that improve the impact and accountability of programs, particularly during the US President's Emergency Plan for AIDS Relief (PEPFAR) country/regional operational planning (COP/ROP), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) grant development cycle, and national-level planning processes. Key stakeholders include host country governments, multilateral organizations, other bilateral donors, the private sector, civil society, and others, including faith-based organizations. Multilateral partners, including PEPFAR, the Global Fund, Joint United Nations Programme on HIV and AIDS (UNAIDS), World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Bank, and others, play a critical role in supporting the mutual goal of HIV epidemic control.

HIV Resource Alignment, launched in 2017, is a joint collaboration between PEPFAR and the Global Fund. This routinized, multi-year initiative supports better understanding of investments across all funding sources through aligning resources, avoiding duplication, and improving efficiency, accountability, and the impact of the HIV response. PEPFAR and the Global Fund—representing two of the largest donors in the global HIV response—in close partnership with host national governments and other stakeholders, accomplish bilateral program results and accelerate collective impact towards HIV epidemic control. Increased collaboration between PEPFAR and the Global Fund during planning and budgeting processes helps ensure investments are strategically aligned to address gaps and solutions while maximizing transparency, efficiency, and accountability of their resources.

The U.S. State Department's Bureau of Global Health Security and Diplomacy (GHSD) on behalf of the PEPFAR program and the Global Fund have an established Memorandum of Understanding (MOU) on HIV/AIDS Financial Data and Program Information Disclosure and Use which governs the exchange and use of the information generated through this collaboration.

### 1.1 Rationale and Context

As efficient and effective use of global HIV-related funding becomes more critical, a source of reliable data for decision making by key stakeholders, including donors and host country governments, becomes even more urgent. The HIV Resource Alignment effort provides a timely, routine, annual set of data for both budgets and expenditures for key stakeholders. These data are unique, as no other global health area has a census of budget execution data for the majority of its funding. The data are also not duplicative, as it is a result of a collaboration between PEPFAR and the Global Fund (with assistance from country partners). In addition, now that the alignment has been finalized between PEPFAR and the Global Fund, the data will be routinely reported on an annual basis. Thus, these HIV Resource Alignment efforts will be able to provide routine data in time for the annual planning cycles of both donors and host country governments, in a way that other resource tracking activities cannot.

In addition, the Covid-19 pandemic has had severe economic repercussions. All indications are that the recovery, in many countries, will be slow and gradual and that many countries will experience a lot of economic stress during the next two to three years. Examining the macro-fiscal environment shows that low- and middle-income countries will have less ability to invest more of their resources into the HIV response and, given the priority to restore economic growth, their ability or willingness to invest in health overall will be severely constrained. Ensuring the sustainability of programs will need a renewed focus on how domestic governments can be assisted to not only mobilize more resources but how to use these resources more efficiently and effectively. Juxtaposing budget execution data with macro-fiscal data provides further insights into the challenges and potential solutions.

Finally, although domestic government spending forms a critical part of the overall funding landscape, these data remain scarce. Global Fund landscape tables associated with grant applications have provided some data, supplemented by PEPFAR country teams. These data are critical to enhance the overall understanding of the funding landscape, including the funding needs going forward. The HIV Resource Alignment effort seeks to improve upon this to build an increasingly rich data set with each passing year. Note that resource alignment is not supposed to replace any other resource tracking activity; instead, it leverages the availability of existing data to serve as a global good and provides information on a more routine basis for decision-making

## 1.2 Funding Sources

The following funding sources are included in HIV Resource Alignment:

- PEPFAR: includes all US Government HIV-related resources
- The Global Fund: HIV-related resources
- Domestic Government: host country government resources going towards HIV
- Other Funders: bilateral (excluding PEPFAR), multilateral (excluding the Global Fund), and other donors (excludes domestic private out-of-pocket spending)

## 1.3 Tools and Outputs

The HIV Resource Alignment data are compiled, harmonized, and analyzed in the Resource Alignment and Data Analysis Review (RADAR) tool, an Excel-based tool designed to provide granular understanding of HIV investments across funders. This tool produces a suite of auto-populated outputs in the form of profiles available for use by relevant stakeholders. The Resource Alignment profiles, with standardized format, transparent and rigorous methodology – particularly in harmonizing data from PEPFAR and the Global Fund who represent a significant portion of the donor HIV contributions – are invaluable in examining the full funding landscape at a granular level, including historical spending, and in better aligning funding sources to make programs more impactful and efficient. The contents of these profiles are described in detail below.



## 2.0 Mapping Financial Classifications

Different funding sources have different frameworks for classifying financial data. For example, PEPFAR has financial classifications linked to the [PEPFAR Financial Classifications Reference Guide](#), while the Global Fund is guided by [The Global Fund Modular Framework Guide](#). Domestic government financial data are often structured relative to their National Strategic Plan (NSP); because the NSP data are often used to populate Global Fund funding landscape tables, these financial data can be mapped to the Global Fund framework.

### 2.1 International Cooperation

Mapping these data sources to each other and to a set of aligned categories relied on a consultative process that involved stakeholders from PEPFAR, the Global Fund, WHO, and UNAIDS. The goal is to ensure that this alignment initiative produces data that is useable for all parties, including aligning with the National AIDS Spending Assessments (NASAs) implemented by UNAIDS and the National Health Accounts (NHAs) implemented by WHO. Going forward the initiative seeks to include more domestic government contributions. Efforts are also ongoing to promote similar collaboration on malaria and TB.

### 2.2 Approach to Mapping Data

In order to develop the aligned categories and map the various data sources, different dimensions and levels of granularity were examined to understand how the data are structured. Data can be examined by program area, by commodities, and by cost categories. Beneficiary data are also available, but these data are not yet included in the RADAR tool. The nomenclature for the aligned categories is based on existing PEPFAR and Global Fund categories, in order to keep them as straightforward and recognizable as possible. Data from PEPFAR and the Global Fund are sourced from their central headquarters databases. Each database is separately mapped to the set of aligned categories and then combined for use in the Resource Alignment profiles (see Table 1, which shows the Modular Framework for Global Fund Grant Cycle 6; a detailed mapping is available in Annex 2). Note that, while the table below displays the mapping for PEPFAR and the Global Fund only, the global HIV typology also maps to the categories in the most recent round of NASAs, as well as line items for NHAs.

Table 1: Resource Alignment Classification

Resource Alignment	PEPFAR	The Global Fund
Source	<a href="#">PEPFAR Financial Classification Reference Guide</a>	<a href="#">The Global Fund Modular Framework Guide</a>
<b>PROGRAMS</b>		
<b>Care and Treatment</b>	<b>Care and Treatment (C&amp;T)</b>	<b>Treatment, Care and Support</b>
HIV Care and Clinical Services	HIV Clinical Services; HIV Drugs	Differentiated ART service delivery and HIV care; Prevention and Management of Co-infections and Co-morbidities (Treatment, Care and Support)
		<b>Prevention of Mother to Child Transmission (PMTCT)</b> Prong 3: Preventing vertical HIV transmission; Prong 4: Treatment, care and support to mothers living with HIV, their children and families
Laboratory Service incl. Treatment Monitoring	HIV Laboratory Services	<b>Treatment, Care and Support</b>
		Treatment monitoring - Drug resistance; Treatment monitoring - Viral load; Treatment monitoring - ARV toxicity
Care and Treatment (Not Disaggregated)	Not Disaggregated	Other intervention(s) for treatment
		<b>TB/HIV</b>
		TB/HIV: Collaborative activities with other programs and sectors (TB/HIV); Engaging all care providers (TB/HIV); Key populations (TB/HIV) – Others; Other TB/HIV intervention(s); TB/HIV collaborative interventions
		<b>Removing Human Rights and Gender Related Barriers to TB Services</b>
		Stigma and Discrimination Reduction (TB); Human Rights, Medical Ethics and Legal Literacy; Legal Aid and Services; Reform of Laws and Policies; Community Mobilization and Advocacy (TB)

<b>HIV Testing Services</b>	<b>Testing (HTS)</b>	<b>Differentiated HIV Testing Services</b>
Facility-based testing	Facility-based testing	Facility-based testing
Community-based testing	Community-based testing	Community-based testing
HIV Testing Services (Not Disaggregated)	Not Disaggregated	Self-testing
<b>Prevention</b>	<b>Prevention (PREV)</b>	<b>Prevention</b>
Community mobilization, behavior and norms change	Community mobilization, behavior and norms change	Community empowerment; Behavior Change Interventions
Voluntary Medical Male Circumcision	Voluntary Medical Male Circumcision (VMMC)	Voluntary Medical Male Circumcision
Pre-Exposure Prophylaxis	Pre-Exposure Prophylaxis (PrEP)	Pre-Exposure Prophylaxis
Condom and Lubricant Programming	Condom and Lubricant Programming	Condom and Lubricant Programming
Opioid Substitution Therapy	Medication Assisted Treatment	Opioid substitution therapy and other medically assisted drug dependence treatment; Overdose prevention and management; Needle and syringe programs
Primary Prevention of HIV & Sexual Violence	Primary Prevention of HIV and Sexual Violence	Addressing Stigma, Discrimination and Violence; Gender-based violence prevention and post violence care; Harm reduction interventions for drug use
		<b>Reducing Human Rights-related Barriers to HIV/TB Services</b>
		Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity
Prevention (Not Disaggregated)	Not Disaggregated	<b>Prevention</b>
		Sexual and reproductive health services, including STIs; Integration into national multi-sectoral responses of AGYW programs; Linkages between HIV programs and RMNCAH; Comprehensive sexuality education; Other intervention(s) for prevention
		<b>PMTCT</b>
		Prong 1: Primary prevention of HIV infection among women of childbearing age; Prong 2: Preventing unintended pregnancies among women living with HIV

