

Projections of Funds for Population and AIDS Activities,
2004-2006

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Contents

| | |
|---|----|
| 1. Introduction..... | 1 |
| 2. Donors..... | 3 |
| 2.1. Introduction | 3 |
| 2.2. Projections of donor funding | 5 |
| 2.3. Comparing projections with actual reported figures | 9 |
| 3. Developing countries | 13 |
| 3.1. Estimating expenditures in developing countries | 13 |
| 3.2. Projections of domestic expenditures, 2004-2006..... | 14 |
| 3.3. Accounting for private consumer expenditures in developing countries..... | 16 |
| 3.3.1. Private expenditures on general health and on population and AIDS | 16 |
| 3.3.2. Private expenditures on STD/HIV/AIDS..... | 19 |
| 3.4. A projection of global domestic resource flows | 22 |
| 4. Summary..... | 25 |
| References | 27 |
| Appendix | 29 |

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, from now on referred to as the DR-report). 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 the DR-report and can in that respect be viewed as an update of that report. Because that report has explained the methodology for estimates and projections in quite some detail, these details will not be reiterated in this report. Only in those areas where new insights, decision rules or additional information have been introduced, we will elaborate on those changes. The current report will present projections for 2004 to 2006 for donor and domestic (government and NGO) expenditures, private expenditures and a projection of global domestic resource flows.

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.

The most important changes and additions with regard to the DR-report are the following:

- Newly reported information to the Resource Flows 2003 survey is incorporated. This includes both donor and domestic expenditures, as well as reported future expected expenditures.
- For the first time, information derived from recently added questions in the RF survey is included, i.e. the question on future national budget (included since RF 2001) and the section on private expenditures (since RF 2003). Although these questions are often not (fully) answered, we have tried to make as much use of this information as possible.
- Projections of donor, domestic and private expenditures for the year 2006 are included.
- This report will also shed some light on the projections for international foundations, which are the second largest group of donors after the OECD/DAC countries.
- To give an idea of how well future expected expenditures of donor governments fit reported actual figures, we will compare future expected expenditures of OECD/DAC donors with the actual reported figures for the year 2003.
- Finally, special attention will be paid to estimating and projecting private expenditures for population and AIDS in general and private expenditures to STD/HIV/AIDS in particular.

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. 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 1996-2003 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 USA is undoubtedly the biggest provider of primary funds. The strong upward trend in providing primary funds is also visible for the last year in quite a number of these countries (see in particular the UK and the Netherlands), although there are countries that have decreased their funding in 2003 (viz. Japan, Belgium, Canada and France). 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 behavior.

*Table 2.1. Overview of Primary Funds for Population and AIDS Activities
(in 1000 current US dollars), 1996-2003*

| Country | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Australia | 32558 | 45235 | 44562 | 30530 | 14673 | 13088 | 21257 | 38965 |
| Austria | 861 | 577 | 1784 | 1449 | 870 | 979 | 1520 | 2727 |
| Belgium | 5475 | 9814 | 10148 | 10443 | 15768 | 19138 | 44101 | 26400 |
| Canada | 36497 | 34520 | 38568 | 37212 | 37441 | 12689 | 82845 | 56626 |
| Denmark | 63038 | 46990 | 60114 | 54877 | 44640 | 48852 | 73830 | 59527 |
| Finland | 19828 | 17335 | 23114 | 19957 | 19766 | 23730 | 24353 | 23697 |
| France | 16500 | 16500 | 16500 | 7977 | 12360 | 8242 | 83687 | 56559 |
| Germany | 96033 | 122462 | 124806 | 119764 | 96398 | 108660 | 106763 | 132088 |
| Greece | - | - | - | - | - | 13 | 58 | 9293 |
| Ireland | 728 | - | - | 2673 | 4240 | 6255 | 11787 | 26786 |
| Italy | 3607 | 2203 | 6385 | 10042 | 24921 | 25038 | 22641 | 27068 |
| Japan | 93760 | 93760 | 88879 | 111691 | 130674 | 115346 | 180167 | 128068 |
| Luxembourg | 1176 | 1176 | 4257 | 3313 | 10726 | 5627 | 7458 | 8249 |
| Netherlands | 111707 | 146428 | 119230 | 115781 | 170077 | 132032 | 164310 | 275434 |
| New Zealand | 1222 | 1806 | 2316 | 2316 | 2308 | 2150 | 3288 | 5917 |
| Norway | 46125 | 54296 | 71394 | 61671 | 59957 | 42960 | 80793 | 91647 |
| Portugal | 249 | 414 | 1244 | 440 | 400 | 689 | 571 | 1119 |
| Spain | 7438 | 7438 | 4320 | 9466 | 6208 | 14380 | 3291 | 29949 |
| Sweden | 57923 | 53177 | 78270 | 61602 | 73142 | 56270 | 61107 | 80029 |
| Switzerland | 16212 | 16626 | 17818 | 17796 | 16074 | 23534 | 23403 | 31522 |
| United Kingdom | 106422 | 117431 | 125934 | 95703 | 169602 | 80971 | 168803 | 589650 |
| United States | 637696 | 662360 | 619729 | 603003 | 658614 | 951012 | 962969 | 1807643 |
| European Union | 14021 | 79387 | 79387 | 33400 | 28883 | 28054 | 184891 | 228737 |
| Total countries | 1369075 | 1529936 | 1538760 | 1411106 | 1597743 | 1719708 | 2313893 | 3737700 |
| Int. Foundations | 92412 | 62784 | 72498 | 175545 | 250652 | 201620 | 460110 | 305443 |
| International NGOs | 48111 | 42923 | 51107 | 64104 | 48053 | 39089 | 70314 | 74395 |
| UN Organizations | 18037 | 49109 | 34530 | 31390 | 77289 | 96048 | 31419 | 43319 |
| Bank grants | 7762 | 9139 | 10385 | 9240 | 840 | 3150 | 2000 | 27645 |
| Total | 1535396 | 1693890 | 1707280 | 1691385 | 1974577 | 2059614 | 2877736 | 4188502 |

