

Projections of Funds for Population and AIDS Activities,
2005-2007

UNFPA/UNAIDS/NIDI
Resource Flows Project
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1. Introduction

The Resource Flows Project has been engaged in making estimates and projections for financial resource flows since 2003. The first pilot estimation exercise was conducted in 2003 and covered resource flows from donor governments and governments and NGOs in developing countries and countries in transition¹. For the donor countries, these estimates were updated in summer 2004. In the fall of 2004, the method was thoroughly revised and different estimation possibilities were investigated. This exercise resulted in the report ‘Assessing size and structure of worldwide funds for population and AIDS activities’ (van Dalen and Reuser, 2005, 2006). Multivariate regression analysis was used to determine which variables best explain changes in donor and domestic funding to population and HIV/AIDS. Besides determining the parameters of this estimation model, the report also defined the weights and priorities used for available sources of information. An additional section dealt with the challenge of estimating private expenditures.

The current report follows the same estimation methodology as described in van Dalen and Reuser (2005) and assumptions used in the last update of the report (van Dalen and Reuser, 2006). The current report will present projections for 2005 to 2007 for donor expenditures (section 2) and domestic (government and NGO) expenditures (section 3), private expenditures and a projection of global domestic resource flows. Section 4 concludes with a summary of the main findings.

¹ We will use the term ‘developing countries’ throughout the text to denote not only what is traditionally understood as the developing countries but also countries in transition.

2. Donors

2.1. Introduction

Donors play a large role in generating funds for population and AIDS activities. The level of primary funds generated by donors has increased substantially over the last few years, in large part stimulated by the initiatives of the US government to combat the HIV/AIDS pandemic. Primary funds refer to the financial resources contributed by a primary donor via general contributions (for example to UN-organizations) or directly to projects/programs. For intermediate donors, such as multilateral organizations and international NGOs, primary funds only include self-generated income. *Table 2.1* gives an overview for the years 1996-2004 of total primary funds for individual OECD/DAC members and by multilateral organizations, foundations, development banks and international NGOs. As one can see, donor assistance has always been dominated by the funds provided by OECD/DAC governments of which the US is undoubtedly the biggest provider of primary funds. The strong upward trend in providing primary funds is also visible for the last year in almost all the OECD/DAC countries. Simply extrapolating the general picture will not suffice and in line with the previous study we will project the funding of donor governments based on past behaviour and whenever possible of self-reported future expenditures.

2.2. Projections of donor funding

Donor governments

In making projections for the years 2005-2007, we have based our calculations on the estimated coefficients reported in the van Dalen and Reuser (2005)-report in conjunction with future expected expenditures² which some countries reported to the Resource Flows survey. See appendix A1.1 for a detailed description of the methodology used to project future donor funding.

² In past survey rounds the term “future commitments” was used. In order to harmonize the terminology and avoid confusion with the term “commitment” used by OECD, the term “future expected expenditures” has been introduced.

*Table 2.1. Overview of Primary Funds for Population and AIDS Activities
(in 1000 current US dollars), 1996-2004*

Country	1996	1997	1998	1999	2000	2001	2002	2003	2004
Australia	32,558	45,235	44,562	30,530	14,673	13,088	21,257	38,965	54,894
Austria	861	577	1,784	1,449	870	979	1,520	2,727	3,598
Belgium	5,475	9,814	10,148	10,443	15,768	19,138	44,101	26,400	49,877
Canada	36,497	34,520	38,568	37,212	37,441	12,689	82,845	56,626	101,131
Denmark	63,038	46,990	60,114	54,877	44,640	48,852	73,830	59,527	89,798
Finland	19,828	17,335	23,114	19,957	19,766	23,730	24,353	23,697	23700*
France	16,500	16,500	16,500	7,977	12,360	8,242	83,687	56,559	205,583
Germany	96,033	122,462	124,806	119,764	96,398	108,660	106,763	132,088	141,688
Greece	-	-	-	-	-	13	58	9,293	6,349
Ireland	728	-	-	2,673	4,240	6,255	11,787	26,786	26,029
Italy	3,607	2,203	6,385	10,042	24,921	25,038	22,641	27,068	24,107
Japan	93,760	93,760	88,879	111,691	130,674	115,346	180,167	128,068	278,645
Luxembourg	1,176	1,176	4,257	3,313	10,726	5,627	7,458	8,249	13,214
Netherlands	111,707	146,428	119,230	115,781	170,077	132,032	164,310	275,434	442,186
New Zealand	1,222	1,806	2,316	2,316	2,308	2,150	3,288	5,917	8,021
Norway	46,125	54,296	71,394	61,671	59,957	42,960	80,793	91,647	166,276
Portugal	249	414	1,244	440	400	689	571	1,119	3,979
Spain	7,438	7,438	4,320	9,466	6,208	14,380	3,291	29,949	37,039
Sweden	57,923	53,177	78,270	61,602	73,142	56,270	61,107	80,029	196,894
Switzerland	16,212	16,626	17,818	17,796	16,074	23,534	23,403	31,522	31,872
United Kingdom	106,422	117,431	125,934	95,703	169,602	80,971	168,803	589,650	782,228*
United States	637,696	662,360	619,729	603,003	658,614	951,012	962,969	1,807,643	2,732,000*
European Union	14,021	79,387	79,387	33,400	28,883	28,054	184,891	228,737	159,248
Total countries	1,369,075	1,529,936	1,538,760	1,411,106	1,597,743	1,719,708	2,313,893	3,737,700	5,578,356

Int. Foundations	92,412	62,784	72,498	175,545	250,652	201,620	460,110	305,443	324,541
International NGOs	48,111	42,923	51,107	64,104	48,053	39,089	70,314	74,395	107,791
UN Organizations	18,037	49,109	34,530	31,390	77,289	96,048	31,419	43,319	60,732
Bank grants	7,762	9,139	10,385	9,240	840	3,150	2,000	27,645	227,054
Total	1,535,396	1,693,890	1,707,280	1,691,385	1,974,577	2,059,614	2,877,736	4,188,502	6,298,474

Donors

Source: Resource Flows database.

* Because of non-response of some governments on elements of population assistance, the expected values for the US and Finland for the year 2004 presented in Van Dalen and Reuser (2005) are used. For the UK, the predicted value for general contributions are used.

The projections differ, of course, at some points from the ones stated in van Dalen and Reuser (2005) and the differences can be explained by paying attention to the following changes:

1. Newly reported realizations of donor contributions. Between the last report and the current report donor governments have reported or updated their realizations. Taking these realizations into account in the projection exercise changes the level of projected spending.
2. Newly reported future expected expenditures. The same type of reasoning as mentioned above (ad. 1) applies to these reported figures.
3. Updated growth of GDP predictions published in the *World Economic Outlook* of the IMF (2006). As the projections are completely GDP driven, changes in predictions made by the IMF will change previous projections.

By applying the projection rules to the data and the information provided to us through the RF-survey, we arrive at the following total of funds for donor governments in *table 2.2*. The individual country projections are presented in appendix A2. The total of funds provided by donor governments of OECD/DAC countries will reach the amount of 7.4 billion in 2007.

The most significant element to be noted about *table 2.2* is the dominance of STD/HIV/AIDS programs. At the start of the ICPD programme of action the percentage allocated in 1996 to general contributions was 47 percent, to family planning programs was 22 percent, reproductive health services 18 percent, basic research 4 percent and STD/HIV/AIDS could count on 8 percent of 1.3 billion US dollars of funds generated by donors. If we turn to *table 2.2* we see that things have been radically turned around and, e.g., in 2007 a formidable 85 percent will go to STD/HIV/AIDS programs and a meager 2 percent that goes directly to family planning programs.

Figure 2.1 gives an impression of how the level of primary funds (in current US dollars) has increased from 1973 to 2007. Especially the last few years the level of funds has increased substantially and this increase does not seem to level off. The driving force behind this change can be accounted for by the initiatives like PEPFAR and The Global Fund to Fight Aids Tuberculosis and Malaria (GFATM). Whether this steep increase will be continued in the near future remains uncertain. On the one hand, one can expect this increase to stop as a major part of the donor increase as the President's Emergency Plan (PEPFAR), announced in 2003 (see Office of US Global AIDS coordinator, 2003) constituted a five-year horizon and what will happen after 2007 remains uncertain and is in the hands of a different administration. Given the fact that the US stresses the emergency aspect of the HIV/AIDS epidemic suggests that this level of funding is extraordinary and will not increase any further on the side of

the US. On the other hand, given the fact that the Millennium Development Goals acknowledge explicitly the importance of HIV/AIDS may make this level of financial support viable as other donor countries may perhaps step up and follow the US example.

Finally we want to point out a more worrisome development in monitoring resource flows. The administrative burden on donor governments has increased since the beginning of the RF project. Major shifts, both in field of resource tracking, as well as in the types of activities carried out in the field of population and AIDS, have taken place. Definitions of HIV/AIDS activities today, for example, are a long way away from the definitions and activities set at the start of the ICPD programme of action. It is increasingly difficult to collect financial information in a timely fashion; many respondents are reporting to multiple resource tracking systems (for example RF and OECD/DAC) while the level of detail is ever increasing. When the project began STD/HIV/AIDS activities were defined in accordance to the ICPD. In 2001 these definitions were revised (based on the UNGASS) and it was decided to introduce four sub-categories for STD/HIV/AIDS activities. Today the project is slowly working towards the introduction of eight STD/HIV/AIDS sub-categories, as defined in the UNAIDS National AIDS Spending Assessment (NASA) manual. It is clear that identifying financial flows to one single category (e.g. STD/HIVAIDS) is a task that involves less time and money than identifying eight separate sub-categories.