Socioeconomic (inc. OVC)	Socioeconomic (SE)	Treatment, Care and Support
Case Management	Case Management	Orphan and vulnerable children package
Economic Strengthening	Economic Strengthening	
Education Assistance	Education Assistance	
Psychosocial Support	Psychosocial Support	Counseling and psycho-social support
Legal, Human Rights, and Protection	Legal, Human Rights, and Protection	<b>Reducing Human Rights-related Barriers to HIV/TB Services</b>
		HIV and HIV/TB-related legal services; Improving laws, regulations and policies relating to HIV and HIV/TB; Legal Literacy ("Know Your Rights"), Sensitization of law-makers and law-enforcement agents; Stigma and discrimination reduction; Human rights and medical ethics related to HIV and HIV/TB for health care providers; Community mobilization and advocacy
Socioeconomic (Not Disaggregated)	Not Disaggregated	<b>Prevention</b>
	Food and nutrition	Interventions for young key populations; Social protection interventions
<b>Above Site Programs</b>	<b>Above Site Programs (ASP)</b>	<b>RSSH: Human Resources for Health including Community Health Workers</b>
Human Resources for Health Systems	Human Resources for Health	In-service Training (Excluding Community Health Workers); Community Health Workers: In-service Training; Education and Production of New Health Workers (Excluding Community Health Workers); Community Health Workers: Education and Production; Remuneration and Deployment of Existing/New Staff (Excluding Community Health Workers); Community Health Workers: Remuneration and Deployment; HRH Policy and Governance
Institutional Prevention	Institutional Prevention; Blood supply safety; Injection safety	
Procurement and Supply Chain Management	Procurement & Supply Chain Management	<b>RSSH: Health Products Management Systems</b>
		National Costed Supply Chain Master Plan, and Implementation; Regulatory/Quality Assurance Support; Avoidance, Reduction and Management of Health Care Waste; Policy, Strategy, Governance; Storage and Distribution Capacity; Procurement Capacity
Health Management Information Systems, Surveillance, and Research	Health Management Information Systems (HMIS), surveillance, and research	<b>RSSH: Health Management Information Systems (HMIS) and Monitoring and Evaluation (M&amp;E)</b>
		Administrative and finance data sources; Analysis, evaluations, reviews and transparency; Program and data quality; Routine reporting; Surveys; Civil registration and vital statistics
	Laboratory Systems Strengthening	<b>RSSH: Laboratory Systems</b>

Laboratory Systems Strengthening		National laboratory governance and management structures; Laboratory supply chain systems; Infrastructure and Equipment Management Systems; Quality Management Systems and Accreditation; Information Systems and Integrated Specimen Transport Networks
Public Financial Management Strengthening	Public Financial Management Strengthening	<b>RSSH: Financial Management Systems</b> Public financial management (country or donor harmonized) systems; Routine Grant Financial Management
Policy, Planning, Coordination and Management of Disease Ctrl Programs	Policy, planning, coordination & management of disease control programs	<b>RSSH: Community Systems Strengthening</b> Community-led advocacy and research; Community-based monitoring; Social mobilization, building community linkages and coordination; Institutional capacity building, planning and leadership development
		<b>RSSH: Health Sector Governance and Planning</b> National health sector strategies and financing
		Policy and planning for national disease control programs
Laws, Regulations and Policy Environment	Laws, Regulations & Policy Environment	
Above Site Programs (Not Disaggregated)	Not Disaggregated	<b>RSSH: Integrated Service Delivery and Quality Improvement</b> Service Delivery Infrastructure; Quality of Care; Service Organization and Facility Management; Provider initiated feedback mechanisms
		<b>Payment for Results</b>
<b>Program Management</b>	<b>Program Management (PM)</b>	<b>Program Management</b>
Implementation Level	IM Program Management, IM Close Out Costs; Program management	Grant management; Coordination and management of national disease control programs
Donor Level	USG management and operations	
<b>COMMODITIES</b>		
<b>Antiretroviral Drugs</b>	<b>Antiretroviral Drugs</b>	<b>Health Products - Pharmaceutical Products (HPPP)</b>
Antiretroviral Drugs	Adult ARVs, ARVs for Pediatric, ARVs for PEP, ARVs Infant Prophylaxis, ARVs PREP; ARVs Not Disaggregated	Antiretroviral medicines
<b>Laboratory supplies and Reagents</b>	<b>Laboratory</b>	<b>Health Products - Equipment (HPE)</b>
CD4	CD4 Reagents And Consumables; CD4 Sample Collection	CD4 analyser/accessories
Viral Load	VL Reagents And Consumables; VL Sample Collection	HIV Viral Load analyser/accessories
Other Lab Supplies and Reagents		<b>Health Products - Non-Pharmaceuticals (HPNP)</b>

	EID Reagents And Consumables; EID Sample Collection; Other Reagents And Consumables; Other Sample Collection; TB Reagents And Consumables	Laboratory reagents
Laboratory (Not Disaggregated)	Not Disaggregated	
<b>Medicines</b>	<b>Essential Medicines</b>	<b>Health Products - Pharmaceutical Products (HPPP)</b>
Essential Medicines	Essential Medicine	Opportunistic infections and STI medicines; Opioid substitutes medicines
Tuberculosis Medicines	TB Pharma For Prophylaxis	Anti-tuberculosis medicines
Other Medicines	Other Pharma Product; Vitamins Supplements And Solutions	Other medicines
<b>Consumables</b>	<b>Condoms and Lubricant</b>	<b>Health Products - Non-Pharmaceuticals (HPNP)</b>
Condoms and Lubricants	Female Condoms; Male Condoms; Personal Lubricants	Condoms – Female; Condoms – Male; Other consumables
VMMC Kits and Supplies	<b>VMMC</b>	
	Other Health Commodities VMMC; Surgical Kit; VMMC Device	
Rapid Test Kits	<b>RTKs</b>	Rapid Diagnostic Test
	HIV Tests; Non-HIV And Combos; Recency Testing; Self Testing	
Other Consumables	Other products	Syringes and needles
<b>Health Equipment</b>	<b>Laboratory</b>	<b>Health Products - Equipment (HPE)</b>
Health Equipment	Ancillary Instrument And Equipment Procurements, TB Equipment	Microscopes; TB Molecular Test equipment; Other health equipment
Service and Maintenance	All Inclusive Agreements; Instrument And Equipment Procurements; Service And Maintenance	Maintenance and service costs for health equipment
<b>PSM Costs</b>	<b>Procurement and Supply Management (PSM) Costs</b>	<b>Procurement and Supply-Chain Management (PSM)</b>
Procurement Management	Procurement Management	Procurement agent and handling fees; Other PSM Costs
Freight and Insurance	Global Freight	Freight and insurance costs (Health products)
In-Country Logistics	In-Country Logistics	Warehouse and Storage Costs; In-country distribution costs
QA/QC	QA/QC	Quality assurance and quality control costs (QA/QC)
PSM Costs (Not Disaggregated)	PSM Costs	Procurement and Supply-Chain Management costs (PSM)
<b>COST CATEGORIES</b>		
<b>Personnel/Human Resources</b>	<b>Personnel/Human Resources (HR)</b>	<b>Human Resources (HR)</b>
Salaries, wages-healthcare workers	Salaries, wages: healthcare workers - Clinical; Salaries, wages: healthcare workers - Ancillary	Salaries - outreach workers, medical staff and other service providers

Salaries, wages-other staff	Salaries, wages: other staff	Salaries - program management
Other personnel/HR costs	<b>Fringe benefits</b>	Severance costs; Performance-based supplements, incentives; Other HR Costs
	Fringe benefits	
Training	<b>Training</b>	
	Training	
<b>Travel</b>	<b>Travel</b>	<b>Travel Related Costs (TRC)</b>
International travel	International travel	
Domestic travel	Domestic travel	
Training related per diems/transport/other costs		Training related per diems/transport/other costs
Technical assistance-related per diems/transport/other costs		Technical assistance-related per diems/transport/other costs
Supervision/surveys/data collection related per diems/transport/other costs		Supervision/surveys/data collection related per diems/transport/other costs
Meeting/Advocacy related per diems/transport/other costs		Meeting/Advocacy related per diems/transport/other costs
Other Travel		Other Transportation Costs
<b>Equipment</b>	<b>Equipment</b>	<b>Health Products - Equipment (HPE)</b>
Health equipment	Health equipment	CD4 analyzer/accessories; HIV Viral Load analyser/accessories; Microscopes; TB Molecular Test equipment; Maintenance and service costs for health equipment; Other health equipment
Non-health equipment	Non-health equipment	<b>Non-health Equipment (NHP)</b>
		IT - Computers, computer equipment, Software and applications; Other non-health equipment; Maintenance and service costs non-health equipment
Vehicles	Motor Vehicles	Vehicles
<b>Infrastructure</b>	<b>Construction</b>	<b>Infrastructure</b>
Construction	Construction	Renovation/constructions
Other Infrastructure		Infrastructure maintenance and other INF costs; Other Infrastructure (INF)
<b>Health Products and Supplies</b>	<b>Supplies</b>	<b>Health Products - Pharmaceutical Products (HPPP)</b>
Pharmaceutical	Pharmaceutical	Antiretroviral medicines; Anti-tuberculosis medicines; Opioid substitutes medicines; Opportunistic infections and STI medicines; Other medicines
Non-pharmaceutical	Health products-non pharmaceutical	<b>Health Products - Non-Pharmaceuticals (HPNP)</b>

		Condoms - Male; Condoms - Female; Rapid Diagnostic Test; Laboratory reagents; Syringes and needles
Other supplies	Other supplies	Other consumables
<b>Contractual/External Services</b>	<b>Contractual</b>	<b>External Professional Services (EPS)</b>
Contracted health care workers	Contracted health care workers - Clinical; Contracted health care workers - Ancillary	Other external professional services
Other contracts	Contracted interventions	Technical Assistance Fees/Consultants; Fiscal/fiduciary agent fees; External audit fees; Insurance related costs
	Other contracts	
<b>Indirect</b>	<b>Indirect</b>	<b>Indirect and Overhead Costs</b>
Indirect	Indirect costs	Office related costs; Unrecoverable taxes and duties; Indirect cost recovery (ICR) - % based; Other PA costs; Shared costs
<b>Other</b>	<b>Other</b>	<b>Living Support to Client/Target Population (LSCTP)</b>
Financial and other support to beneficiaries	Financial support for beneficiaries	Support to orphans and other vulnerable children (school fees, uniforms, etc.); Food and care packages; Cash incentives/transfer to patients/ beneficiaries/ counsellors/ mediators; Micro-loans and micro-grants; Other LSCTP costs
Other	Other	<b>Communication Material and Publications (CMP)</b>
		Printed materials (forms, books, guidelines, brochure, leaflets...); Television/Radio spots and programmes; Promotional Material (t-shirts, mugs, pins...) and other CMP costs; Other Communication Material and Publications (CMP)
		<b>Procurement and Supply-Chain Management (PSM)</b>
		Procurement agent and handling fees; Freight and insurance costs (Health products); Warehouse and Storage Costs; In-country distribution costs; Quality assurance and quality control costs (QA/QC); PSM Customs Clearance; Other PSM costs
	<b>Payment for Results</b>	
		Results Based Financing (RBF); Activity-based Contracts, Community-based Organizations and Other Service Providers; Incentives for Principal Recipient and Sub-Recipient Staff Members; Incentives for Community Health Workers (CHW), Outreach Workers, Medical Staff
	<b>Subrecipient</b>	
	Subrecipient	



## 3.0 Data Types and Sources

HIV Resource Alignment data represent all countries and regions where PEPFAR and the Global Fund jointly have a presence to support the HIV/AIDS response (see Annex 1 for list). The Global Fund's HIV investments in countries that do not have a PEPFAR program are not included here; as such, the total resources for the Global Fund in these Resource Alignment documents reflect only the countries with a joint presence.