Source: Resource Flows database.

2.2 | Projections of donor funding

Donor governments

In making projections for the years 2004-2006, we have based our calculations on the estimated coefficients reported in the DR-report in conjunction with future expected expenditures² which some countries reported to the Resource Flows survey. However, 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 have kept the explanatory variables constant over the years 2003-2005 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 2005. 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 2004-2006.
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 order to establish this, we have used the residual (i.e. the difference between the realized and predicted

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.

value) of the year in which a commitment or realization of funds was reported to correct the future unrestricted projections.

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

By applying these 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 A1.

Needless to say, the projections differ from the ones stated in the DR-report 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 (2005). As the projections are completely GDP driven, changes in predictions made by the IMF will change previous projections.
4. For underlying categories besides HIV/AIDS we have used the most recent distribution. This change of rules has been applied because this rule captures better the priorities of donor governments than the use of a moving average of spending.
5. Part of the general contributions which are allocated to STD/HIV/AIDS have been included in the STD/HIV/AIDS category from 2003 onwards. This change of registration affects by definition the predictions of both AIDS and general contribution expenditures.

Table 2.2. Overview of Projected Primary Funds for Population and AIDS Activities (in 1000 current US dollars) for 2004-2006

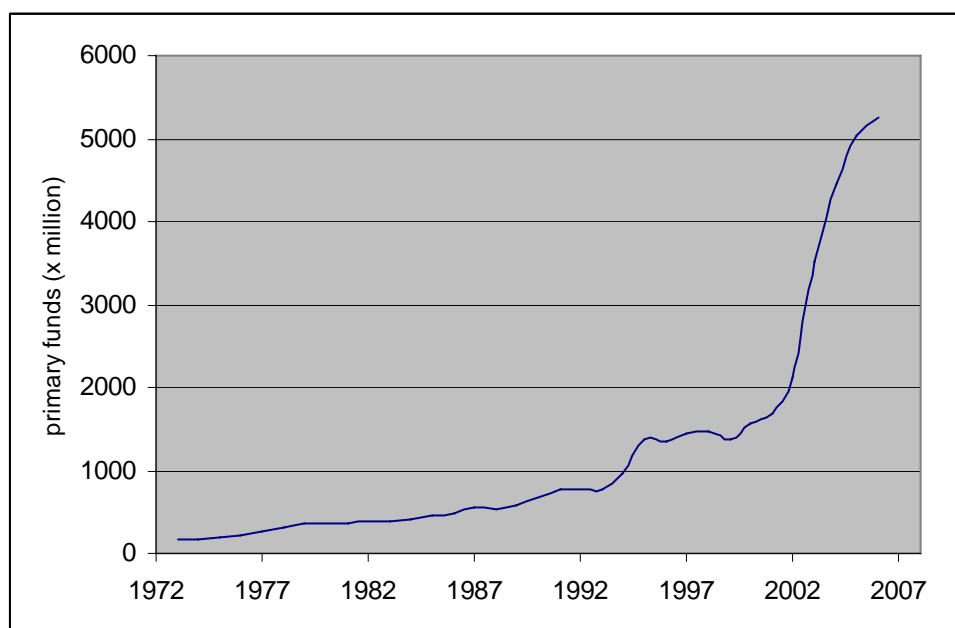
| Year | General contributions | Family planning | Reproductive health | STD/HIV/AIDS | Basic research | Total primary funds |
|------|-----------------------|-----------------|---------------------|--------------|----------------|---------------------|
| 2004 | 354134 | 115184 | 570313 | 3472794 | 193304 | 4705728 |
| 2005 | 390234 | 116997 | 612968 | 3958692 | 198109 | 5277000 |
| 2006 | 384528 | 113103 | 606026 | 4215568 | 189734 | 5508960 |

Figure 2.1 gives an impression of how the level of primary funds (in current US dollars) has increased from 1973 to 2006. Especially the last few years the level of funds has increased substantially and 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.

Other donors

In 2003, the total contribution of OECD/DAC members constituted of 89 percent of total primary funds (excluding bank loans). The second largest group of donors consists of international foundations that accounted for 7 percent of total primary funds. In trying to project the funds that originate with foundations, we encountered the following problems:

Figure 2.1. Trends in primary funds of donor governments, 1973-2006 (excluding European Union) in million USD (current prices)



- 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.

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 2000-2003, 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.