The use of self-reported expectations

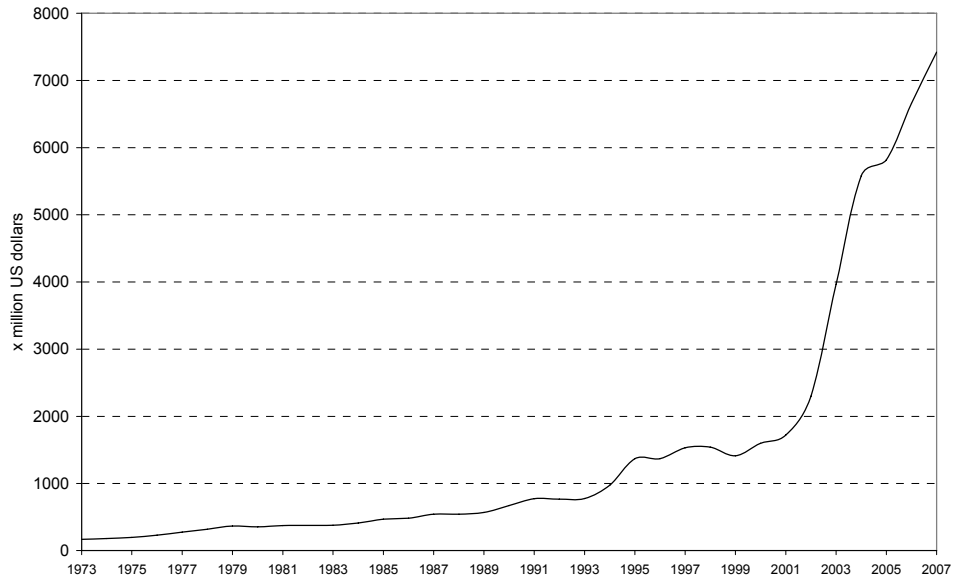
The expected amounts of funding appear to be of fundamental use in deriving our estimates as has been demonstrated in van Dalen and Reijer (2005). *Figure 2.2* reiterates how close expectations and realizations are when it comes to

Table 2.2. Overview of Projected Primary Funds for Population and AIDS Activities (in 1000 current US dollars) for 2005-2007

Year	General contributions	Family planning	Reproductive health	Basic research	STD/HIV/AIDS	Total
2005	352,166	147,849	440,059	202,336	4,674,767	5,818,010
2006	396,314	149,617	474,851	206,601	5,431,875	6,659,260
2007	398,213	129,222	436,140	163,963	6,294,098	7,421,637
Allocation of funds (percentages of total primary funds)						
2005	6.1	2.5	7.6	3.5	80.3	100
2006	6.0	2.2	7.1	3.1	81.6	100
2007	5.4	1.7	5.9	2.2	84.8	100

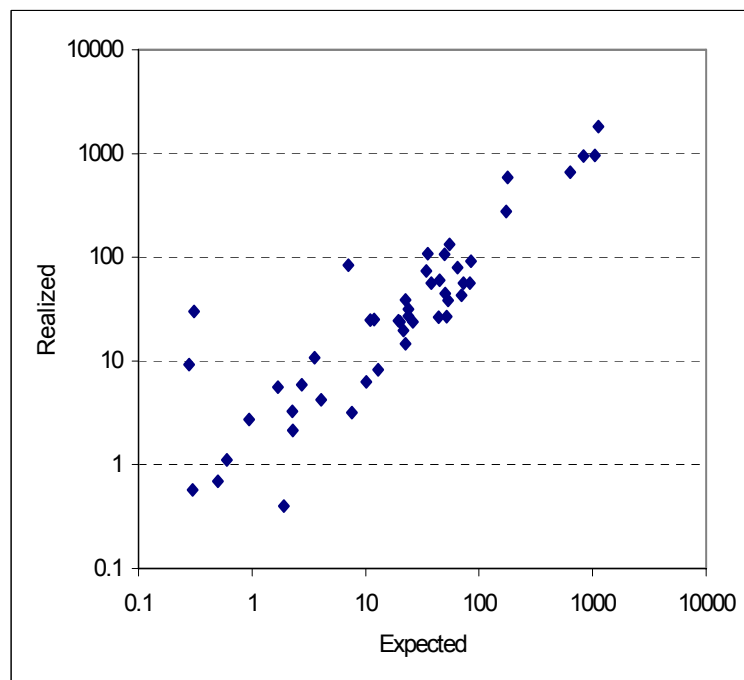
Source: Resource Flows database.

Figure 2.1. Trends in primary funds of donor governments, 1973-2007 (including European Union) in million USD (current prices)



Source: Resource Flows database.

Figure 2.2. Realizations versus expectations in primary donor funding by donor governments, (logarithmic scale)

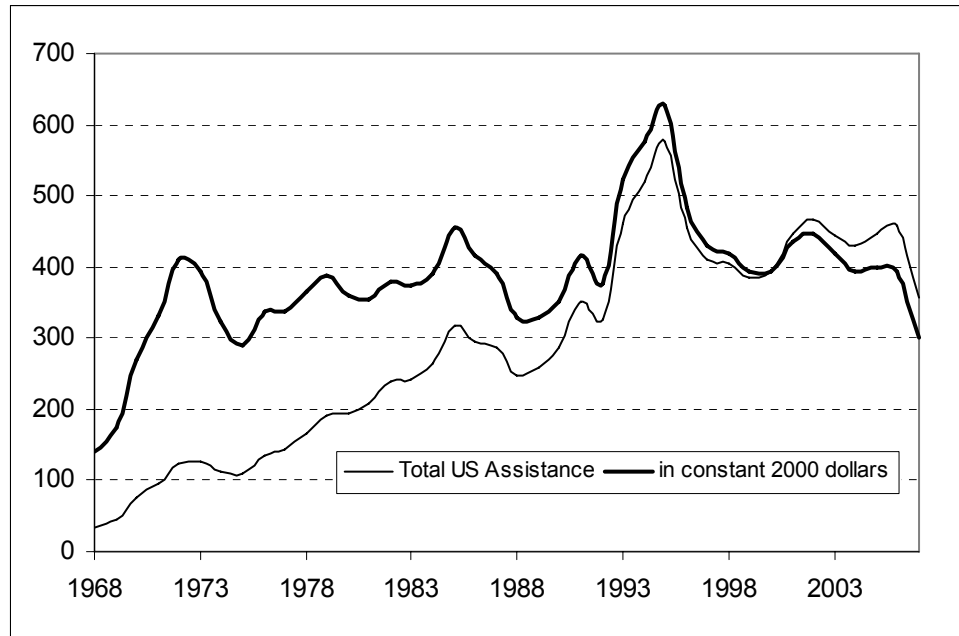


Source: Resource Flows database.

evaluating total primary funds expectations. The use of these expected figures is crucial for making reliable projections as the decision makers involve agencies which fall within the public domain and modelling and predicting public choice remains a difficult affair. To underscore this one has only to look to the US to understand this simple fact. Since 1965, the US Congress has appropriated money in the foreign assistance bill for population assistance to developing countries to advance the US foreign policy goals of promoting sustainable development and health in these countries. These funds support family planning and related reproductive health services through programs administered by the US Agency for International Development (USAID) and, in some years, through direct contributions to the United Nations Population Fund (UNFPA).

Figure 2.3 shows that over the years 1973-2007 US foreign assistance to family planning and reproductive health care programs is stagnating in real terms and if the trend for the past ten years offers any guidance US population assistance will reach an unprecedented low level of population assistance. What complicates the picture even further are the strong swings in US aid and in large part one can pinpoint these swings to changing administrations. The Mexico City Policy as adopted by a number of Republican US presidents, starting in 1984 with Ronald Reagan, makes the population package extremely vulnerable. The Mexico City Policy denied US funds to foreign non-governmental organizations that perform or promote abortion as a method of family planning, regardless of whether the funds came from the US government. Presidents Reagan and Bush also banned grants to the UN Population Fund (UNFPA) because of its program in China, where coercive practices have been used. This can also be seen in figure 2.3 which depicts the funds provided by US government to UNFPA. This development is in marked contrast with the aid offered by the US to fighting HIV/AIDS on a global level. In 2001 the US contribution to Global HIV/AIDS Relief was \$840 million and in 2007 it is expected to be \$4,032 million. In nominal terms this represents an increase of 380 percent and in real terms it still represents a gigantic increase of 286 percent. If we take a look at the figure 2.3 it is clear that the remaining population assistance categories have been crowded out: over the same period 2001-2007 support for family planning and reproductive health will *decrease* by 20 percent in nominal terms and by 31 percent in real terms.

Figure 2.3. US Population Assistance, 1968-2007 (in millions current and constant 2000 US dollars)



Source: PAI http://www.populationaction.org/resources/factsheets/factsheet_3.htm, and Nowel and Veillette (2006).

The influence of political, c.q. ideological factors in determining donor funding is large (van Dalen and Reuser, 2006), but then again ideological factors are part and parcel of a public decision making process, which the generation and allocation of donor funding essentially is.