Additional data for Domestic Governments, Other Funders, macroeconomic and fiscal indicators, as well as epidemiologic data are also incorporated into the profiles. Data for Domestic Government and Other Funders in HIV Resource Alignment are included where available and are primarily sourced through both the Global Fund's funding landscape tables and PEPFAR's annual Resource Alignment verification efforts conducted during their respective planning cycles.

*Table 2: Data sources by type of data*

Data Type	Data Source
Budget	PEPFAR, Global Fund, Global Fund's funding landscape tables and PEPFAR's annual HIV Resource Alignment COP/ROP data verification process
Expenditure	PEPFAR (cash-basis), Global Fund (modified accrual basis), HIV Resource Alignment COP/ROP data verification process
Epidemiology & Programs	UNAIDS <a href="#">AIDSinfo</a>
Macroeconomic & Fiscal	GDP growth projections from IMF's <a href="#">World Economic Outlook</a> ; all others from the World Bank Group's <a href="#">World Development Indicators</a>

### 3.1 Analytical Notes and Caveats

Note that PEPFAR operates on an annual cycle for planning and budget purposes, while the Global Fund operates on a three-year cycle for planning purposes with annual budget tracking. Also, note that data in the profiles represent a 12-month period and may not be aligned to organization-specific implementation periods across all funders. In addition, budget execution in a given year may not be reflective of true implementation; all financial data are in US dollars. Further details for each data source are described below.

#### 3.1.1 PEPFAR

PEPFAR data come from final COP/ROP Budgets for the years 2018 to 2025 and Expenditure Reporting datasets for the years 2018 to 2023; note that expenditures are reported on a cash basis. Commodities data require manipulation for inclusion; see below for separate descriptions of the methodology for budget versus expenditures data calculations for including commodities. Figures are based on the US Government fiscal year which runs from October to September of the following year. Note that program management activities are separated into two program areas in the Resource Alignment profiles:

“Program Management: Implementation Level” is defined as program management activities undertaken by implementing partners, while “Program Management: Donor Level” is US Government’s management and operations. The “Program Management: Donor Level” data are not included in the Resource Alignment profiles except where noted. Voluntary Medical Male Circumcision (VMMC) data includes central funds. Cost Category data are only disaggregated for the prime implementing partner. Data for subrecipients are aggregated in the “Other” category.

Countries that are a part of PEPFAR regional programs have limited data availability for some years, as these data were reported at a regional level. See Annex 1 for countries impacted.

### *3.1.1.1 PEPFAR Commodity Budget Methodology*

The initial PEPFAR Commodity budget data from 2019-2024 come from the Funding Allocation to Strategy Tool (FAST) database. The following methodology is applied to these data in order to extract Procurement and Supply Management (PSM) costs for inclusion.

The database includes the fully loaded budget for each commodity in the “item\_budget” indicator, which is equal to “item\_quantity” multiplied by “unit\_cost”.

For the 2019 data, we multiply the “item\_quantity” by the “unit\_price”, which is unloaded, as opposed to the fully loaded “unit\_cost”. These commodity costs are what are included in the RADAR database. The difference between these commodity costs and the “item\_budget” represents the PSM costs.

For the 2020-2022 data, most countries have disaggregated PSM costs included. We multiply the “item\_quantity” by the “unit\_price” to get the unloaded commodity costs, and then we multiply the “item\_quantity” by the disaggregated PSM categories: “data\_quality”, “global\_freight”, “in\_country\_logistics”, “procurement\_mgmt”, and “quality\_assurance”, in order to get the disaggregated PSM costs. For the 2023 and 2024 data, “in\_country\_logistics” and “quality\_assurance” are no longer disaggregated for any country.

In some cases, in 2019, a country might have commodity budget lines where the “unit\_price” is equal to zero. Where this occurs, the average ratio of “unit\_price” to “unit\_cost” is calculated from the other commodities and multiplied by the “item\_budget” to get the unloaded commodity cost, and the difference between the calculated commodity cost and the “item\_budget” is the PSM cost. In both Burundi and DRC for 2019, the 2020 ratio was used. In other years, when the “unit\_price” is equal to zero, in most cases the whole value of the “item\_budget” is already included in the disaggregated PSM costs, so no additional commodity costs have been added. The one exception is Burundi in 2020, where two commodity budget lines both have nothing included for both the “unit\_price” and the disaggregated PSM categories. In this case the “item\_budget” was included in RADAR without PSM costs extracted.

Finally, there are some additional cases where no PSM costs have been extracted. The majority of Asia and Western Hemisphere Region countries are missing PSM costs for 2021, except for Nepal and

Jamaica, where they are instead missing for 2020, and Kyrgyzstan where PSM costs are missing for both 2020 and 2021. Additionally, Kenya is missing PSM costs for both 2020 and 2021.

### 3.1.1.2 PEPFAR Commodity Expenditure Methodology

The level of disaggregation available for commodities in PEPFAR budgets is not available in PEPFAR expenditure data. Thus, these data were extrapolated by cross-tabulating three Cost Categories (Equipment > Health Equipment, Supplies > Health – Non-Pharmaceutical, Supplies > Pharmaceutical) and four Program areas (C&T, HTS, PREV, SE). Both Service Delivery and Non-Service Delivery costs were included.

The color-coded image below illustrates the mapping of the intersection of Programs and Cost Categories to the RADAR commodity categories.

implementation_year	2020				
country	(All)				
interaction_type	(Multiple Items)				
Sum of expenditure_amt	Column Labels				
Row Labels	Health Equipment	Health- Non Pharmaceutical	Pharmaceutical	Grand Total	
<b>C&amp;T</b>					
HIV Clinical Services	4,792,381	18,802,794	11,044,582	34,639,757	
HIV Drugs		64,573	454,889,050	454,953,623	
HIV Laboratory Services	984,434	168,461,464	26,262,826	195,708,724	
Not Disaggregated	121,678	7,474,701	16,345,693	23,942,072	
<b>C&amp;T Total</b>	<b>5,898,493</b>	<b>194,803,532</b>	<b>508,542,151</b>	<b>709,244,176</b>	
<b>HTS</b>					
Community-based testing	24,847	2,106,548	265,298	2,396,693	
Facility-based testing	105,500	13,987,914	573,581	14,666,995	
Not Disaggregated	249,123	17,808,339	8,255,836	26,313,298	
<b>HTS Total</b>	<b>379,470</b>	<b>33,902,801</b>	<b>9,094,715</b>	<b>43,376,986</b>	
<b>PREV</b>					
Comm. mobilization, behavior & norms change	152,008	686,130	3,205	841,343	
Condom & Lubricant Programming		2,812,798	7	2,812,805	
Medication assisted treatment		106,797	222,074	328,871	
Not Disaggregated	461,665	544,430	919,996	1,926,091	
PrEP	57,063	367,659	3,541,060	3,965,782	
VMMC	1,316,226	22,826,843	10,819,810	34,962,879	
<b>PREV Total</b>	<b>1,986,962</b>	<b>27,344,657</b>	<b>15,506,152</b>	<b>44,837,771</b>	
<b>SE</b>					
Case Management		186656	27673	214329	
Economic strengthening		563	106	669	
Education assistance	500	28462	46	29008	
Legal, human rights & protection		4	2	6	
Not Disaggregated		112600	86172	198772	
Psychosocial support		17630	687	18317	
<b>SE Total</b>	<b>500</b>	<b>345915</b>	<b>114686</b>	<b>461101</b>	
<b>Grand Total</b>	<b>8,265,425</b>	<b>256,396,905</b>	<b>533,257,704</b>	<b>797,920,034</b>	

- ARVs
- Medicines
- VMMC Kits and Supplies
- Condoms and Lubricants
- Lab Supplies and Reagents
- Rapid Test Kits
- Other consumables
- Health Equipment

Once the expenditures are extracted, PSM costs are backed out of each category by applying the percent that PSM costs represent of the commodity budget for that country/year. When a PSM percentage from that country/year is not available, the percentage from another year (or the average of all other years, when there are multiple years) is applied. When no PSM percentage is available for that country from the commodity budget data at all, no PSM costs are applied.

Both “Lab Supplies and Reagents” and “Medicines” are Level 1 RADAR categories, so these costs are further disaggregated into the Level 2 categories by using the proportions in the commodity budget for each country/year. For example, in the budget data Medicines are disaggregated into “Essential Medicines”, “Tuberculosis Medicines”, and “Other Medicines”. The percent distribution across these three categories in the budget data is applied to the expenditure data. When no budget data are available, costs are placed in the “Laboratory Supplies (Not Disaggregated)” and “Other Medicines” categories, respectively.

### 3.1.2 The Global Fund

Data for the Global Fund are reflective of final grant budgets for the years 2018 to 2024 and New Funding Model (NFM) Expenditures for the years 2018 to 2022. Data for Grant Cycle 7 is incorporated where available. Grants have an implementation start date of 1 January 2018 or later. The 12-month implementation period for the Global Fund is aligned with the calendar year January to December. Note that Rwanda is a Performance-Based Financing (PBF) model and thus expenditures are aggregated into “ASP: ND” for programs and “Other” for cost categories.

Expenditures for 2018 are available for some select countries by cost grouping. This is due to the fact that the Global Fund differentiates its expenditure reporting requirements for countries depending on whether they are High Impact, Core, or Focused countries. Focused countries are not obligated to report by cost inputs, and are comprised of Botswana, Honduras, Jamaica. Note that the requirement of reporting by cost inputs was not fully followed by all the Principal Recipients (PRs) in 2018 in Core and High Impact countries but was enforced for the 2019 expenditure reporting. Expenditures are reported on a modified accrual basis (i.e., some countries have a mix of accruals and cash basis) and may as a result show lower amounts for a particular year than PEPFAR expenditures, which are reported solely on a cash basis.

The Resilient Systems Support for Health (RSSH) investment of HIV grants has been included; however, RSSH and TB stand-alone grants were not considered.

The aligned category “Program Management: Implementation Level” reflects data for Principal Recipients (PRs) and Sub-Principal Recipients (Sub-PRs). Donor-level program management is not included in the Resource Alignment profiles, which is consistent with excluding PEPFAR management and operations data from most tables, described above.