Table 2.4 makes clear what drives the aggregate figures in *table 2.3*. The Bill and Melinda Gates Foundation drives aggregate movements completely and the bulge in STD/HIV/AIDS funds is a case in point.

Table 2.3. Primary funds to population and AIDS activities from international foundations, 1996-2003, (1,000 current US dollars)

| Year | General contributions | Family Planning | Reproductive Health | STD/HIV/AIDS | Basic Research | Total Funds |
|------|-----------------------|-----------------|---------------------|--------------|----------------|-------------|
| 1996 | 21,220 | 7,617 | 24,297 | 9,891 | 29,386 | 92,412 |
| 1997 | 16,489 | 6,310 | 13,875 | 7,099 | 19,012 | 62,784 |
| 1998 | 7,403 | 11,532 | 27,476 | 8,833 | 17,256 | 72,498 |
| 1999 | 62,403 | 18,168 | 63,368 | 15,927 | 15,679 | 175,545 |
| 2000 | 4,617 | 28,244 | 120,215 | 83,217 | 14,359 | 250,652 |
| 2001 | 14,600 | 14,302 | 97,405 | 68,250 | 7,062 | 201,620 |
| 2002 | 36,645 | 33,800 | 85,536 | 259,175 | 44,954 | 460,110 |
| 2003 | 26,411 | 29,726 | 88,277 | 137,507 | 23,522 | 305,443 |

Source: RF database.

Table 2.4. Primary funds of the Bill and Melinda Gates Foundation to population and AIDS activities, 1998-2003, (1000 current US dollars)

| Year | Family planning | Reproductive health | STD/HIV/AIDS | Basic research | Total Funds |
|------|-----------------|---------------------|--------------|----------------|-------------|
| 1998 | 1,838 | 5,769 | 1,162 | 447 | 9,217 |
| 1999 | 3,221 | 34,640 | 8,973 | 5,203 | 52,036 |
| 2000 | 9,373 | 71,462 | 57,557 | 5,813 | 144,205 |
| 2001 | 11,002 | 46,534 | 47,283 | 2,669 | 107,487 |
| 2002 | 9,412 | 56,917 | 229,836 | 4,054 | 300,219 |
| 2003 | 11,098 | 63,088 | 103,832 | 4,813 | 182,831 |

Source: RF database.

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 behavior 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 2004-2006 is therefore a mixture of predictions based on behavioral 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 1996-2006 is reported in *table 2.5*

2.3 | Comparing projections with actual reported figures

As mentioned earlier, the current estimations and projections methodology as developed and first applied in the DR-report. In order to evaluate the methodology, one should test to what extent the projections have been realized. The most recent and complete realizations are the figures of 2003. Since the DR-report includes most of the realizations of 2003, comparing the projections with the actual reported figures would not be a very informative exercise. The alternative would be to compare the realizations of 2003 with older estimates and projections, but these projections were based on a different methodology and such an evaluation would also not be informative. The first real comparison of projections with actual reported figures can take place in 2006, when the 2004 realizations can be compared with the projections from the DR-report or with this report.

Table 2.5. Donor funds, 1996-2006 (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* | 4705.7 | 338.0 | 30.6 | 47.9 | 82.4 | 5204.6 |
| 2005* | 5277.0 | 362.3 | 32.7 | 51.4 | 88.3 | 5811.7 |
| 2006* | 5509.0 | 379.0 | 34.2 | 53.7 | 92.3 | 6068.3 |

* 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.

Future expected expenditures versus actual expenditures

Although we cannot yet compare the projections based on the current methodology with realizations, we can compare future expected expenditures of OECD/DAC countries with the actual reported figures. Because our methodology relies heavily on future expected expenditures, it is interesting to see to what extent these expectations are accurate.

Table 2.6 shows how the future expected expenditures for 2003, reported in 2002, relate to the actual 2003 figures. The figures show that, in general, the actual figures are higher than the expected expenditures. The column with the difference in percentages shows the absolute difference as a share of the realizations.

On average, the future expected expenditures underestimate actual reported expenditures. This observation—even though it covers one year—is an extraordinary finding as, for instance, a paper by Bulir and Hamann (2003) suggests that overestimation of future Official Development Assistance (ODA) seems to be the rule and apparently in the case of population and AIDS assistance the reverse case applies. Of course, the underestimation can in large part be the result of the growing awareness among donor governments of the

Table 2.6. Comparing realizations versus expected expenditures total primary funds for the year 2003