Other donors

In 2004, the total contribution of OECD/DAC members constituted of 86 percent of total primary funds (excluding bank loans). The second largest group of donors consists of international foundations that accounted for 6 percent of total primary funds. In trying to project the funds that originate with foundations, we encountered the following problems:

- The level of funding for population and AIDS activities provided by foundations can vary significantly from one year to another. With changes in the foundation's financial situation or changes in the mission, the interest in population and AIDS activities can suddenly rise or simply vanish.
- Finally, the level of funding by foundations is largely determined by one big player in the field, which is the Bill and Melinda Gates Foundation. Therefore, the trend in total funding from foundations relies heavily on the generosity of the Gates Foundation. The fact that also the contribution of the

Gates Foundation is highly volatile, makes predicting future foundations' spending extremely hard (van Dalen and Reijer, 2005).

To give the reader an impression of the development over time of registered funds of international foundations, one can consult *table 2.3*. If one splits the sample period in two eras: 1996-1999 and 2000-2004, one can detect a trend of more funds allocated to reproductive health and STD/HIV/AIDS and a slightly increasing interest in family planning and a more or less constant flow towards basic research. However, on a yearly basis it is hard to discover a structural trend as funds for STD/HIV/AIDS activities increased suddenly in the year 2002; in the subsequent year this category dropped to almost half its previous level. The Bill and Melinda Gates Foundation drives aggregate movements completely and the bulge in STD/HIV/AIDS funds is a case in point.

Total donor funds

The total amount of funds consists of funds generated by donor governments and the other donors mentioned above. Because of the difficulties in detecting a trend in the behaviour of other donors the rule of thumb is used that funds from other donors grow with the GDP rate for advanced economies as reported by IMF in the World Economic Outlook 2005. The grand total amount of donor funds reported for the years 2005-2007 is therefore a mixture of predictions

Table 2.3. Allocation of primary funds to population and AIDS activities from international foundations, 1996-2004, (1,000 current US dollars)

Year	General contributions	Family planning	Reproductive health	STD/HIV/AIDS	Basic research	Total	Total funds
			Percentages				(1000\$)
1996	23.0	8.2	26.3	10.7	31.8	100	92,412
1997	26.3	10.1	22.1	11.3	30.3	100	62,784
1998	10.2	15.9	37.9	12.2	23.8	100	72,498
1999	35.5	10.3	36.1	9.1	8.9	100	175,545
2000	1.8	11.3	48.0	33.2	5.7	100	250,652
2001	7.2	7.1	48.3	33.9	3.5	100	201,620
2002	8.0	7.3	18.6	56.3	9.8	100	460,110
2003	8.6	9.7	28.9	45.0	7.7	100	305,443
2004	23.1	7.1	14.7	49.1	5.9	100	324,541
Average 1996-1999	26.7	10.8	32.0	10.4	20.2	100	
Average 1999-2004	10.2	8.4	28.5	45.9	7.1	100	

Source: Resource Flows database.

based on behavioural rules and reported future expected expenditures for the donor governments together with a simple rule of thumb for the other donors. The total result for the years 1996-2007 is reported in *table 2.4*.

Although donors as a collective have not yet attained the Cairo goals for 2005-2007, the increase in funds is remarkable and it is on track. The goal for 2005 was that donors, governments, NGOs and foundations, should fund 6.1 billion (in 1993 US dollars) and in 2010 the amount should be 6.8 billion dollars. Correcting for inflation the total of primary funds in 1993 dollars amounts to 5.3 billion dollars for 2005, 5.6 billion in 2006, and 6.1 billion for 2007. In short, the goals set for donors are within reach. Although the goals set in absolute amounts are within reach, the more worrisome part of the ICPD agenda is the allocation of the funds over the various population programs.

Table 2.4. Donor funds. 1996-2007 (in million current US dollars)

Year	Developed countries	Foundations	Bank Grants development banks	UN system	NGO	Total funds
	(1)	(2)	(3)	(4)	(5)	Sum of (1) to (5)
1996	1369.1	92.4	7.8	18.0	48.1	1535.4
1997	1529.9	62.8	9.1	49.1	42.9	1693.8
1998	1538.8	72.5	10.4	34.5	51.1	1707.3
1999	1411.1	175.6	9.2	31.4	64.1	1691.4
2000	1597.7	250.7	0.8	77.3	48.1	1974.6
2001	1719.7	201.6	3.2	96.1	39.1	2059.7
2002	2313.9	460.1	2.0	31.4	70.3	2877.7
2003	3737.7	305.4	27.6	43.3	74.4	4188.5
2004	5578.4	324.5	227.1	60.7	107.8	6298.5
2005*	5818.0	340.7	238.5	63.7	113.2	6574.1
2006*	6659.3	350.9	245.6	65.6	116.6	7438.0
2007*	7421.6	368.5	257.9	68.9	122.4	8239.3

Source: Resource Flows database.

* Projections. The funds provided by individual OECD/DAC members are presented in detail in Appendix A1. Columns (2)-(5) are assumed to grow with the growth rate of nominal GDP in advanced economies as predicted by IMF.

3. Developing countries

In general, the level of funding for population and AIDS activities in domestic countries (developing countries and countries in transition), has been increasing steadily. Both in terms of donor support and local mobilization the level of funding has increased enormously. Especially levels of AIDS funding have increased, in part at the expense of so called other “population activities”. Before answering the question whether national governments and local NGOs are following this trend, we will first discuss the applied methodology.

To project the domestic expenditures on population and AIDS for domestic countries (all developing countries and countries in transition), the estimation method, as applied in van Dalen and Reuser (2005), is used. The results presented in this section of the report cover the projection of domestic expenditures for the years 2005 to 2007 and are the result of new data collected by means of the RF-survey and general macro-economic indicators.

3.1. Projecting domestic expenditures for 2005 to 2007

Expected levels of required STD/HIV/AIDS funding as defined by the ICPD conference in Cairo in 1994 represent a fraction of what is spent in domestic countries today. In 1994 nobody foresaw what the impacts of the pandemic would be. This unpredictability shows us the great problem in making projections in an unpredictable future. It also implies that capturing such trends means making use of both the most reliable and the most recent data.

Using the rules defined in van Dalen and Reuser (2005), primary and secondary data collected by the RF project was used as a basis for this exercise. The order of the individual decision rules applied, that is based on source preference, is as follows:

- (1) Where available, reliable secondary information on national spending for any ICPD category for fiscal year 2005, 2006 and 2007 is used. Possible sources of this data are:
 - National AIDS Accounts (NAAs) of SIDALAC
 - AIDS Budget Analysis (IDASA and UNAIDS report)
 - National AIDS Spending Assessment (NASA) reporting by UNAIDS or national governments
 - National Health Accounts – HIV/AIDS Subanalysis (Abt Associates)

- Data reported to the RF project on Future Expected National Budget expenditures multiplied by with the share of domestic funding of the national budget.
- (2) Where no reliable secondary source is available the data reported to the RF survey in past years are used to project future expenditures. Any data collected within, or prior to, the domestic RF 2004 survey, is used. The following rules apply for each of the four ICPD categories:
- Family Planning (FP). Given prior trends, we use the *most recent* reported FP expenditures figure of a country as its projection for 2005.
 - Reproductive Health (RH). Spending for reproductive health has shown a fairly stable trend since 1996. Therefore, we will take *the average* of the reported RH expenditures of domestic countries.
 - STD/HIV/AIDS (AIDS). Since expenditures to AIDS have shown a steep increase over the past few years, the most recent observation would give the best impression of AIDS spending in future years. Where most recent figures appear to be underreported, the decision was made to use the *highest ever reported* amount on AIDS as a projection, as the best ‘under-estimation’.
 - Basic Research (BR). The occurrence of population censuses which form a major part of the basic research category can boost reported figures for basic research quite strongly. Given that population censuses do not occur regularly, this fact makes it difficult to predict per country spending on this category. Therefore the *average reported* figure per country are taken to smooth the volatile character of this expenditure category. This means that, although global and regional basic research figures are very close to what has been reported in a particular year, the per country estimates might not give a fair picture of national BR spending in that year.
- (3) In case no secondary sources are available *and* the country has never reported data to the RF project, the projection will be solely based on ‘unrestricted projections’. See Appendix A1.2 for a description of the method used to come to ‘unrestricted projections’.

UNAIDS is currently institutionalizing a system to track national spending on HIV/AIDS related funds by source, provider and end-user. This system termed National AIDS Spending Assessment (NASA) could provide valuable insight into HIV/AIDS related funding at country level. At present NASA has been

used in a number of countries and it is foreseen NASA will be used in future projection exercises.

3.2. Projected domestic resource flows for population and AIDS, 2005-2007

Country level projections based on primary or secondary data and based on unrestricted projections are combined to create global domestic government and NGO projections the years 2006 and 2007.

Given developments in resource flows in the most recent years, it is assumed that projected funding levels grow according to the set longitudinal trend. Therefore, for projections in countries with no secondary information, the growth in funds in 2005 and 2006 is completely driven by developments in national income (GDP).

The above described methodology has led to individual country projections of future spending for each of the four ICPD categories for both national governments and local NGOs, for the years 2005 to 2007. The results of this exercise at regional level are presented in *table 3.1* (for domestic governments) and *table 3.2* (for local NGOs).

Projected expenditures for 2005 to 2007 at country level can be found in the appendix of this report. Appendix A2 shows all projected government expenditures and Appendix A3 contains all projected NGO expenditures. The RF project is one of the only exercises to map funds generated by local NGOs. Figures used in this projection exercise are therefore only based on RF project data or on unrestricted projections.