### 3.1.3 Domestic Government

Generally speaking, Domestic Government data are less available for both budgets and expenditures. Note that the implementation timeframe for each country varies based on that country’s fiscal year (e.g., July-June or April-March). Initial Domestic Government budget data for 2018-2023 included in the Resource Alignment profiles are based on the funding landscape table submissions to the Global Fund during their last grant cycle currently undergoing implementation. Countries were requested to provide

the domestic funding need according to their National Strategic Plan as well as according to the Global Fund modular framework. In some cases, the Global Fund received both, and in some cases just one of them. Note that data for Care and Treatment may include antiretroviral (ARV) drug budgets and/or expenditures where disaggregation is not available. During COP/ROP 21, these data were examined carefully, with their completeness checked and verified in consultation with the host country teams, although Covid-19 limited responses to some extent. Where available, program management data at the Implementation Level represents program management and coordination. During COP/ROP 23, these data were again reviewed and updated by country teams, as possible, and updates were incorporated into the RADAR tool.

#### 3.1.4 Other Funders

PEPFAR, the Global Fund, and the domestic government may not be the only funders contributing to a national HIV program in a country; there could be other sources of funding beyond these three funders. Data from other funders have been aggregated and included where available either through the Global Fund funding landscape tables or PEPFAR country teams' data verification efforts.

#### 3.1.5 Programmatic and Epidemiologic Data

Epidemiologic and national treatment cascade data are sourced from the UNAIDS [AIDSinfo](#) database, with a few country-specific exceptions as noted. HIV prevalence is for ages 15-49.

#### 3.1.6 Macroeconomic Data

The profiles also contain contextual macroeconomic and fiscal data. The majority of macroeconomic and fiscal data are available from the World Bank Group's [World Development Indicators](#) databank. The one exception is the projections of gross domestic product (GDP) growth which are sourced from the International Monetary Fund's (IMF) [World Economic Outlook](#) Report dated October 2022.

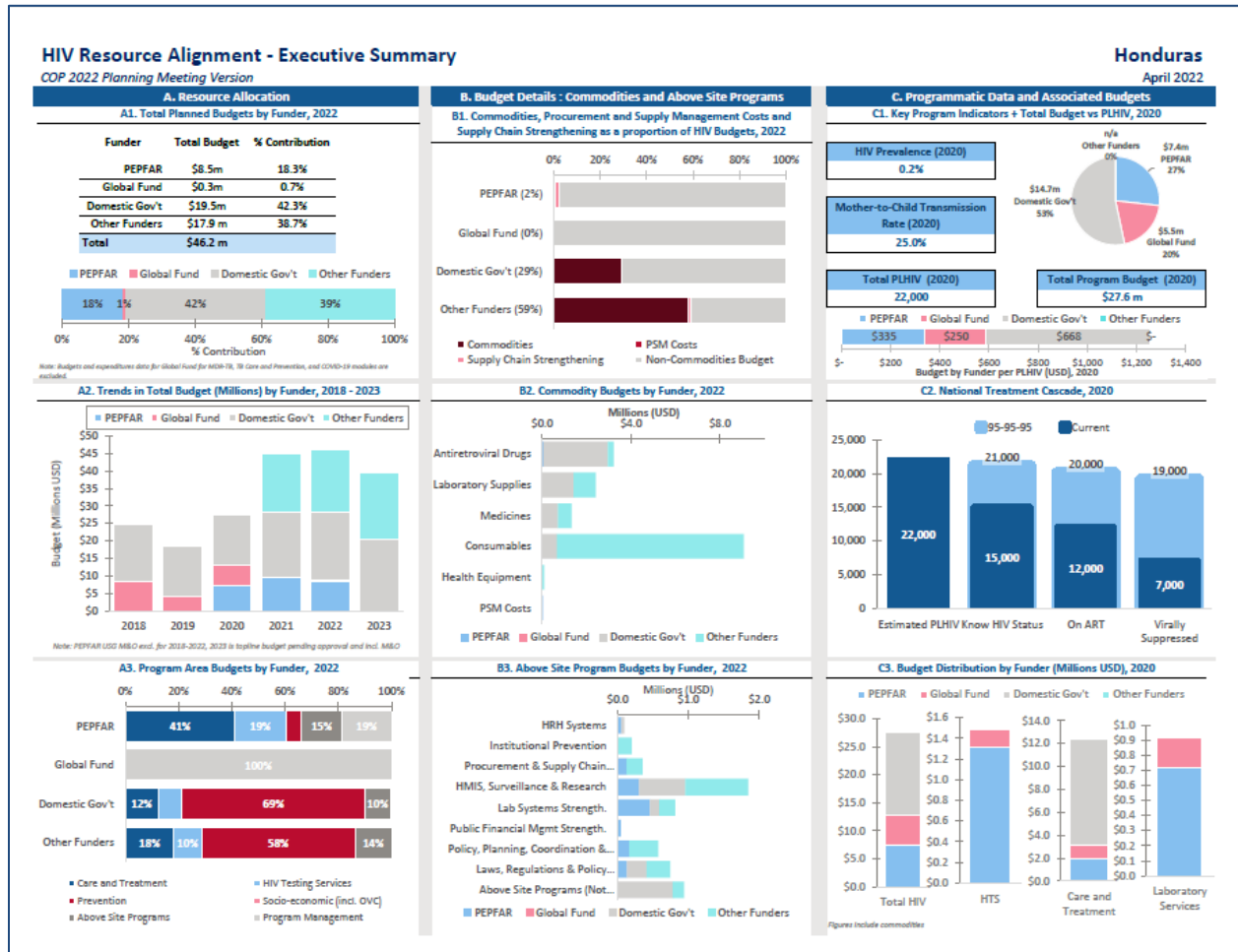
## 4.0 Data Review and Interpretation

The Resource Alignment profiles as described below are pre-populated country, global, and multi-country profiles containing the best available information available. They were made available to the Technical Review Panel, GHSD, and other stakeholders during COP/ROP24, in addition to the PEPFAR country teams.

### 4.1 HIV Resource Alignment Executive Summary ("Executive Summary" tab)

This profile contains three different sections for one country and is designed to fit on a presentation slide:

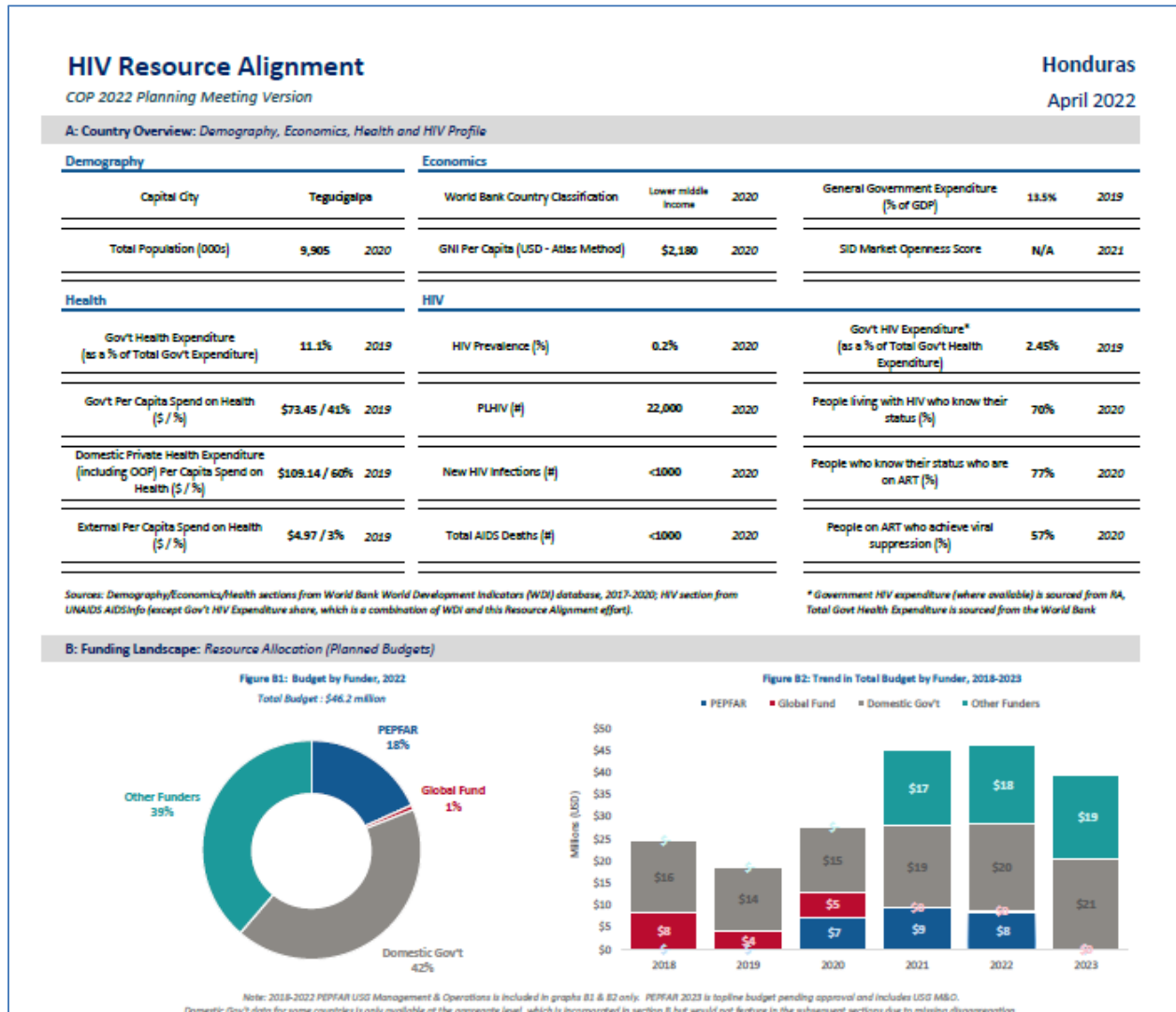
- The first section, A, displays a summary of budget data for a given country by funding source, displaying details for 2023, aggregated data by year for 2018-2025, and by program area for 2023.
- The second section, B, shows details of the budget data for Commodities and Above-site Programs by funder, as well as a chart displaying the relative contributions of Commodities, Procurement and Supply Management (PSM), and Supply Chain Strengthening to each funder's total budget.
- The third section, C, displays programmatic data and associated budgets, including the national treatment cascade and associated budget distribution by funder.