| Country | Realization | Expected Expenditures | Difference (Real - Expected) | Difference % |
|-------------------|---------------|-----------------------|------------------------------|--------------|
| Austria | 2,727,385 | 944,000 | 1,783,385 | 65 |
| Belgium | 26,399,621 | 44,101,018 | -17,701,397 | -67 |
| Canada | 56,626,408 | 38,005,304 | 18,621,104 | 33 |
| Denmark | 59,527,380 | 53,433,955 | 6,093,425 | 10 |
| European Union | 228,736,515 | 196,663,520 | 32,072,995 | 14 |
| Finland | 23,696,788 | 20,094,660 | 3,602,128 | 15 |
| France | 56,558,680 | 82,709,307 | -26,150,626 | -46 |
| Germany | 132,088,015 | 55,261,760 | 76,826,255 | 58 |
| Greece | 9,293,259 | 283,200 | 9,010,059 | 97 |
| Ireland | 26,785,984 | 51,920,000 | -25,134,016 | -94 |
| Luxembourg | 8,248,573 | 7,552,000 | 696,573 | 8 |
| New Zealand | 5,917,144 | 2,742,310 | 3,174,835 | 54 |
| Portugal | 1,119,430 | 600,000 | 519,430 | 46 |
| Spain | 29,949,375 | 314,352 | 29,635,023 | 99 |
| Sweden | 80,029,482 | 64,478,000 | 15,551,482 | 19 |
| Switzerland | 31,522,118 | 23,828,000 | 7,694,118 | 24 |
| United States | 1,807,643,143 | 1,124,000,000 | 683,643,143 | 38 |
| Total | 2,586,869,301 | 1,766,931,385 | 819,937,916 | 32 |
| Total (excl. USA) | 779,226,158 | 642,931,385 | 136,294,773 | 17 |

Source: RF database.

HIV/AIDS pandemic, especially in Sub-Saharan Africa, together with the realization that previous funding levels would not be sufficient. As such, the underestimation may not be an iron-clad rule and simply a sign of recent times. Furthermore, it becomes clear that the United States accounts for a large share of the absolute difference between realizations and actual expenditures.

The underestimation of future assistance becomes also apparent when we focus on the funds for STD/HIV/AIDS. For this category fewer countries have reported future expected expenditures. The results of this exercise are presented in *table 2.7*. It becomes immediately clear that the underreporting of total primary funds of, e.g., the USA can be almost completely ascribed to the underreporting of AIDS funding. This proves the point why underestimation is currently widely observed among donor governments. In a way, the large

Table 2.7. Comparing realizations versus expected expenditures for the category
STD/HIV/AIDS, 2003

| Country | Realization | Expected Expenditures | Difference (Real-Expected) | Difference % |
|-------------------|---------------|-----------------------|----------------------------|--------------|
| Austria | 254,892 | 54,160 | 200,731 | 79 |
| Canada | 27,336,081 | 31,552,190 | -4,216,109 | -15 |
| European Union | 204,873,191 | 84,563,520 | 120,309,671 | 59 |
| Greece | 817,296 | 188,800 | 628,496 | 77 |
| Ireland | 10,399,506 | 37,760,000 | -27,360,494 | -263 |
| Luxembourg | 6,309,036 | 4,720,000 | 1,589,036 | 25 |
| New Zealand | 2,113,254 | 560,547 | 1,552,706 | 73 |
| Spain | 26,712,127 | 314,352 | 26,397,775 | 99 |
| United States | 1,056,195,046 | 625,000,000 | 431,195,046 | 41 |
| Total | 1,335,010,429 | 784,713,569 | 550,296,860 | 41 |
| Total (excl. USA) | 278,815,383 | 159,713,569 | 119,101,814 | 43 |

Source: RF database.

differences in reporting future expected expenditures make clear that the governments are operating in a very dynamic environment in which the needs of the developing world can only be imperfectly predicted.

In case that future expected expenditures structurally underestimate actual reported expenditures, the methodology should account for the underestimation. However, at this stage it is too early to do so. Furthermore, given the limited number of observation points it is very difficult to see whether underestimation is the rule or merely a sign of the present. In December 2005, the RF project will present a separate thematic study on the relation between future expected expenditures and realizations. Results of that study can be useful to enhance the quality of projections next year.

3. Developing countries

In order to project the domestic expenditures on population and AIDS for developing countries and countries in transition, the estimation method, as explained in the DR-report, is used. This section will briefly repeat the methodology used. However, the main focus is on the results of the projections from 2004 to 2006 and the revised approach and additional information.

3.1 | Estimating expenditures in developing countries

The estimation model is designed to calculate projections of expenditures for those countries for which no other information is available. The set of decision rules applied in the use of information will be discussed in the next section.

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.

The level of donor assistance received by a developing country or country in transition turned out to have no effect on domestic government spending and hardly any effect on NGO spending. The same holds for the number of new AIDS cases per country. Because of their poor or weak predictive power to explain national expenditure levels, these parameters are not included in the estimation model.

The predicted GDP figures for the years 2004-2006 are based on the predictions made by the IMF as reported in its latest World Economic Outlook. Based on the model with the level of GDP as an explanatory variable, regional dummies and a dummy variable for the family planning government expenditures of China, we have calculated the ‘unrestricted projections’ of NGO and domestic government expenditures.

3.2 | Projections of domestic expenditures, 2004-2006

Figures from the past have clearly shown that priorities may shift over time. The AIDS pandemic is one of the best examples of a priority shift. Therefore, in making projections, it is important to use the most recent data in order to capture the latest trend in spending. A set of rules was defined to make as much use as possible of primary and secondary information on expenditures from individual developing countries. The rules represent a set of decision rules to be followed sequentially.

1. If available, reliable secondary information on national spending for any of the categories for the years 2004, 2005 or 2006 is used. This information can come from:
 - the National AIDS Accounts (NAAs) of SIDALAC
 - AIDS Budget Analysis (IDASA and UNAIDS report)
 - National Health Accounts – HIV/AIDS Subanalysis (Abt Associates)
 - Future budget multiplied by the domestic share of the national budget, reported to the RF survey.