The projections for 2005 and 2006 differ from the figures stated in the previous report published in September 2005. The following data changes explain these differences:

- Within the framework of the RF 2005 survey countries have reported expenditure behaviour and expected future expenditures
- Additional secondary data (especially on AIDS spending) has been integrated into the RF database.
- Macro-economic indicators such as GDP growth have been added to the RF database.

Table 3.1. Projections of domestic government expenditures (in 1,000 current UDS) 2005-2007

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Africa (sub-Saharan)	2005	43,276	19,365	999,409	43,076	1,105,126
Asia and the Pacific	2005	2,634,358	709,700	589,222	172,201	4,105,481
Latin America and the Caribbean	2005	27,620	82,820	886,817	52,509	1,049,767
Western Asia and North Africa	2005	187,765	134,384	94,010	91,636	507,794
Eastern and Southern Europe	2005	15,028	101,375	493,217	19,836	629,455
Africa (sub-Saharan)	2006	45,399	19,923	1,002,111	42,120	1,109,553
Asia and the Pacific	2006	3,095,245	730,210	600,608	184,716	4,610,779
Latin America and the Caribbean	2006	31,219	85,118	892,993	56,949	1,066,279
Western Asia and North Africa	2006	192,564	135,233	95,380	92,079	515,256
Eastern and Southern Europe	2006	18,058	101,962	490,058	20,411	630,488
Africa (sub-Saharan)	2007	43,028	18,917	957,172	37,769	1,056,886
Asia and the Pacific	2007	3,412,081	721,555	594,113	180,058	4,907,807
Latin America and the Caribbean	2007	34,627	87,522	897,092	59,541	1,078,783
Western Asia and North Africa	2007	203,998	140,654	100,236	95,776	540,663
Eastern and Southern Europe	2007	22,008	102,802	494,866	21,250	640,925
Total	2005	2,908,048	1,047,644	3,062,675	379,257	7,397,623
	2006	3,382,485	1,072,446	3,081,150	396,275	7,932,355
	2007	3,715,742	1,071,450	3,043,479	394,393	8,225,064

Table 3.2. Projections of domestic NGO expenditures (in 1,000 current USD) 2005-2007

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Africa (sub-Saharan)	2005	11,157	10,021	61,333	2,412	84,922
Asia and the Pacific	2005	17,630	20,975	47,644	4,385	90,634
Latin America and the Caribbean	2005	15,692	15,437	25,366	3,332	59,828
Western Asia and North Africa	2005	13,330	13,112	14,747	2,828	44,017
Eastern and Southern Europe	2005	1,393	1,010	8,882	295	11,580
Africa (sub-Saharan)	2006	11,959	10,829	65,957	2,581	91,325
Asia and the Pacific	2006	18,446	22,415	50,328	4,578	95,767
Latin America and the Caribbean	2006	15,820	15,730	25,680	3,352	60,582
Western Asia and North Africa	2006	12,732	12,654	14,144	2,696	42,225
Eastern and Southern Europe	2006	1,412	1,032	9,036	299	11,780
Africa (sub-Saharan)	2007	11,457	10,391	63,227	2,472	87,547
Asia and the Pacific	2007	17,128	21,169	47,600	4,337	90,235
Latin America and the Caribbean	2007	16,319	16,289	26,532	3,456	62,595
Western Asia and North Africa	2007	14,093	14,004	15,655	2,984	46,736
Eastern and Southern Europe	2007	1,479	1,088	9,486	313	12,366
Total	2005	59,201	60,555	157,971	13,253	290,981
	2006	60,369	62,660	165,144	13,506	301,6792
	2007	60,477	62,941	162,499	13,562	299,478

3.3. Final global domestic projections, 2005-2007

By combining the data projections data discussed in this section, i.e. government, NGO and private financial resources, we can project global domestic resource flows for population and AIDS activities for the years 2005 to 2007. As was done in van Dalen and Reuser (2005), the projections of consumer spending are reconstructed with the assumption that the out-of-pocket expenditures of households in domestic countries are in line with their out-of-pocket expenditures for population and AIDS activities specifically. See Appendix A1.3 for a description of the methodology used to arrive at projected private expenditures.

Table 3.3 contains final projection of domestic expenditures for population and AIDS activities by region, for the years 2005 to 2007. Important conclusions that can be drawn for the data presented in this table are:

- (a) Projected consumer expenditures in sub-Saharan Africa have increased more than threefold between 2004 and 2005. Because the private to government spending ratio is fixed, the development of consumers' spending over time follows government spending. Projections of domestic government expenditures have risen steadily since our last projections exercise. This can be attributed almost solely to increases in STD/HIV/AIDS expenditures. Because spending of governments has increased so steadily in sub-Saharan Africa, and because the ratio's for government and private are fixed, the consumer spending has also increased significantly in this region.
- (b) Consumer spending remains the single most important source of funding for population and AIDS activities in domestic countries today. While the level of funding by domestic governments is increasing (especially funding for AIDS) we see that global expenditures by domestic NGOs is becoming less important in the total global picture.
- (c) STD/HIV/AIDS funding in sub-Saharan Africa and family planning expenditures in China are largely influencing the global picture of population and AIDS. China's family planning expenditures dominate the picture of total spending for the ICPD programme of action for the entire Asian region. In future more attention could be given to regional variations in spending towards the ICPD. By looking at individual regions more accurate rules and background assumptions could be made that might in turn better project future funding for population and AIDS.

Table 3.3. Projections of global domestic expenditures for population and AIDS, 2005 to 2007 (1,000 USD)

Region		Total Gov.	Total NGO	Consumers	Total	Of which AIDS	% AIDS
Africa (sub-Saharan)	2005	1,105,126	84,922	1,331,722	2,521,770	2,300,009	91
Asia and the Pacific	2005	4,105,481	90,634	7,173,312	11,369,427	1,666,386	15
Latin America and the Caribbean	2005	1,049,767	59,828	545,619	1,655,214	1,327,657	80
Western Asia and North Africa	2005	507,794	44,017	311,560	863,371	166,436	19
Eastern and Southern Europe	2005	629,455	11,580	227,971	869,006	680,728	78
Africa (sub-Saharan)	2006	1,109,553	91,325	1,336,581	2,537,459	2,310,685	91
Asia and the Pacific	2006	4,610,779	95,767	8,056,196	12,762,742	1,700,349	13
Latin America and the Caribbean	2006	1,066,279	60,582	556,768	1,683,629	1,337,041	79
Western Asia and North Africa	2006	515,256	42,225	316,138	873,619	168,045	19
Eastern and Southern Europe	2006	630,488	11,780	228,345	870,613	676,579	78
Africa (sub-Saharan)	2007	1,056,886	87,547	1,274,098	2,418,531	2,207,291	91
Asia and the Pacific	2007	4,907,807	90,235	8,575,179	13,573,220	1,679,780	12
Latin America and the Caribbean	2007	1,078,783	62,595	565,401	1,706,779	1,343,911	79
Western Asia and North Africa	2007	540,663	46,736	331,727	919,126	177,391	19
Eastern and Southern Europe	2007	640,925	12,366	232,125	885,416	683,578	77
Total	2005	7,397,623	290,981	9,590,184	17,278,788	6,141,217	36
Total	2006	7,932,355	301,679	10,494,028	18,728,063	6,192,698	33
Total	2007	8,225,064	299,478	10,978,530	19,503,072	6,091,952	31

World wide resource flows

The expenditure statistics of table 3.3 offer us the possibility to see what this implies for world wide expenditure flows: the resources provided by donors and domestic parties. *Table 3.4* offers the summation of both sides of the world and for 2007 total resources amount to 28 billion US dollars. Two observations and one warning can be made with respect to this total picture. First of all, the burden of population assistance rests to a large extent on the shoulders of consumers, who contribute approximately 40 percent of the total resource flows. Secondly, the burden shared between donors and domestic governments is more or less in line with ambitions stated at the ICPD of 1994 when it was stated in the Programme of Action that up to two-thirds of costs will be met by domestic countries and one-third of the costs by donor countries. For the years 2005-2007 the contribution of donor countries varies between 28 and 30 percent, thereby coming close the ideal division of burden sharing.

The warning which is attached to these observations is that these total figures do not give a precise indication whether the attainment of financial goals set in 1994 is on track. Those ambitions were stated in 1993 prices and one needs a more country specific inflation measure to apply these figures for local conditions. However, using a simple world wide inflation measure (identical to the US GDP deflator with base year 1993) these figures can be translated into real figures and for 2005 the real total amount of resources is 18.9 billion US dollars. In other words, given the fact that the goal for 2005 was 18.5 billion US dollars, the grand goal has been met. There is, however, a second warning tied to this conclusion. At the time of the Cairo conference the distribution of funds across the various population categories differed considerably from the distribution that is revealed in actual donor and domestic expenditures. For instance, the STD/HIV/AIDS costs for 2005 were targeted at 8 percent of the total budget and family planning was targeted at 62 percent. In 2006 the situation is turned upside down. Donor countries allocate approximately 85 percent of their funds to HIV/AIDS activities and domestic parties in developing countries vary strongly across regions. For instance, for 2005 it amounts to 91 percent in Sub Saharan Africa, in Latin America 80 percent and in Eastern and Southern Europe 78 percent, but in Asia and Pacific the allocation is merely 15 percent and in Western Asia and North Africa it amounts to 19 percent. However, it exceeds by far the initial ambition of 8 percent stated in 1994. The reverse situation applies to family planning, which apparently has lost attention of the donors and only 2 percent of the budget of donor governments is allocated directly to family planning programs. From the perspective of 1994 the structure of resources flow is very unbalanced.