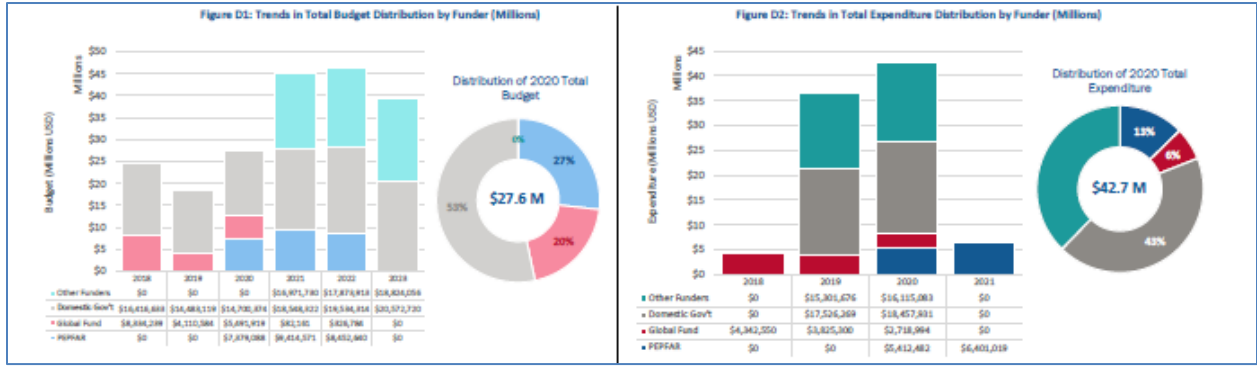
## 4.2 HIV Resource Alignment Detailed Country Profile (“Detailed Country Profile” tab)

This profile contains eight different sections, as well as a supplementary section with additional data tables and charts focused on one country.

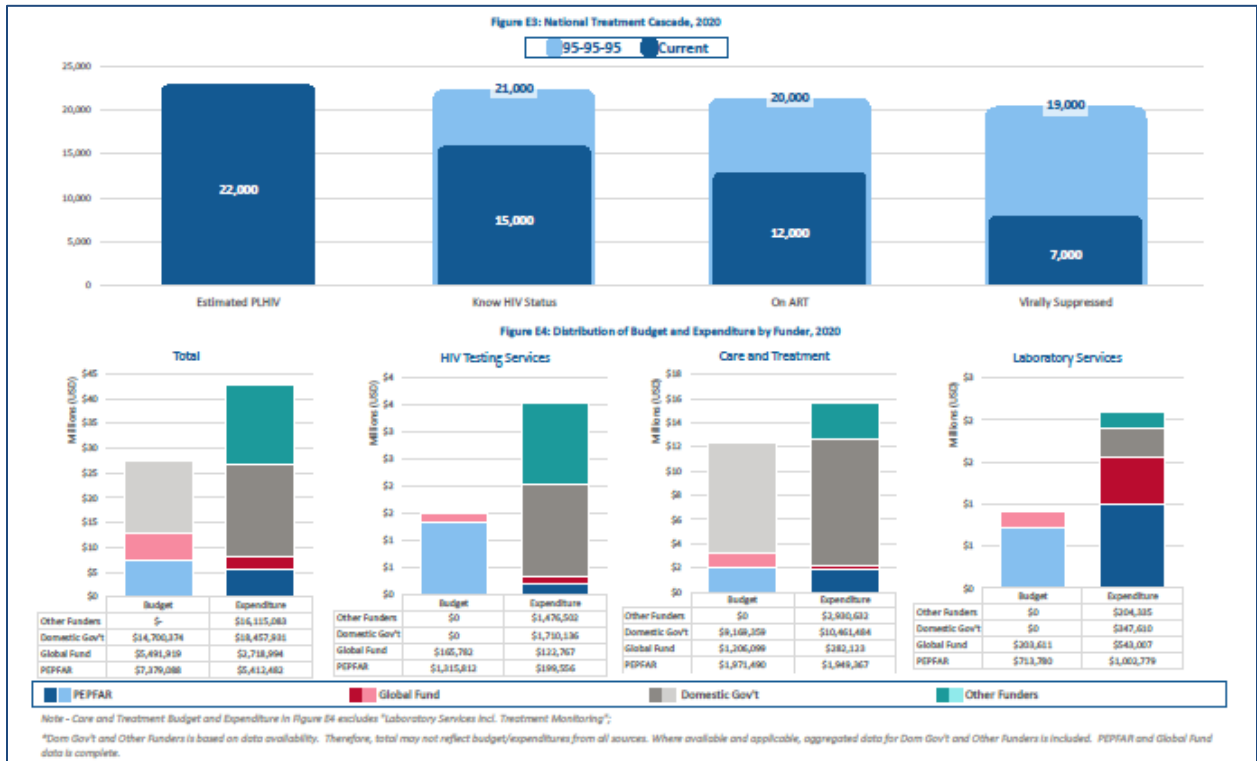
- The first section, A, displays an overview of the demography, economics, health, and HIV profile of a selected country.
- The second section, B, shows a summary of budget data by funder, for 2018-2025.



- The third section, C, displays where resources are allocated by funder across program areas, commodities, above-site programs, and program management.
- Section D displays trends in budget versus expenditure data by funder, both overall and for commodities only.

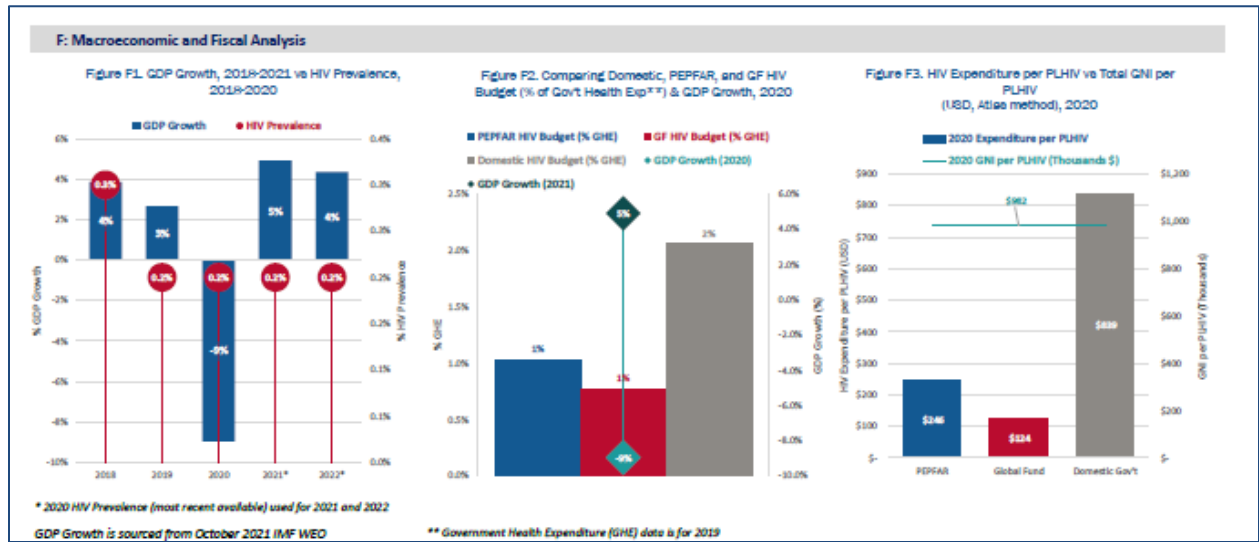


- Section E contains national-level information on the treatment cascade in 2021 for both budget and expenditures by funder at the aggregate level, and then also disaggregated by the key 95-95-95 elements.

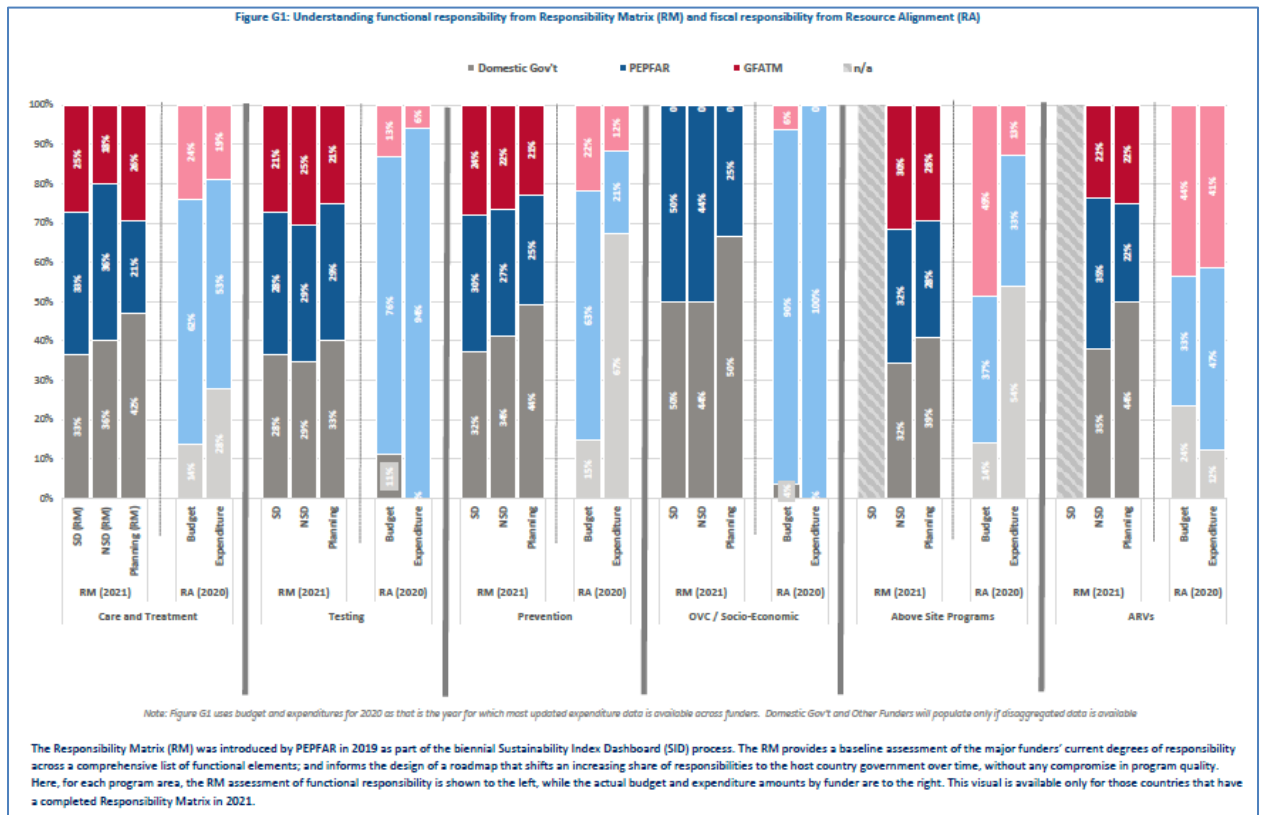




- Section F displays macroeconomic and fiscal indicators relative to the country's HIV burden.