Although we consider this information as very reliable, the worldwide coverage—especially for the non-AIDS categories—is very poor.

2. If no reliable secondary sources are available, the data reported to the RF survey from the past are used to project future expenditures. This means any reported data up to 2003. The use of reported expenditures in constructing projections is the same as in the DR-report for consistency reasons, and differs per category in the following way:
 - Family Planning (FP). As the trend over time clearly shows a decline in expenditures allocated to family planning, we will take the *most recent* reported FP expenditures figure of a country as its projection for 2004.
 - Reproductive Health (RH). For reproductive health the trend has been fairly stable from 1996 to 2003. Therefore, we will take *the average* of the reported RH expenditures of a country as a projection for 2004.

- 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 2004. However, if the most recent figure seems to be underreported (for example if the National AIDS Control Program has not replied), the country's reported figure may be an underestimation of the true capacity to fund AIDS projects/pr0grams. Therefore, we chose to take the *highest ever reported* amount on AIDS as a projection for 2004, assuming that this shows the maximum in-country capacity for AIDS activities.
 - 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. We therefore take the *average reported* figure per country 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 there are no secondary sources available and a country has never reported data to the RF project, the projection will be solely based on the unrestricted projections explained before. This is the case for 71 developing countries.

The projections for the years 2005 and 2006 are based on the combination of unrestricted projections together with secondary sources or reported information. We assume that projected funding levels grow smoothly. The residual—derived from the difference between the last reported information and the unrestricted projections—is therefore also used to generate projections. The same approach was followed in the case of donor governments. In absence of secondary information, the growth in funds in 2005 and 2006 is completely driven by developments in national income.

When applying the set of decision rules as explained above and projecting expenditures for all other countries based on the unrestricted estimation model, the results for regional expenditures are presented in *table 3.1* for domestic governments and in *table 3.2* for domestic NGOs.

The projections for 2004 and 2005 differ from the ones stated in the DR-report, which can be explained by the following changes:

1. Newly received information of countries that reported their domestic expenditures to the RF 2003 survey. This new information results in changes of figures when following the rules under point 2 of section 3.2.
2. Additional secondary information found from different sources, mentioned above.
3. Updated growth of GDP predictions made by IMF (2005). As the projections are completely GDP driven, changes in predictions made by the IMF will change previously made projections.

Please note that expenditures for Family Planning activities in Asia and the Pacific are dominated by expenditures from the Chinese government. In Appendix A2, these figures are shown for the 61 core countries that were sampled within the framework of the RF 2003 core survey.

These figures show that the share of population and AIDS spending of NGOs is still fairly small. Again, the numbers for 2004 and 2005 differ from the DR report for the reasons mentioned above. However, for NGOs less secondary sources are available. In Appendix A3, these figures are shown for the 61 core countries individually.

3.3 | Accounting for private consumer expenditures in developing countries

3.3.1. Private expenditures on general health and on population and AIDS

It is well known that 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, to date very 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). Every country has its own system of government spending on health, private or company insurance plans and out-of-pocket spending. Besides, consumers' spending on general health might differ from spending on family planning or HIV/AIDS for example.

Table 3.1. Projections of domestic government expenditures (in 1,000 USD) current prices) 2004-2006

| Region | | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total government expenditures |
|---------------------------------|------|--------------------|------------------------|------------------|-------------------|----------------------------------|
| Africa (sub-Saharan) | 2004 | 69,800 | 15,682 | 223,999 | 39,986 | 349,467 |
| Asia and the Pacific | 2004 | 2,719,116 | 784,191 | 406,506 | 196,868 | 4,106,682 |
| Latin America and the Caribbean | 2004 | 25,129 | 76,022 | 731,827 | 54,882 | 887,861 |
| Western Asia and North Africa | 2004 | 155,353 | 99,802 | 45,900 | 76,304 | 377,359 |
| Eastern and Southern Europe | 2004 | 16,355 | 54,312 | 63,767 | 14,397 | 148,831 |
| Africa (sub-Saharan) | 2005 | 71,122 | 16,091 | 231,061 | 41,557 | 359,831 |
| Asia and the Pacific | 2005 | 2,747,964 | 792,956 | 439,651 | 201,429 | 4,182,001 |
| Latin America and the Caribbean | 2005 | 29,038 | 78,847 | 745,248 | 57,935 | 911,067 |
| Western Asia and North Africa | 2005 | 164,526 | 103,582 | 49,536 | 78,824 | 396,468 |
| Eastern and Southern Europe | 2005 | 21,592 | 55,451 | 72,969 | 15,534 | 165,546 |
| Africa (sub-Saharan) | 2006 | 72,571 | 16,556 | 233,258 | 43,356 | 365,741 |
| Asia and the Pacific | 2006 | 3,070,440 | 810,787 | 455,577 | 210,548 | 4,547,353 |
| Latin America and the Caribbean | 2006 | 31,135 | 80,339 | 747,780 | 59,536 | 918,790 |
| Western Asia and North Africa | 2006 | 162,963 | 101,978 | 48,471 | 77,647 | 391,059 |
| Eastern and Southern Europe | 2006 | 24,532 | 56,042 | 76,469 | 16,117 | 173,159 |
| Total | 2004 | 2,985,753 | 1,030,010 | 1,472,000 | 382,437 | 5,870,199 |
| | 2005 | 3,034,242 | 1,046,926 | 1,538,465 | 395,281 | 6,014,913 |
| | 2006 | 3,361,641 | 1,065,702 | 1,561,555 | 407,205 | 6,396,103 |