*Table 3.4. World wide projections of expenditures on population and AIDS activities
(billion US dollars, current prices), 2005-2007*

Year	Total donor assistance	Domestic resources			Total donors and domestic resources
		Government	NGO	Consumers	
2005	6.6	7.4	0.3	9.6	23.9
2006	7.4	7.9	0.3	10.5	26.1
2007	8.2	8.2	0.3	11.0	27.7

Summary

This report gives an insight into the size and structure of the flow of funds generated by donors and by the governments and NGOs in developing countries for the years 2005-2007. Overall, the tendencies of recent years in both donor and developing countries are continued and with the progress of time and access to more data the tendencies become clearer. The general insight is that HIV/AIDS is dominating the population agenda at the expense of more traditional elements of population programs, such as family planning and reproductive health.

With respect to donors one can conclude that:

- The high level of donor funding is maintained, although the increase is in large part determined by the increase in HIV/AIDS initiatives such as the US initiative PEPFAR and the Global Fund. The upsurge in funds for STD/HIV/AIDS activities had already set in a few years ago but as this report shows this level of funding will increase to levels that come close to the ambitions stated at the ICPD of 1994.
- The distribution of funds across the various population categories is very unbalanced. Almost 85 percent of donor funds is expected to go in 2007 directly to HIV/AIDS activities and a meager 2 percent to family planning. This development is in marked contrast to the situation in 1996 when these percentages were respectively 8 and 22 percent.

With respect to developing countries this report provides the following insights:

- Consumer spending still represents the largest part of resources spent on population and AIDS activities in developing countries. This conclusion rests on the assumption that health spending on population and AIDS activities is completely in line with health spending in general. Little information is available on actual out-of-pocket expenditures on population and AIDS. A first exercise to estimate STD/HIV/AIDS out-of-pocket expenditures resulted in regional estimates for Sub-Saharan Africa and Latin America and the Caribbean. In Africa the out-of-pocket expenditures for STD/HIV/AIDS as share of government expenditures is higher than for general health. In Latin America this ratio is lower.
- The distribution of funds across the various population categories is very unbalanced in major parts of the world, in particular in Sub-Saharan Africa and Latin America.

- Changes in the global figure for STD/HIV/AIDS are almost completely the result of dramatic increases in STD/HIV/AIDS funding in sub-Saharan Africa.
- China is influencing the regional and global picture for the category of Family Planning spending. The Chinese figure is by far the largest in the world, in fact it is so much larger than family planning spending of any other single country of region that the picture of family planning expenditures in China heavily affects the global picture.

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Appendix A1: Methodology

A1.1 Donor Expenditures

Not all countries report future expenditures and the construction of projections based on these two information bases —estimation driven projections and reported future expected expenditures of governments (either on the total amount and/or on STD/HIV/AIDS activities)— is quite complicated. To understand the projections in this report one should keep the following rules in mind, because they have been applied in constructing projections:

1. Whenever donor governments report future expected expenditures we have used these numbers. Future expected expenditures are generally given for total primary funds and/or for the component STD/HIV/AIDS activities.
2. In the absence of future expected expenditures, we will use the estimation results in order to construct projections. In constructing these projections we tacitly assume that the variables, which explain variations in donor funding, are constant over the years 2005-2007 with the exception of the level of GDP. The projected level of GDP is based on IMF forecasts as reported in the *World Economic Outlook 2006*. The (unrestricted) projected growth in funds for population and AIDS activities is therefore completely driven by the growth of national income.
3. The distribution and level of primary funds over the various categories are derived by taking the distribution of the last actual reported figure as a benchmark and applying this distribution for the years 2005-2007.
4. As future expected expenditures can be highly volatile and deviate substantially from the unrestricted projections, we have used the rule to make future projections depend on the *last observed* stated funding (whether in terms of actual reported or future expected expenditures) of a donor government. In making projections based on the combination of unrestricted projections together with future expected expenditures, we assume that projected funding levels grow smoothly.

In the absence of times series data for the EU we have used the forecasted income growth for EU-15 together with the estimated primary funds elasticity to project the total primary funds for these members.

A1.2 Unrestricted Projection for Developing Countries

Data from secondary sources and data reported to the RF project by domestic governments and by NGOs in domestic countries provide the basis for calculating estimated expenditures. Secondary sources are not always available and RF data does not cover all countries. Given this and considering the sampling setup of the RF-survey and non-response, some countries have no available data. An estimation model was developed for those countries for which no reported information is available.

As described in the DR-report, in the estimation model projections are based on parameters explaining the growth of spending by governments and NGOs in the recent past. The variables which are used to construct projections are the following:

- National income (measured by GDP in US dollars)
- Regional dummies to correct for differences in spending across regions. (Sub-Saharan Africa is the reference category)
- Separate coefficients and constants have been estimated for government family planning expenditures in China, because this represents one of the largest outliers in this category.

To increase consistency and accuracy of the calculated projections a system has been developed that enables the RF project to use data according to pre-defined preferences. By deciding in what ranking the different data sources for macro-economic data are appreciated, the project is able to guarantee the most preferred available source is used in the calculation of projections.

The predicted GDP figures for the years 2006 and 2007 are based on the predictions made by the IMF as reported in its latest World Economic Outlook. Where no IMF data was available, other sources were consulted while meeting the preferential integrity. Domestic GDP levels were then used as an explanatory variable with regional dummies and a dummy variable for the family planning component financed by the government of China, to calculate 'unrestricted projections' of NGO and domestic government expenditures.

A1.3 Private Consumer Expenditures

Private spending by individuals and households on health care constitutes a large share of total expenditures on health. Although several organizations and authors have attempted to get a better understanding of consumer spending, little is known about the size and structure of private health care spending. (WHO, 2004, Exterkate, 2000, McGreevey, 2003, Hanson *et al.*, 2001, Rosen and Conly, 1999 and van Dalen and Reuser, 2005). Countries

have different systems of government spending on health, private or company insurance plans and out-of-pocket spending and consumer spending does not need to follow government spending decisions.

Regional proxies for general health out-of-pocket spending

For projections of future HIV/AIDS related funding we use a specific STD/HIV/AIDS ratio for the different regions (WHO 2005). Where no AIDS data is available, AIDS private spending is estimated with the help of general health figures. For the three non-AIDS related categories we use information on general health (WHO, 2004) as a proxy for private spending on family planning, reproductive health and basic research. *Table A1* shows the average regional ratios of out-of-pocket spending to government spending on general health.

Private expenditures specifically for AIDS activities

In developing countries with a severe HIV/AIDS epidemic, the out-of-pocket expenditures for HIV/AIDS activities represent a very substantial part of total health expenditures by individuals. Not only do people pay most of the costs for prevention and voluntary counselling and testing (VCT) out of their own pockets, the heaviest burden on individual and households budgets is the costs of medication for sick consumers. Estimating the relative and absolute levels of these private funds for AIDS is an important yet difficult task. Studies in the past have shown that the level of expenditures may grow or shrink independent of the development of the epidemic in a country. National differences in prioritization of interventions and the setup of national health and social security systems have great implications for the level of funding mobilized by private consumers.

To map the out-of-pocket expenditures for HIV/AIDS by consumers, as many data sources on AIDS private expenditures have been collected. Although data has been updated, almost the same sources as used in the DR-report were applied in this exercise:

Table A1. Out-of-pocket expenditures compared to government expenditures on general health

Regions	Ration OOP/government expenditures
Sub-Saharan Africa	0.875
Asia	1.747
Latin America and the Caribbean	0.799
North Africa and Middle East	0.614
Europe (non-OECD)	0.362

Source: van Dalen and Reuser (2005).

- SIDALAC — National AIDS Accounts
- Abt Associates — HIV/AIDS sub-analysis
- UNAIDS — AIDS budget analysis
- Resource Flows — Private expenditures and national budgets
- PHRPlus — HIV/AIDS sub-analysis

Secondary sources for mapping of private expenditures

An overview of data that was found for this exercise is presented in *table A2*. It should be noted that these numbers only form a very rough estimate and they should be used as a rule-of-thumb to make projections more credible. In coming years it is foreseen this data will become more readily available given the efforts taken by UNAIDS in institutionalizing the NASA framework in-country. The results of these studies will be available for the next exercise and it is hoped a clearer division between international, national and private sources of funding for AIDS can be made.

To use this data in more sophisticated models would render incorrect results as the data is scarce and estimates are rough. On top of this, the fact that the secondary data are average figures also masks in-country inequalities and the wide disparities in access to treatment and care for HIV/AIDS among different regional and economic population groups.