- The seventh section, G, provides a visualization of fiscal and functional responsibility by program area by combining data from this tool and the Responsibility Matrix.



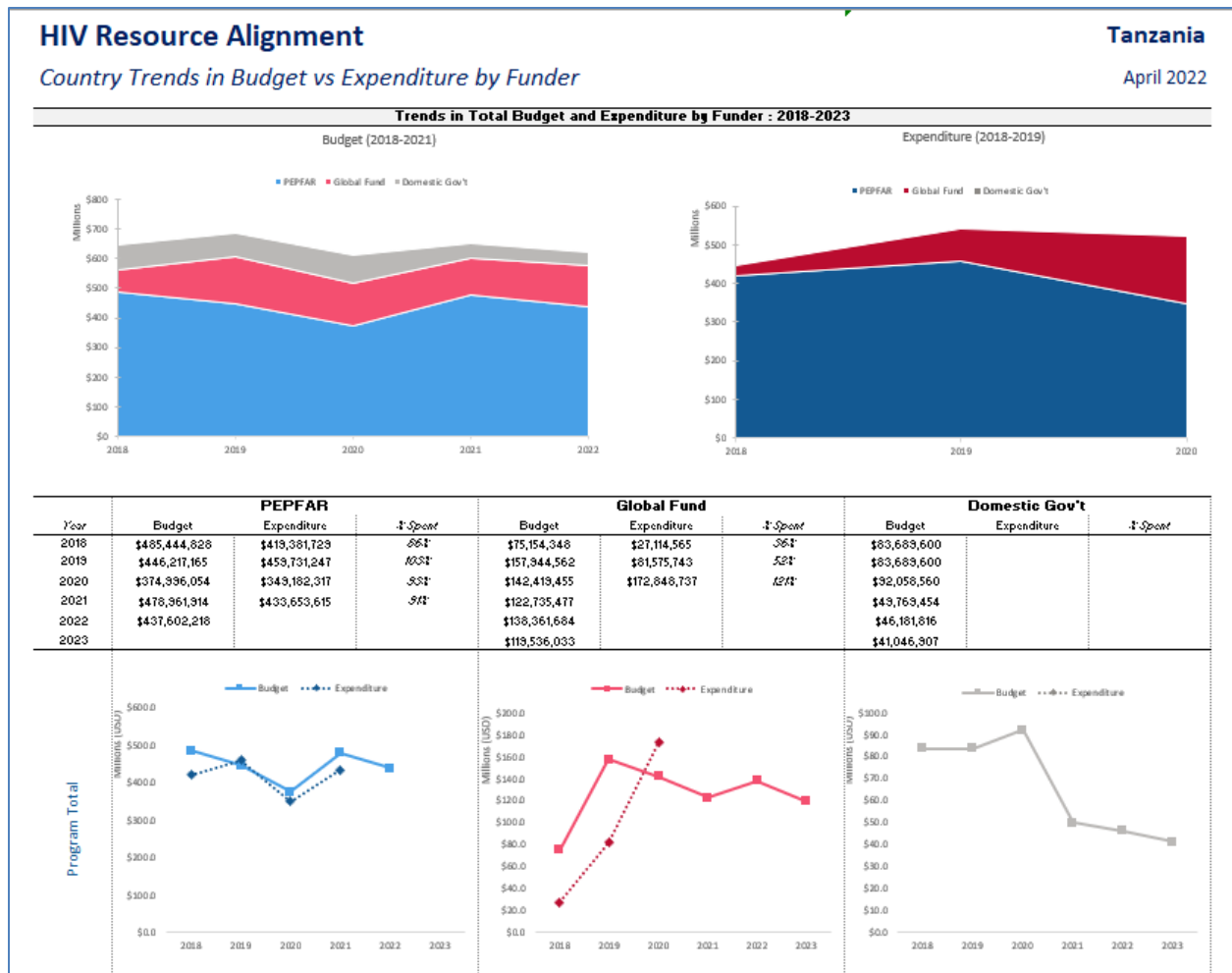
- The final section, H, contains both general and country specific data notes.

- Additionally, six pages of supplementary tables and charts provide more detailed analysis of the data from the sections above.

### 4.3 HIV Resource Alignment Trends in Budget and Expenditure by Funder

This profile contains eight different sections, all displaying both charts and tables.

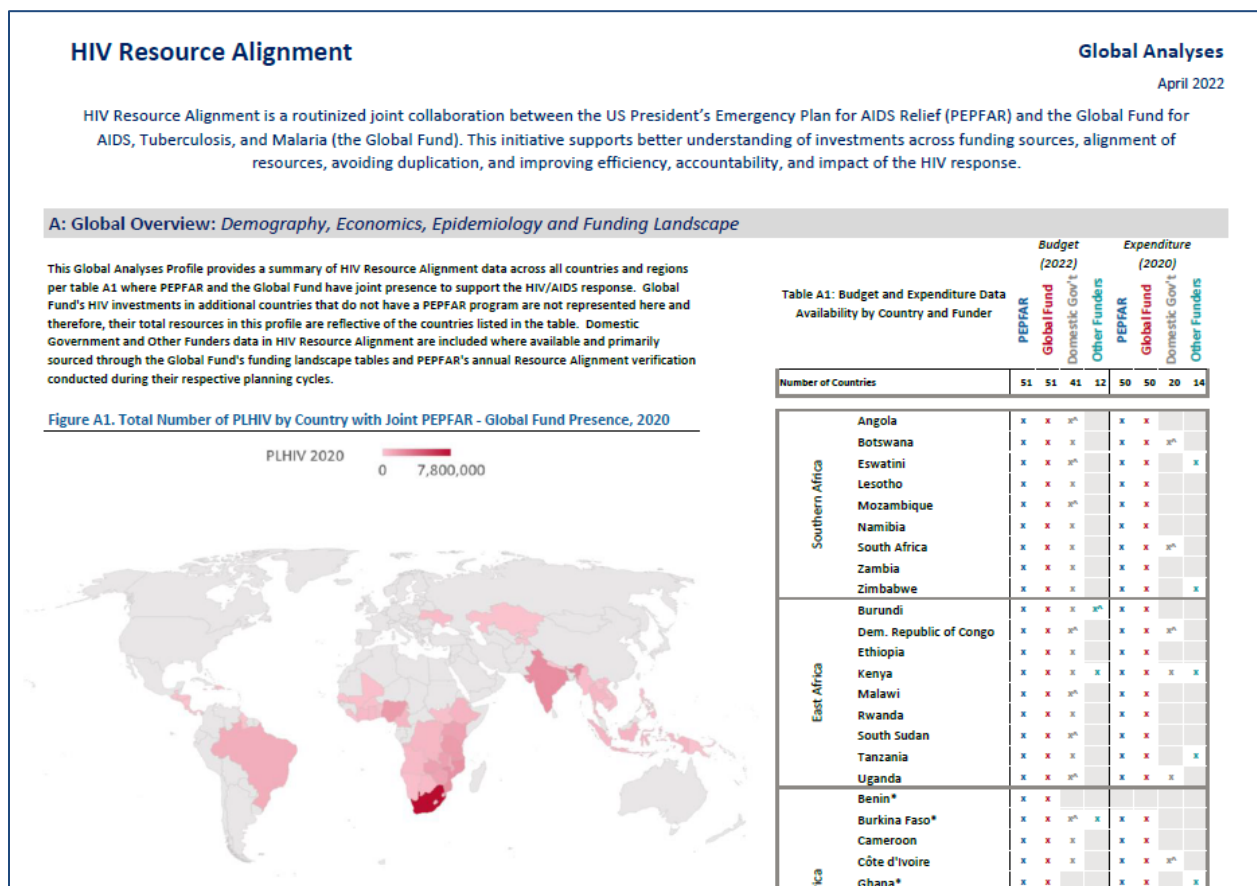
- The first section displays a financial summary of both budget and expenditure data by funder for 2018-2023.
- The next six sections show a similar summary for each of the program area categories: Care and Treatment, HIV testing Services, Prevention, Socioeconomic (inc. OVC), Above Site Programs, and Program Management.



#### 4.4 HIV Resource Alignment Global Analyses Profile (“Global Analyses Profile” tab)

The Global Analyses Profile provides a summary of HIV Resource Alignment data across all countries and regions per Table A1 where PEPFAR and the Global Fund have joint presence to support the HIV/AIDS response. The Global Fund's HIV investments in additional countries that do not have a PEPFAR program are included and therefore, their total resources in this profile reflect only those countries listed in the table. Domestic Government and Other Funders data in HIV Resource Alignment are included where available. This profile contains ten different sections.

- The first section, A, displays an overview of the demography, economics, epidemiology, and funding landscape, including data availability by funding source.



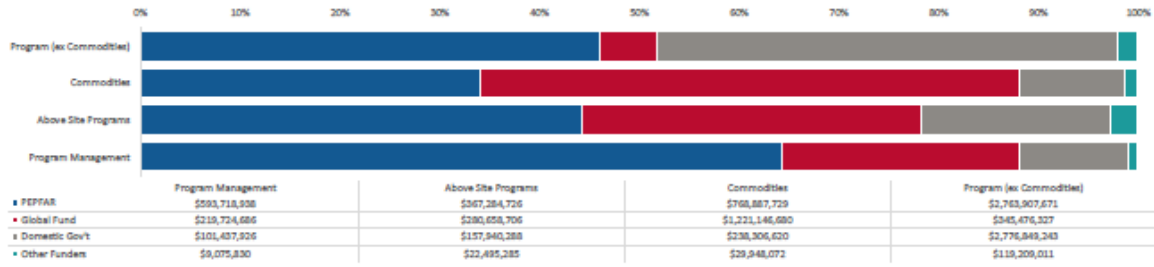
- The second section, B, shows a summary of budget data by funder, for 2018-2023.
- The third section, C, displays budget allocation by funder across program areas in 2023, by sub-program area across all funders in 2023, and by commodities, personnel/human resources (HR), above site programs, and program management by funder in 2023.



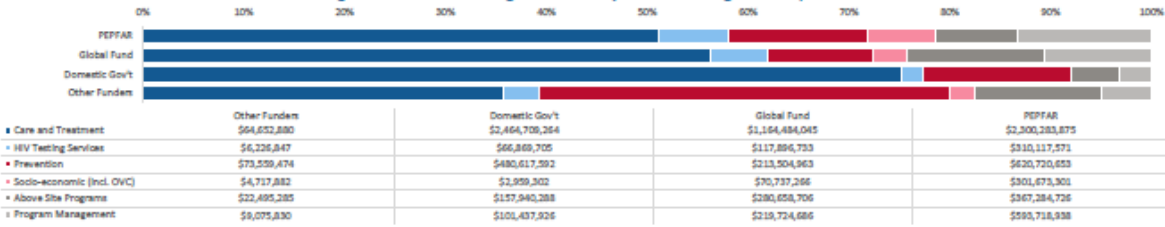
### C: Drivers of Funding: Where are resources allocated (Budgets)

Section C describes the distribution of global HIV budgets by funder and program area, illustrating how each funder is investing across program areas and comparing how each program area is supported by the funders.