Table 3.2. Projections of domestic NGO expenditures (in 1,000 USD current prices) 2004-2006

| Region | | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|---------------------------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Africa (sub-Saharan) | 2004 | 12,988 | 11,443 | 60,524 | 2,525 | 87,480 |
| Asia and the Pacific | 2004 | 21,613 | 15,290 | 31,126 | 3,959 | 71,989 |
| Latin America and the Caribbean | 2004 | 29,140 | 16,142 | 83,343 | 5,217 | 133,841 |
| Western Asia and North Africa | 2004 | 11,030 | 9,183 | 9,834 | 2,588 | 32,635 |
| Eastern and Southern Europe | 2004 | 2,684 | 592 | 5,113 | 185 | 8,575 |
| Africa (sub-Saharan) | 2005 | 13,606 | 12,059 | 64,072 | 2,656 | 92,393 |
| Asia and the Pacific | 2005 | 22,296 | 16,221 | 33,101 | 4,128 | 75,746 |
| Latin America and the Caribbean | 2005 | 29,732 | 16,805 | 84,352 | 5,339 | 136,228 |
| Western Asia and North Africa | 2005 | 11,618 | 9,828 | 10,514 | 2,710 | 34,670 |
| Eastern and Southern Europe | 2005 | 2,775 | 668 | 5,727 | 204 | 9,374 |
| Africa (sub-Saharan) | 2006 | 14,350 | 12,796 | 68,333 | 2,813 | 98,292 |
| Asia and the Pacific | 2006 | 22,635 | 17,126 | 34,574 | 4,209 | 78,545 |
| Latin America and the Caribbean | 2006 | 29,903 | 17,088 | 84,007 | 5,282 | 136,280 |
| Western Asia and North Africa | 2006 | 10,693 | 9,002 | 9,528 | 2,510 | 31,733 |
| Eastern and Southern Europe | 2006 | 2,798 | 692 | 5,903 | 209 | 9,602 |
| Total | 2004 | 77,455 | 52,650 | 189,939 | 14,474 | 334,519 |
| | 2005 | 80,027 | 55,581 | 197,766 | 15,037 | 348,411 |
| | 2006 | 80,380 | 56,704 | 202,345 | 15,023 | 354,453 |

For the three non-AIDS categories, we will use information on general health private spending from WHO (2004) as a proxy for private expenditures on family planning, reproductive health and basic research. For STD/HIV/AIDS, a specific AIDS private expenditure ratio is used for those regions where enough secondary sources are available (see section 3.3.2) In case no information on private expenditures for STD/HIV/AIDS for a particular region is available, AIDS private spending will also be estimated with help of the general health figure.

As explained in the DR-report, out-of-pocket spending is the category that is at the focus of attention in policy debates about reducing poverty and income inequality in the developing world. For estimating out-of-pocket spending on population and AIDS activities, we used the average regional ratios of out-of-pocket spending to government spending on general health. (WHO, 2005). These ratios for general health are presented in *table 3.3*.

3.3.2. *Private expenditures on STD/HIV/AIDS*

In less developed countries that encounter an epidemic, the out-of-pocket (OOP) expenses represent a substantial share of total health expenditures on AIDS. It is of interest to know how much individuals or households pay for HIV/AIDS expenditures. Not only prevention and testing is mostly paid out-of-pocket, but also the high bill of treatment is often paid by consumers. Estimating these private expenditures on STD/HIV/AIDS is a very important but at the same time difficult task. The level of expenditures often differs with the magnitude of the epidemic in a country. Another important factor is the way the country's government and health system have organized the provision of services. In one

Table 3.3. Out-of-pocket expenditures compared to government expenditures on general health.

| Regions | Ratio OOP/Government |
|------------------------------|----------------------|
| Sub-Saharan Africa | 0.875 |
| Asia | 1.747 |
| Latin America | 0.799 |
| North Africa and Middle East | 0.614 |
| Europe (non-OECD) | 0.362 |

Source: Van Dalen and Reuser (2005).

country AIDS treatment is freely available while in another country people pay all the costs for treatment. Besides, the share of private spending can also change considerably in a short period of time. National AIDS Accounts (NAA) of Rwanda for example estimated in 1998 that the percentage of OOP expenditures of total HIV/AIDS expenditures was 93 percent while in 2002 it was estimated at 13 percent (UNAIDS, 2004).

In order to get an idea of how much is spent by consumers out-of-pocket on STD/HIV/AIDS services and goods, we made an overview of all available sources of information on AIDS private expenditures. The sources used are as follows:

- Sidalac NAA;
- Abt Associates AIDS subanalysis;
- AIDS Budget Analysis;
- Koné (1998);
- RF survey.

Since the financial year 2003, the Resource Flows survey includes a section on private expenditures. Although this information is often not provided by the national consultants, we have made use of data on private spending provided by the Nigerian National consultant.