Table A2. Out-of-pocket expenditures compared to government expenditures on HIV/AIDS

	Year	Ratio OOP/ Government expenditures on AIDS	Source
Sub-Saharan Africa			
Kenya	2005	1.24	Abt Associates — HIV/AIDS sub-analysis
Ghana	2003	0.34	SIDALAC — National AIDS Accounts
Burkina Faso	2003	2.00	UNAIDS — AIDS budget analysis
Rwanda	2002	1.62	Abt Associates — HIV/AIDS sub-analysis
Zambia	2002	1.70	Abt Associates — HIV/AIDS sub-analysis
Nigeria	2003	0.54	RF - Private expenditures and national budgets
Asia and the Pacific			
Thailand	2003	0.02	SIDALAC — National AIDS Accounts
Latin America and the Caribbean			
Argentina	2002	0.11	SIDALAC — National AIDS Accounts
belize	2003	0.18	SIDALAC — National AIDS Accounts
Bolivia	2002	0.22	SIDALAC — National AIDS Accounts
Brazil	2000	0.19	SIDALAC — National AIDS Accounts
Chile	2002	0.80	SIDALAC — National AIDS Accounts
Colombia	2002	0.18	SIDALAC — National AIDS Accounts
Costa Rica	2003	0.15	UNAIDS — AIDS budget analysis
El Salvador	2003	0.25	UNAIDS — AIDS budget analysis
Guatemala	2000	0.21	SIDALAC — National AIDS Accounts
Guyana	2002	0.43	SIDALAC — National AIDS Accounts
Honduras	2001	1.92	SIDALAC — National AIDS Accounts
Mexico	2002	0.14	SIDALAC — National AIDS Accounts
Nicaragua	2003	0.33	SIDALAC — National AIDS Accounts
Panama	2003	0.22	UNAIDS — AIDS budget analysis
Paraguay	2002	2.23	SIDALAC — National AIDS Accounts
Uruguay	2002	0.37	SIDALAC — National AIDS Accounts
Venezuela	2002	0.02	SIDALAC — National AIDS Accounts
North Africa and Western Asia			
Eastern and Southern Europe			
Ukraine	2004	3.81	PHRPlus — HIV/AIDS sub-analysis
<i>Average</i>	-	0.77	

Sources: SIDALAC (NAAs), Abt Associates (HIV/AIDS sub-analyses), UNAIDS(AIDS budget analysis), PHRPlus (HIV/AIDS sub-analysis) and RF project data on private expenditures and national budgets.

Appendix A2: Country-level donor data

Table A3. Primary funds of governments in donor countries for population and AIDS activities, 2005-2007 (in 1000 US dollars, current prices)

Country	Year	General contributions	Family planning	Reproductive health	Basic research	HIV/AIDS	Total
Australia	2005	566	0	3077	8	32023*	35675*
	2006	566	0	3077	8	22464*	26115*
	2007	34	0	186	1	4934*	5156*
Austria	2005	1056	0	1952	17	332	3356
	2006	1093	0	2022	17	348	3480
	2007	1093	0	2022	17	348	3480
Belgium	2005	3476	7	2844	19	6713*	13058*
	2006	33190	63	27156	179	16486*	77073*
	2007	36989	70	30264	199	20759*	88282*
Canada	2005	22293	0	7195	0	111787	141275
	2006	21891	0	7066	0	130871	159828
	2007	21610	0	6975	0	137010	165595
Denmark	2005	23042	960	716	202	32362*	58115*
	2006	26902	1120	836	236	81313*	110406*
	2007	26902	1120	836	236	81313*	110406*
European Union	2005	1627	2911	15158	1465	223478	244638
	2006	1500	2684	13975	1350	233936	253445
	2007	1356	2426	12635	1221	245158	262797
Finland	2005	16014	0	100	1153	7562*	24829*
	2006	16005	0	100	1152	7555	24812
	2007	16477	0	103	1186	7889	25655
France	2005	2503	0	7223	53	236662*	246441*
	2006	2787	0	8045	60	298712*	309604*
	2007	2740	0	7907	59	348036*	358740*
Germany	2005	9428	19083	15365	139	82388*	126403*
	2006	9428	19083	15365	139	82388*	126403*
	2007	9669	19572	15759	143	84645*	129789*
Greece	2005	2	0	111	0	903*	1016*
	2006	2	0	111	0	1016*	1129*
	2007	2	0	111	0	1241*	1354*
Ireland	2005	3758	0	10642	15	42190	56606
	2006	3774	0	10688	15	44106	58583
	2007	3798	0	10754	15	48243	62809

Table A3. (end)

Country	Year	General contributions	Family planning	Reproductive health	Basic research	HIV/AIDS	Total
Italy	2005	5583	0	22983	0	3425	31991
	2006	5542	0	22813	0	3391	31745
	2007	5717	0	23534	0	3535	32786
Japan	2005	75749	1194	22114	411	35868	135336
	2006	73749	1162	21530	400	34488	131330
	2007	75735	1194	22110	411	35839	135289
Luxembourg	2005	1521	964	877	0	6879	10241
	2006	1532	972	883	0	7057	10444
	2007	1565	993	902	0	7583	11043
Netherlands	2005	52727	519	39740	1203	364325*	458513*
	2006	63772	627	48064	1455	384609*	498528*
	2007	60417	594	45536	1378	411600*	519526*
New Zealand	2005	2519	214	1540	0	3982*	8255*
	2006	2947	250	1802	0	4500*	9500*
	2007	3684	313	2253	0	6250*	12500*
Norway	2005	60720	0	9105	3007	46686	119518
	2006	62066	0	9306	3074	48352	122799
	2007	63877	0	9578	3164	50630	127249
Portugal	2005	339	0	1057	24	1280*	2700*
	2006	337	0	1049	24	1263	2673
	2007	345	0	1076	24	1320	2765
Spain	2005	5839	553	26549	553	364	33858*
	2006	5837	553	26540	553	375	33858*
	2007	5832	552	26518	552	403	33858
Sweden	2005	20445	0	3702	652	111600*	136400*
	2006	20445	0	3702	652	124000*	148800*
	2007	20445	0	3702	652	124000*	148800*
Switzerland	2005	8515	588	7830	1418	6046	24398
	2006	8385	579	7710	1396	5913	23984
	2007	8493	587	7810	1414	6023	24326
United Kingdom	2005	23116	31958	82407	1896	668012	807389
	2006	23002	31800	81999	1886	677833	816520
	2007	22405	30975	79873	1837	726840	861931
United States	2005	11330	88898	157770	190102	2649900*	3098000*
	2006	11563	90723	161009	194005	3220900*	3678200*
	2007	9027	70825	125695	151454	3940500*	4297500*
Total	2005	352166	147849	440059	202336	4674767	5818010
	2006	396314	149617	474851	206601	5431875	6659260
	2007	398213	129222	436140	163963	6294098	7421637

* denotes expected expenditures on population assistance programs as reported by governments. The US figures for HIV/AIDS are based on the 2007 Federal Budget Request as summarized in a report in Henry J. Kaiser Family Foundation fact sheet: <http://www.kff.org/hiv/aids/upload/7029-03.pdf>

Appendix A3: Country-level developing countries data

Table A4. Projected government expenditures on population and AIDS activities for 61 selected core countries, 2005 - 2007 (in 1,000 current dollars)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Angola	2005	652	234	8,897	916	10,699
Angola	2006	884	301	9,233	1,173	11,591
Angola	2007	1,051	348	9,469	1,349	12,216
Bangladesh	2005	9,574	3,853	9,574	32	23,033
Bangladesh	2006	7,794	2,989	2,043	1,657	14,483
Bangladesh	2007	8,419	3,187	2,191	1,764	15,561
Bénin	2005	25	31	10,595	85	10,736
Bénin	2006	26	31	10,598	88	10,744
Bénin	2007	35	35	10,612	101	10,783
Botswana	2005	38	78	165,000	773	165,888
Botswana	2006	45	80	165,012	784	165,922
Botswana	2007	62	86	165,038	805	165,991
Brazil	2005	63	57	385,534	54	385,708
Brazil	2006	3,385	2,060	389,231	2,160	396,835
Brazil	2007	4,683	2,823	390,656	2,961	401,124
Burkina Faso	2005	6,504	1,599	8,013	1,990	18,107
Burkina Faso	2006	6,507	1,600	8,017	1,993	18,117
Burkina Faso	2007	6,518	1,605	8,037	2,011	18,170
Burundi	2005	37	178	44,000	132	44,346
Burundi	2006	41	180	44,009	141	44,372
Burundi	2007	44	182	44,015	147	44,388
Cambodia	2005	569	1,252	1,012	1,260	4,093
Cambodia	2006	640	1,285	1,033	1,278	4,236
Cambodia	2007	710	1,317	1,053	1,296	4,376
Cameroon	2005	22	7	4,400	45	4,474
Cameroon	2006	31	10	4,413	55	4,509
Cameroon	2007	49	16	4,442	79	4,586
Central African Republic	2005	16	16	743	482	1,257
Central African Republic	2006	17	17	745	484	1,263
Central African Republic	2007	20	18	750	489	1,277
China	2005	,727,478	257,730	210,450	112,823	2,308,481
China	2006	,116,272	262,004	214,558	114,969	2,707,803
China	2007	,481,509	265,948	218,380	116,945	3,082,783
Democratic Republic of the Congo	2005	186	82	3,622	331	4,221
Democratic Republic of the Congo	2006	216	93	3,670	374	4,353
Democratic Republic of the Congo	2007	231	99	3,695	395	4,420