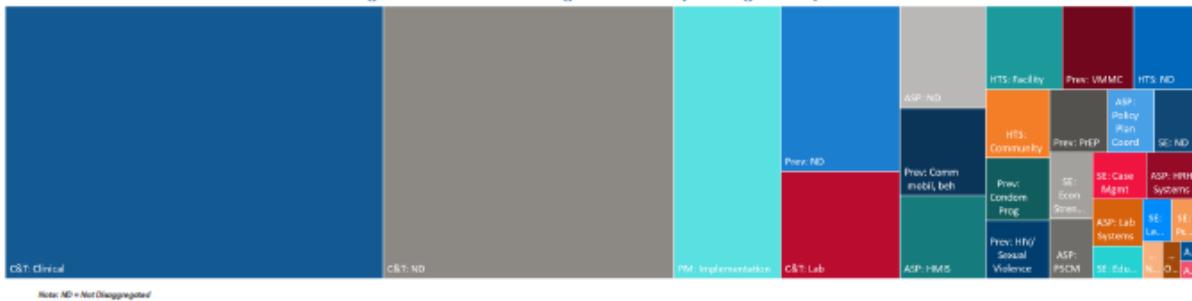
#### Figure C1: Total Global Budget Distribution by Program Areas and Funder, 2022



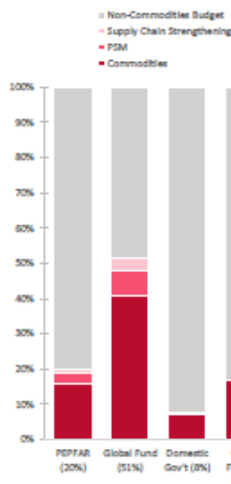
#### Figure C2: Total Global Budget Allocation by Funder and Program Areas, 2022



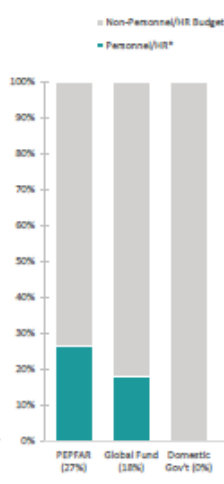
#### Figure C3: Total Global HIV Budget Distribution by Sub-Program Area, 2022



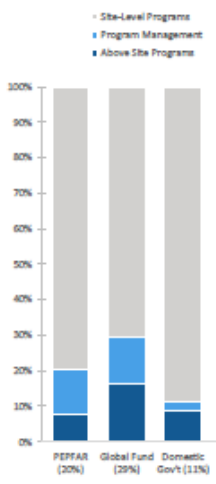
#### Figure C4: Commodities, Procurement and Supply Management Costs and Supply Chain Strengthening as part of Global HIV Budgets, 2021



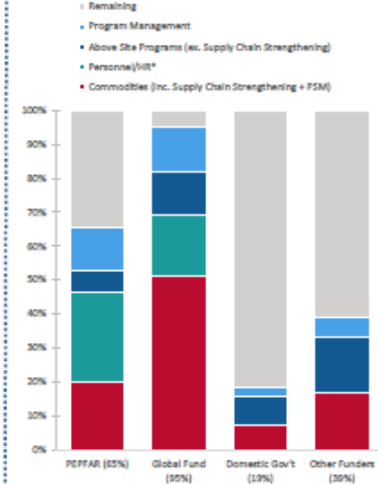
#### Figure C5: Personnel/HR\* as part of Global HIV Budgets, 2021



#### Figure C6: Above-Site Program and Program Management as part of Global HIV Budgets, 2021

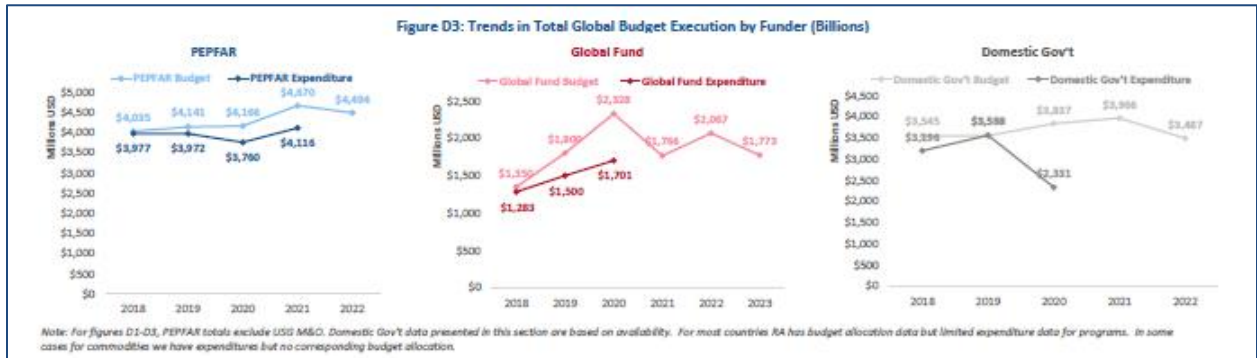


#### Figure C7: Commodities, HR\*, ASP, and PM as part of Global HIV Budgets, 2021

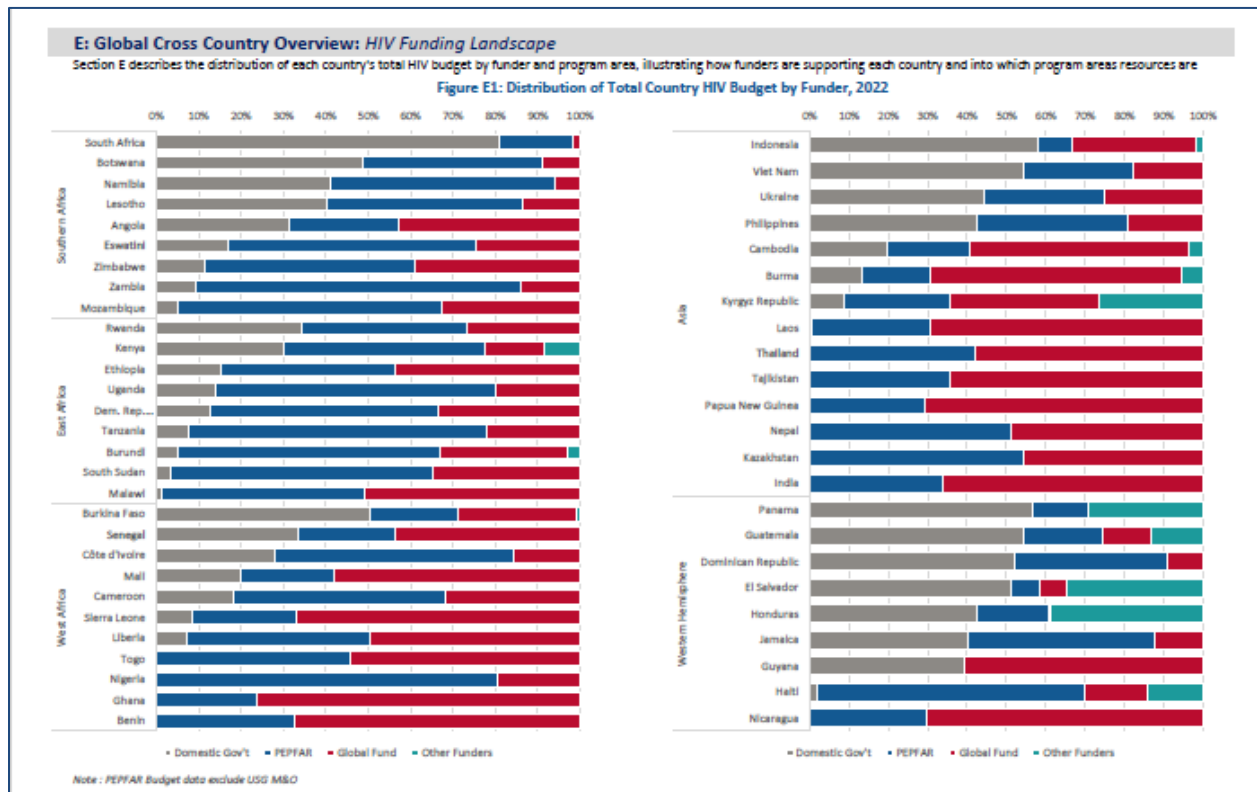


\*For Personnel/HR, PEPFAR Budget includes only Prime Recipients  
Note: 2021 data used for Figures C4-C7 based on data availability

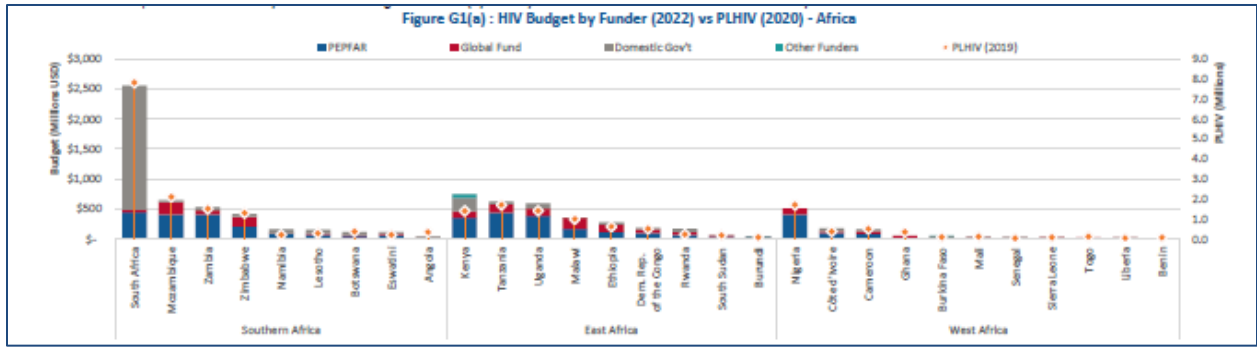
- Section D displays trends in budget data versus expenditure data by funder, both overall and for commodities only. Additionally, it shows the distribution of budget and expenditure by funder and cost category.