Only a handful of countries, mostly in Latin America and some in Sub-Saharan Africa, have systematically collected information on out-of-pocket AIDS spending. But this information offers only a glimpse of the whole picture and suggests that massive amounts of money are spent by individuals and households on their own on HIV/AIDS-related health care. Gathering all these sources of information resulted in the overview presented in *table 3.4*.

For Asia and the Pacific, only Thailand has information on private AIDS expenditures available. SidaLac conducted a NAA exercise in Thailand and the ratio out-of-pocket / government spending on STD/HIV/AIDS for Thailand was 0.02 in 2003. As Thailand is the only country in the Asian and Pacific region with data on private AIDS spending, we chose not to apply Thailand's ratio for the whole region. Instead, we used the general health private/government ratio to derive private AIDS expenditures in this region.

Table 3.4. *Out-of-pocket expenditures compared to government expenditures on STD/HIV/AIDS*

| | Year | Ratio OOP/ Government expenditure on AIDS | Source |
|-----------------------------|-----------|--|------------------------------------|
| Sub-Saharan Africa | | | |
| Kenya | 2005/2006 | 1.24 | NHA HIV/AIDS subanalysis, Abt Ass. |
| Ghana | 2003 | 0.34 | NAA Sidalac |
| Burkina Faso | 2003 | 2.00 | National AIDS Budget Analysis |
| Rwanda | 2002 | 1.62 | NHA HIV/AIDS subanalysis, Abt Ass. |
| Zambia | 2002 | 1.70 | NHA HIV/AIDS subanalysis, Abt Ass. |
| Ivory coast | 1995 | 1.20 | Koné 1998 |
| Nigeria | 2003 | 0.54 | RF Survey |
| <i>Average</i> | | 1.234 | |
| Asia and the Pacific | | | |
| Thailand | 2003 | 0.02 | NAA Sidalac |
| Latin America and Caribbean | | | |
| Argentina | 2002 | 0.11 | NAA Sidalac |
| Belize | 2003 | 0.18 | NAA Sidalac |
| Bolivia | 2002 | 0.22 | NAA Sidalac |
| Brazil | 2000 | 0.19 | NAA Sidalac |
| Chile | 2002 | 0.80 | NAA Sidalac |
| Colombia | 2002 | 0.18 | NAA Sidalac |
| Costa Rica | 2003 | 0.15 | National AIDS Budget Analysis |
| El Salvador | 2003 | 0.25 | National AIDS Budget Analysis |
| Guatemala | 2000 | 0.21 | NAA Sidalac |
| Guyana | 2002 | 0.43 | NAA Sidalac |
| Honduras | 2001 | 1.92 | NAA Sidalac |
| Mexico | 2002 | 0.14 | NAA Sidalac |
| Nicaragua | 2002 | 0.39 | NAA Sidalac |
| Panama | 2003 | 0.22 | National AIDS Budget Analysis |
| Paraguay | 2002 | 2.23 | NAA Sidalac |
| Uruguay | 2002 | 0.37 | NAA Sidalac |
| Venezuela | 2002 | 0.02 | NAA Sidalac |
| <i>Average</i> | | 0.472 | |

Sources: NAA Sidalac www.sidalac.org.mx/principal.html

NHA HIV/AIDS Subanalysis and National AIDS Budget Analysis in UNAIDS 2004.

The average OOP/Government ratio for STD/HIV/AIDS expenditures is a very rough indication of private spending on AIDS. More sophisticated methods of using the few available numbers would only give a suggestion of accuracy which, of course, is not credible. The regional averages should be seen as a rule-of-thumb which make predictions more credible than those based the general health private ratio and the regional averages will be applied in the next section to project global domestic resource flows.

One should note though that average figures mask inequities in expenditure patterns among population groups. In Rwanda, estimates of out-of-pocket expenditures on HIV/AIDS show that the wealthiest 20 percent of the population spend 13 times more than the poorest 20 percent, and men spend 2.6 times more than women. In Kenya, the wealthiest 20 percent of the population spend ten times more than the poorest 20 percent. These differences are reflected in wide disparities in treatment and care access. (UNAIDS, 2003)

3.4 | A projection of global domestic resource flows

To get an idea of global domestic resource flows for population and AIDS, we now sum up the projections of government, NGO and consumer expenditures per region. As explained before, the projections of consumer spending are reconstructed using the assumption that the out-of-pocket expenditures of households in developing countries are completely in line with their out-of-pocket expenditures on population and AIDS. Only for the Sub-Saharan Africa and the Latin America countries a separate projection of private AIDS expenditures has been calculated as shown in table 3.4.

Table 3.5 presents final projections per region for the years 2004-2006. The following conclusions can be drawn from this table:

1. Consumer spending represents the largest part of resources spent on population and AIDS activities. Note that the private to government ratio is fixed. This means that the development of consumers' spending over time follows the government spending projections.