Table A4. (continued)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Cote d'Ivoire	2005	20	67	5,829	15,681	21,598
Cote d'Ivoire	2006	28	69	5,840	15,690	21,627
Cote d'Ivoire	2007	43	74	5,864	15,710	21,692
Dominican Republic	2005	659	798	2,230	924	4,612
Dominican Republic	2006	639	778	2,201	902	4,521
Dominican Republic	2007	660	799	2,231	925	4,615
Egypt	2005	7,959	14,654	3,152	2,591	28,356
Egypt	2006	8,938	15,061	3,543	2,862	30,405
Egypt	2007	9,441	15,267	3,742	2,999	31,450
Eritrea	2005	1,339	880	1,002	393	3,614
Eritrea	2006	1,342	882	1,009	400	3,633
Eritrea	2007	1,345	884	1,014	406	3,649
Ethiopia	2005	8,757	2,286	30,803	1,138	42,984
Ethiopia	2006	8,792	2,299	30,859	1,185	43,136
Ethiopia	2007	8,807	2,304	30,883	1,205	43,199
Gambia	2005	16	10	5,543	45	5,614
Gambia	2006	17	11	5,545	46	5,619
Gambia	2007	17	11	5,547	48	5,623
Ghana	2005	113	73	9,268	650	10,103
Ghana	2006	126	77	9,289	668	10,161
Ghana	2007	147	84	9,322	696	10,250
Guinea	2005	61	34	271	127	493
Guinea	2006	59	34	268	124	485
Guinea	2007	65	36	279	134	515
Haiti	2005	897	91	116	278	1,382
Haiti	2006	902	98	124	286	1,410
Haiti	2007	914	114	144	304	1,476
Honduras	2005	46	1,249	6,214	172	7,681
Honduras	2006	64	1,271	6,244	198	7,777
Honduras	2007	82	1,292	6,272	222	7,868
India	2005	687,288	117,909	73,300	12,854	891,351
India	2006	693,532	119,275	74,518	13,555	900,880
India	2007	699,806	120,630	75,733	14,249	910,418
Indonesia	2005	56,215	18,924	13,000	6,541	94,680
Indonesia	2006	59,872	19,855	13,773	7,029	100,528
Indonesia	2007	62,496	20,512	14,324	7,372	104,703
Islamic Republic of Iran	2005	31,127	223,521	14,000	13,761	282,409
Islamic Republic of Iran	2006	35,334	224,642	14,912	14,352	289,240
Islamic Republic of Iran	2007	39,852	225,812	15,876	14,966	296,507
Jamaica	2005	1,114	602	4,722	1,285	7,723
Jamaica	2006	1,138	630	4,759	1,316	7,843
Jamaica	2007	1,161	657	4,796	1,347	7,960

Table A4. (continued)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Kenya	2005	286	312	33,246	3,777	37,621
Kenya	2006	496	326	33,313	734	34,868
Kenya	2007	518	333	33,345	759	34,955
Lesotho	2005	51	35	1,358	127	1,570
Lesotho	2006	52	35	1,360	129	1,577
Lesotho	2007	54	36	1,362	131	1,583
Madagascar	2005	33	56	187	59	336
Madagascar	2006	43	60	203	73	379
Madagascar	2007	54	64	221	90	428
Malawi	2005	4,500	451	8,704	390	14,045
Malawi	2006	4,502	452	8,708	394	14,056
Malawi	2007	4,506	453	8,714	401	14,074
Mauritania	2005	31	92	238	713	1,074
Mauritania	2006	63	106	296	769	1,235
Mauritania	2007	82	113	328	799	1,323
Mexico	2005	2,211	48,161	196,833	13,191	260,396
Mexico	2006	3,352	48,861	198,116	13,929	264,259
Mexico	2007	4,034	49,275	198,877	14,364	266,550
Morocco	2005	4,444	12,403	1,544	9,799	28,191
Morocco	2006	4,577	12,464	1,600	9,840	28,482
Morocco	2007	4,798	12,565	1,693	9,908	28,963
Mozambique	2005	474	745	2,565	271	4,054
Mozambique	2006	480	748	2,575	280	4,083
Mozambique	2007	496	754	2,601	303	4,153
Myanmar	2005	827	461	801	269	2,358
Myanmar	2006	736	418	774	244	2,172
Myanmar	2007	677	390	757	228	2,053
Namibia	2005	37	55	38,558	1,410	40,061
Namibia	2006	170	58	38,572	1,422	40,222
Namibia	2007	180	62	38,589	1,437	40,268
Nepal	2005	206	622	82	436	1,346
Nepal	2006	1,171	616	97	356	2,239
Nepal	2007	1,234	643	115	372	2,364
Niger	2005	5	800	3,636	53	4,494
Niger	2006	4	799	3,635	52	4,491
Niger	2007	11	802	3,648	64	4,525
Nigeria	2005	99	363	19,600	712	20,773
Nigeria	2006	402	437	20,001	988	21,828
Nigeria	2007	600	485	20,259	1,165	22,509
Pakistan	2005	47,896	21,202	4,546	955	74,600
Pakistan	2006	49,455	21,653	4,899	1,195	77,202
Pakistan	2007	50,767	22,027	5,194	1,394	79,381

Table A4. (continued)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Papua New Guinea	2005	918	986	117	420	2,440
Papua New Guinea	2006	930	992	121	423	2,466
Papua New Guinea	2007	939	996	123	426	2,484
Peru	2005	4,079	3,398	4,272	1,744	13,494
Peru	2006	1,725	1,779	4,432	2,016	9,952
Peru	2007	1,810	1,853	4,547	2,097	10,306
Philippines	2005	690	8,910	606	2,581	12,787
Philippines	2006	2,117	9,335	934	2,808	15,193
Philippines	2007	3,744	9,810	1,304	3,061	17,918
Poland	2005	270	1,424	44,848	2,932	49,474
Poland	2006	594	1,492	45,242	2,999	50,327
Poland	2007	912	1,557	45,625	3,065	51,159
Romania	2005	629	14,749	42,654	3,013	61,045
Romania	2006	899	14,815	43,011	3,080	61,806
Romania	2007	1,323	14,917	43,563	3,183	62,985
Russian Federation	2005	701	30,738	33,430	3,478	68,348
Russian Federation	2006	2,645	31,089	35,609	3,819	73,162
Russian Federation	2007	4,744	31,459	37,931	4,178	78,312
Rwanda	2005	38	44	1,705	251	2,039
Rwanda	2006	44	46	1,715	261	2,066
Rwanda	2007	47	48	1,721	267	2,083
Senegal	2005	324	310	11,921	369	12,925
Senegal	2006	329	312	11,928	375	12,943
Senegal	2007	343	317	11,951	396	13,007
Sierra Leone	2005	37	5	300	5	347
Sierra Leone	2006	41	7	308	13	368
Sierra Leone	2007	45	9	315	20	390
South Africa	2005	4,373	454	446,462	2,345	453,634
South Africa	2006	4,630	509	446,779	2,548	454,466
South Africa	2007	4,888	565	447,096	2,749	455,298
Sudan	2005	1	1,283	4,198	1,314	6,797
Sudan	2006	558	1,559	4,442	1,502	8,062
Sudan	2007	972	1,757	4,620	1,637	8,986
Swaziland	2005	339	172	3,961	646	5,118
Swaziland	2006	341	173	3,963	649	5,126
Swaziland	2007	343	174	3,967	653	5,136
Tajikistan	2005	387	245	331	145	1,107
Tajikistan	2006	434	269	346	159	1,208
Tajikistan	2007	472	289	357	170	1,287
United Republic of Tanzania	2005	2,544	1,004	45,000	4,319	52,867
United Republic of Tanzania	2006	2,573	1,014	45,046	4,357	52,990
United Republic of Tanzania	2006	2,573	1,014	45,046	4,357	52,990

Table A4. (end)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Thailand	2005	3,487	5,925	92,822	532	102,766
Thailand	2006	5,127	6,376	93,183	770	105,457
Thailand	2007	7,302	6,965	93,659	1,081	109,006
Turkey	2005	78,665	38,556	3,031	43,197	163,449
Turkey	2006	81,353	39,470	3,995	43,790	168,608
Turkey	2007	83,024	40,030	4,590	44,152	171,796
Uganda	2005	26	74	18,779	420	19,299
Uganda	2006	42	80	18,805	443	19,369
Uganda	2007	53	83	18,822	458	19,416
Ukraine	2005	547	134	3,935	2	4,619
Ukraine	2006	784	194	4,253	63	5,294
Ukraine	2007	997	247	4,535	117	5,895
Viet Nam	2005	14,438	3,621	5,590	5,643	29,291
Viet Nam	2006	14,836	3,752	5,687	5,714	29,988
Viet Nam	2007	15,186	3,866	5,771	5,776	30,599
Zambia	2005	1	146	32,000	1,370	33,518
Zambia	2006	33	158	32,051	1,415	33,657
Zambia	2007	50	164	32,080	1,440	33,734
Zimbabwe	2005	8,101	3,827	12,053	811	24,791
Zimbabwe	2006	8,050	3,807	11,965	728	24,550
Zimbabwe	2007	8,047	3,805	11,960	724	24,537