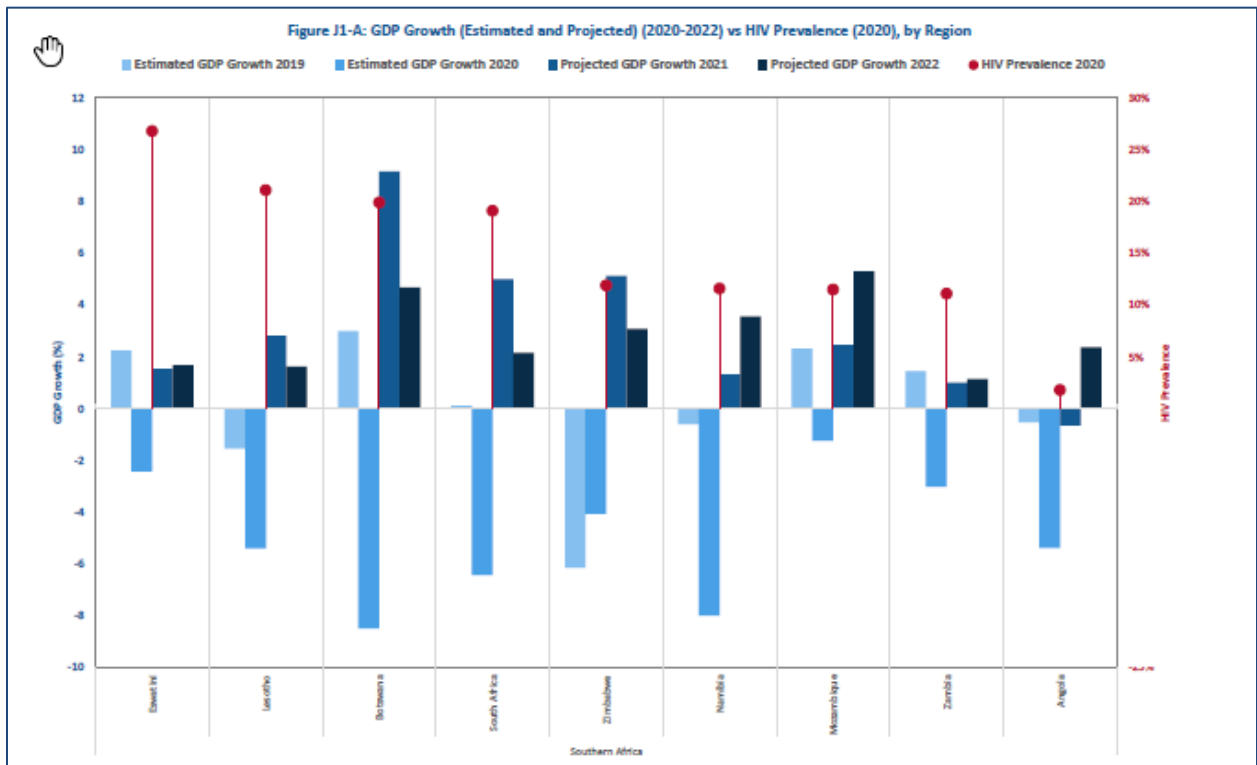
- The fifth section, E, displays detailed charts providing a cross country overview of the distribution of 2023 HIV budgets by funder and by program area.



- Section F displays budget execution by funder.
- The seventh section, G, displays a cross country overview of the 2023 HIV budget by funder in absolute terms (left-hand axis) compared with the number of people living with HIV (PLHIV) (not shown here) as well as the 2021 HIV prevalence level (right-hand axis).



- Section H provides a cross country overview of the HIV funding landscape relative to progress towards epidemic control by displaying program area budgets (2023) compared with the relevant steps in the treatment cascade (2021).
- Section I displays a cross country comparison of total budget (2023) and expenditure (2021) per PLHIV by funder.
- Section J shows a macroeconomic analysis comparing GDP growth trends (left-hand axis) with HIV prevalence in 2021 (right-hand axis).



- Finally, Section K details data notes.

## 4.5 HIV Resource Alignment Multi-Country Funding Landscape

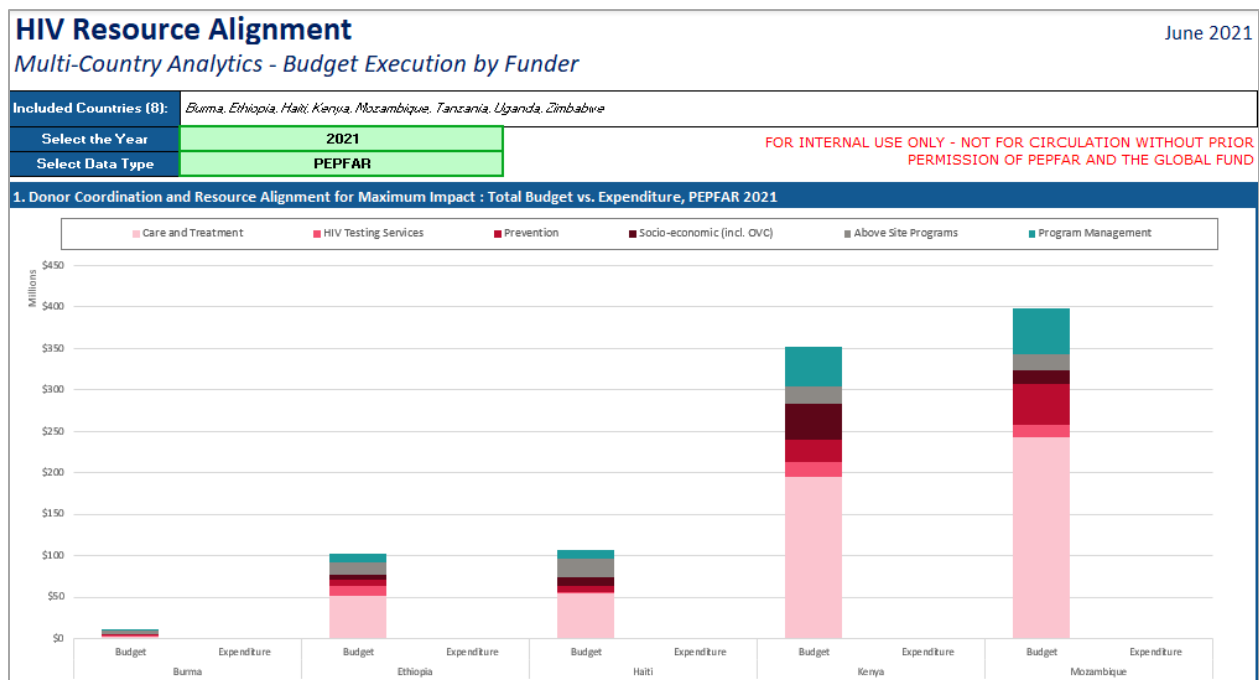
This profile allows for analysis of the funding landscape by funder for years and across up to 12 countries selected by the user.

- The first five graphs display the budget or expenditure by funder in the year selected by the user, first as total budget disaggregated by program area, then by prevention programs, commodities, and above site programs.
- The last two graphs allow the user to select what to display. The first allows selection of a program or sub-program area, and the second allows selection of a commodity or category of commodity.

## 4.6 HIV Resource Alignment Multi-Country Budget Execution

This profile allows for analysis of budget execution across up to 12 countries selected by the user. It is the same as the previous profile except instead of selecting budget or execution the user instead selects between PEPFAR and the Global Fund.

- The first five graphs display budget execution for either PEPFAR or the Global Fund in the year selected by the user, first as total budget disaggregated by program area, then by prevention programs, commodities, and above site programs.
- The last two graphs allow the user to select what to display. The first allows selection of a program or sub-program area, and the second allows selection of a commodity or category of commodity.



## 4.7 Illustrative Questions for Planning and Program Review Discussions

As the Resource Alignment data become more widely available, note that examining results from the RADAR tool can begin to answer a wide variety of policy-related questions:

- Do the data reflect alignment with country's HIV response?
- Do the funding allocations match program priorities and needs?
- Are resources allocated duplicative and is there a need for better alignment between funders?
- Are above site program investments adequately targeted to address issues in the clinical cascade?
- Are there areas where agency/host government can prioritize resources based on competitive advantages?
- Examining actual expenditures against planned investments by specific program areas will help identify areas of low absorptive capacities, investigate possible causes, and develop strategies to address issues.
- How much was spent on HIV and TB by the three main funders (SAG, USG, and Global Fund) during FY 2017/18 through 2019/20?
- How was spending distributed across geographies and program areas/interventions?
- Which cost categories drove spending?
- How did spending and outcomes compare across provinces for the key HIV programs?
- How did government spending change while PEPFAR's 'focus for impact' efforts concentrated PEPFAR investment in the priority districts in a particular country or region?
- How does the spending according to interventions compare with the costed NSP and/or planned budgets?
- What financial and epidemiological data challenges limit analysis and interpretation?
- How does the distribution of funding between funders change between program areas, and what does this suggest in terms of risk of defunding?
- What areas can we identify for further alignment across funders and domestic governments?

## 5.0 Conclusion

With the completion of the initial stage of the PEPFAR/Global Fund HIV Resource Alignment effort, the ongoing work can be further integrated into planning processes by all stakeholders, as part of an ongoing routine, annual effort. These processes will be extremely useful in formulating HIV National Strategic Plans by host country governments, the annual budgeting processes by PEPFAR and grant-making missions by the Global Fund, and even in advocacy efforts by stakeholders such as UNAIDS. Having accurate, harmonized, aligned, routinely reported budget and expenditure data for HIV across the vast majority of funding will prove an invaluable resource for all.



## Annex 1: Countries included in HIV Resource Alignment

Angola	Nepal*
Benin*	Nicaragua*
Botswana	Nigeria
Burkina Faso*	Panama*
Burma*	Papua New Guinea*
Burundi	Philippines*
Cambodia*	Rwanda
Cameroon	Senegal*
Côte d'Ivoire	Sierra Leone*
Democratic Republic of Congo	South Africa
Dominican Republic	South Sudan
El Salvador*	Tajikistan*
Eswatini	Tanzania
Ethiopia	Thailand*
Ghana*	Togo*
Guatemala*	Uganda
Guyana*	Ukraine
Haiti	Viet Nam
Honduras*	Zambia
India*	Zimbabwe
Indonesia*	
Jamaica*	
Kazakhstan*	
Kenya	
Kyrgyz Republic*	
Laos*	
Lesotho	
Liberia*	
Malawi	
Mali*	
Mozambique	
Namibia	

*\* Country is part of a PEPFAR Regional Program*

# Annex 2: RADAR Category Mapping Harmonization

See attached Excel workbook, "RADAR Category Mapping Harmonization April 2022"