Table A5. Projected NGO expenditures on population and AIDS activities for 61 selected core countries, 2005 - 2007 (in 1,000 current dollars)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Angola	2005	482	454	2,702	103	3,741
Angola	2006	560	535	3,158	119	4,372
Angola	2007	609	588	3,449	130	4,775
Bangladesh	2005	671	656	1,522	143	2,992
Bangladesh	2006	689	675	1,565	146	3,076
Bangladesh	2007	716	704	1,628	152	3,199
Bénin	2005	211	181	1,141	46	1,579
Bénin	2006	213	182	1,148	46	1,590
Bénin	2007	220	189	1,189	48	1,645
Botswana	2005	292	259	1,600	63	2,214
Botswana	2006	297	264	1,627	64	2,252
Botswana	2007	306	274	1,681	66	2,327
Brazil	2005	2,071	2,300	3,519	429	8,319
Brazil	2006	2,318	2,606	3,957	479	9,360
Brazil	2007	2,407	2,718	4,116	497	9,738
Burkina Faso	2005	237	206	1,287	52	1,781
Burkina Faso	2006	239	207	1,296	52	1,794
Burkina Faso	2007	248	216	1,346	54	1,863
Burundi	2005	100	78	520	22	720
Burundi	2006	108	86	566	24	784
Burundi	2007	113	90	593	25	821
Cambodia	2005	231	200	499	50	980
Cambodia	2006	240	209	520	52	1,022
Cambodia	2007	249	218	540	54	1,061
Cameroon	2005	382	350	2,118	82	2,932
Cameroon	2006	386	354	2,141	83	2,963
Cameroon	2007	394	363	2,190	85	3,032
Central African Republic	2005	127	102	668	28	924
Central African Republic	2006	128	104	677	28	937
Central African Republic	2007	132	107	697	29	965
China	2005	133	3,813	7,947	668	12,562
China	2006	141	4,061	8,430	706	13,338
China	2007	148	4,282	8,862	740	14,032
Democratic Republic of the Congo	2005	261	229	1,424	57	1,971
Democratic Republic of the Congo	2006	281	248	1,536	61	2,126
Democratic Republic of the Congo	2007	291	258	1,592	63	2,203
Cote d'Ivoire	2005	374	342	2,072	81	2,869
Cote d'Ivoire	2006	377	345	2,091	81	2,895
Cote d'Ivoire	2007	385	353	2,134	83	2,954

Table A5. (continued)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Dominican Republic	2005	485	456	771	104	1,815
Dominican Republic	2006	478	449	759	102	1,788
Dominican Republic	2007	485	457	771	104	1,816
Egypt	2005	807	805	898	171	2,681
Egypt	2006	867	872	968	183	2,890
Egypt	2007	896	904	1,002	189	2,992
Eritrea	2005	108	85	563	24	780
Eritrea	2006	113	91	595	25	824
Eritrea	2007	118	95	622	26	862
Ethiopia	2005	318	285	1,747	69	2,418
Ethiopia	2006	337	304	1,858	73	2,573
Ethiopia	2007	345	312	1,903	74	2,635
Gambia	2005	78	60	402	17	557
Gambia	2006	80	61	413	18	572
Gambia	2007	82	63	423	18	586
Ghana	2005	312	279	1,712	67	2,369
Ghana	2006	319	287	1,756	69	2,430
Ghana	2007	331	298	1,822	71	2,522
Guinea	2005	186	157	996	41	1,379
Guinea	2006	184	155	986	40	1,365
Guinea	2007	190	161	1,020	42	1,412
Haiti	2005	207	177	316	45	745
Haiti	2006	211	181	323	46	761
Haiti	2007	221	190	339	48	798
Honduras	2005	278	246	431	60	1,016
Honduras	2006	290	257	450	63	1,060
Honduras	2007	300	268	467	65	1,101
India	2005	2,051	2,275	4,894	425	9,645
India	2006	2,136	2,380	5,105	442	10,062
India	2007	2,218	2,481	5,308	458	10,465
Indonesia	2005	1,302	1,371	3,043	272	5,989
Indonesia	2006	1,381	1,464	3,236	289	6,369
Indonesia	2007	1,435	1,528	3,367	300	6,629
Islamic Republic of Iran	2005	1,121	1,161	2,602	235	5,119
Islamic Republic of Iran	2006	1,225	1,282	2,856	257	5,620
Islamic Republic of Iran	2007	1,328	1,402	3,106	278	6,113
Jamaica	2005	299	266	465	65	1,095
Jamaica	2006	312	280	487	68	1,147
Jamaica	2007	325	293	508	70	1,196
Kenya	2005	403	371	2,240	87	3,100
Kenya	2006	422	391	2,350	91	3,253
Kenya	2007	431	400	2,401	92	3,325

Table A5. (continued)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Lesotho	2005	122	98	642	27	889
Lesotho	2006	124	100	652	27	903
Lesotho	2007	126	101	662	28	916
Madagascar	2005	217	187	1,174	47	1,625
Madagascar	2006	225	194	1,218	49	1,685
Madagascar	2007	233	202	1,265	51	1,752
Malawi	2005	151	125	805	33	1,114
Malawi	2006	154	127	819	34	1,134
Malawi	2007	158	131	843	35	1,167
Mauritania	2005	147	121	780	32	1,080
Mauritania	2006	183	154	982	40	1,359
Mauritania	2007	201	171	1,080	44	1,495
Mexico	2005	2,043	2,265	3,469	423	8,200
Mexico	2006	2,133	2,375	3,627	441	8,576
Mexico	2007	2,184	2,439	3,719	452	8,793
Morocco	2005	625	605	687	133	2,050
Morocco	2006	636	617	700	135	2,088
Morocco	2007	653	636	720	139	2,149
Mozambique	2005	254	222	1,383	55	1,914
Mozambique	2006	259	227	1,409	56	1,951
Mozambique	2007	269	237	1,470	58	2,035
Myanmar	2005	230	199	497	50	977
Myanmar	2006	217	187	468	47	920
Myanmar	2007	209	179	449	46	882
Namibia	2005	244	212	1,324	53	1,833
Namibia	2006	250	218	1,358	54	1,880
Namibia	2007	257	225	1,400	56	1,938
Nepal	2005	267	235	580	58	1,139
Nepal	2006	273	241	594	59	1,166
Nepal	2007	280	248	610	61	1,198
Niger	2005	190	161	1,023	42	1,416
Niger	2006	190	161	1,020	42	1,412
Niger	2007	197	167	1,058	43	1,464
Nigeria	2005	830	830	4,767	175	6,603
Nigeria	2006	890	897	5,128	188	7,103
Nigeria	2007	927	939	5,351	195	7,412
Pakistan	2005	898	906	2,062	189	4,055
Pakistan	2006	947	962	2,182	200	4,291
Pakistan	2007	987	1,007	2,278	208	4,480
Papua New Guinea	2005	201	171	432	44	848
Papua New Guinea	2006	203	173	436	44	857
Papua New Guinea	2007	205	175	439	45	863
Peru	2005	749	741	1,215	159	2,864
Peru	2006	776	770	1,260	164	2,970

Table A5. (continued)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Peru	2007	794	791	1,292	168	3,045
Philippines	2005	824	824	1,887	174	3,710
Philippines	2006	874	880	2,006	185	3,944
Philippines	2007	927	940	2,133	195	4,196
Poland	2005	153	119	1,002	32	1,305
Poland	2006	157	122	1,032	33	1,345
Poland	2007	161	126	1,061	34	1,383
Romania	2005	94	69	600	20	782
Romania	2006	100	74	641	21	835
Romania	2007	108	81	700	23	912
Russian Federation	2005	231	188	1,541	48	2,007
Russian Federation	2006	248	203	1,659	51	2,161
Russian Federation	2007	265	218	1,779	55	2,317
Rwanda	2005	153	127	815	34	1,129
Rwanda	2006	160	132	850	35	1,177
Rwanda	2007	163	136	872	36	1,207
Senegal	2005	279	247	1,526	60	2,112
Senegal	2006	282	249	1,541	61	2,133
Senegal	2007	291	258	1,593	63	2,205
Sierra Leone	2005	119	95	624	26	864
Sierra Leone	2006	125	101	657	28	910
Sierra Leone	2007	131	106	691	29	956
South Africa	2005	1,223	1,278	7,148	256	9,905
South Africa	2006	1,257	1,319	7,359	263	10,199
South Africa	2007	1,291	1,358	7,566	270	10,485
Sudan	2005	474	445	514	101	1,534
Sudan	2006	532	506	581	114	1,731
Sudan	2007	571	547	625	122	1,865
Swaziland	2005	165	138	882	36	1,221
Swaziland	2006	167	139	891	37	1,234
Swaziland	2007	169	141	905	37	1,252
Tajikistan	2005	159	132	337	35	662
Tajikistan	2006	168	140	358	37	702
Tajikistan	2007	175	147	373	38	733
United Republic of Tanzania	2005	330	297	1,816	71	2,514
United Republic of Tanzania	2006	345	312	1,905	74	2,637
United Republic of Tanzania	2006	345	312	1,905	74	2,637
Thailand	2005	1,049	1,078	2,427	221	4,774
Thailand	2006	1,094	1,129	2,535	230	4,987
Thailand	2007	1,150	1,194	2,672	241	5,258
Turkey	2005	1,468	1,567	1,679	306	5,021
Turkey	2006	1,557	1,673	1,785	324	5,339

Table A5. (end)

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Turkey	2007	1,609	1,736	1,848	335	5,528
Uganda	2005	285	252	1,557	62	2,156
Uganda	2006	295	262	1,615	64	2,235
Uganda	2007	301	268	1,652	65	2,286
Ukraine	2005	86	63	550	18	717
Ukraine	2006	92	67	589	19	768
Ukraine	2007	97	71	622	20	810
Viet Nam	2005	619	599	1,398	132	2,748
Viet Nam	2006	638	619	1,443	136	2,836
Viet Nam	2007	654	637	1,481	139	2,911
Zambia	2005	260	228	1,415	56	1,958
Zambia	2006	280	248	1,534	61	2,123
Zambia	2007	291	259	1,596	63	2,210
Zimbabwe	2005	213	182	1,148	46	1,590
Zimbabwe	2006	164	136	875	36	1,211
Zimbabwe	2007	161	134	858	35	1,188