Table 3.5. Projections of global domestic expenditures on population and AIDS, 2004-2006, (1,000 USD)

| Region | | Total Government | Total NGO | Consumers ^a | Global domestic expenditures | of which AIDS | AIDS % |
|---------------------------------|------|---------------------|--------------|------------------------|---------------------------------|------------------|-----------|
| Africa (sub-Saharan) | 2004 | 349,467 | 87,480 | 386,143 | 823,090 | 560,938 | 68 |
| Asia and the Pacific | 2004 | 4,106,682 | 71,989 | 7,175,411 | 11,354,081 | 1,147,902 | 10 |
| Latin America and the Caribbean | 2004 | 887,861 | 133,841 | 469,855 | 1,491,557 | 1,160,405 | 78 |
| Western Asia and North Africa | 2004 | 377,359 | 32,635 | 231,530 | 641,524 | 83,896 | 13 |
| Eastern and Southern Europe | 2004 | 148,831 | 8,575 | 53,902 | 211,308 | 91,974 | 44 |
| Africa (sub-Saharan) | 2005 | 359,831 | 92,393 | 397,745 | 849,970 | 580,262 | 68 |
| Asia and the Pacific | 2005 | 4,182,001 | 75,746 | 7,307,012 | 11,564,758 | 1,240,934 | 11 |
| Latin America and the Caribbean | 2005 | 911,067 | 136,228 | 484,002 | 1,531,298 | 1,181,166 | 77 |
| Western Asia and North Africa | 2005 | 396,468 | 34,670 | 243,255 | 674,393 | 90,442 | 13 |
| Eastern and Southern Europe | 2005 | 165,546 | 9,374 | 59,956 | 234,875 | 105,123 | 45 |
| Africa (sub-Saharan) | 2006 | 365,741 | 98,292 | 403,704 | 867,738 | 589,431 | 68 |
| Asia and the Pacific | 2006 | 4,547,353 | 78,545 | 7,945,374 | 12,571,272 | 1,286,161 | 10 |
| Latin America and the Caribbean | 2006 | 918,790 | 136,280 | 489,342 | 1,544,413 | 1,184,547 | 77 |
| Western Asia and North Africa | 2006 | 391,059 | 31,733 | 239,937 | 662,729 | 87,739 | 13 |
| Eastern and Southern Europe | 2006 | 173,159 | 9,602 | 62,714 | 245,475 | 110,067 | 45 |
| Total | 2004 | 5,870,199 | 334,519 | 8,316,842 | 14,521,560 | 3,045,114 | 21 |
| Total | 2005 | 6,014,913 | 348,411 | 8,491,971 | 14,855,295 | 3,197,927 | 22 |
| Total | 2006 | 6,396,103 | 354,453 | 9,141,071 | 15,891,626 | 3,257,944 | 21 |

^a The consumers' spending for Africa and Latin America are a mixed calculation based on the ratio in table 3.3 and table 3.4.

2. The total figures are largely influenced by the data for Asia, which are in turn dominated by China's family planning expenditures. Unfortunately, data on out-of-pocket spending on family planning, but also on STD/HIV/AIDS for China or for the Asian region are missing. This also shows in the global total, where it seems as if AIDS expenditures as share of total population and AIDS would decline. However, the results of other regions clearly show a large portion of AIDS spending.

3. The high STD/HIV/AIDS figures for Latin America and the Caribbean are partially due to the availability of the data and the quality and coverage of the data. Note that the detailed and complete information on out-of-pocket spending on STD/HIV/AIDS (e.g. from NAAs) is available for no less than 17 Latin American and Caribbean countries. For Sub-Saharan Africa, 7 countries have this information. Once the majority of countries systematically collects data on private expenditures, preferably broken down by population and AIDS categories, we can improve and specify the consumers' expenditure figures. Future National AIDS Accounts, but also Reproductive Health Accounts will in that respect be of added value.

4. 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 2004-2006. In addition to these flows, the report also tries to construct an estimate of the funds that consumers might possibly generate. Compared to the earlier and more extensive report (Van Dalen and Reuser, 2005) a number of conclusions need to be stressed:

- With respect to donors one can conclude that the high level of donor funds is maintained, although the increase is in large part determined by the increase in AIDS initiatives such as PEPFAR and 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 continue.
- The projections for donor funding in this report rely to a large extent on reported future expected expenditures of the OECD/DAC members. In checking on the reliability of these expectations for one year (2003) one can conclude that underestimation of future expected expenditures is the rule across countries. Whether it is an iron clad rule cannot be said as the sample on which this conclusion rests covers only one year and perhaps this year is an extraordinary year.
- The funding behavior of foundations is hard to predict as the foundations do not report regularly, preferences and the financial situation of the foundation can change rather suddenly and in the end, the behavior of the group of foundations is determined in large part by one big player: the Bill and Melinda Gates Foundation.

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 domestic projections are largely influenced by the largest player namely China. The large share of family planning expenditures for China dominate the regional and global figures. Information on private spending on population and AIDS for China and perhaps India would strongly improve projections concerning the Asian spending behavior.
- It becomes clear that spending figures are high in those areas where the most detailed information is available. For government, NGO and private expenditures NAAs give a complete and comprehensive overview of the size and structure of funding. The expansion of NAAs in other regions and countries would only help to improve the projections. For the other population activities, Reproductive Health Accounts can contribute substantially in providing a better overview of government, NGO and private spending.

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Appendix

Table A1. Primary funds of governments in donor countries for population and AIDS activities, 2004-2006
(in 1000 US dollars, current prices)

| | Year | General contributions | Family planning | Reproductive health | Basic research | STD/HIV/AIDS | Total primary funds |
|----------------|------|-----------------------|-----------------|---------------------|----------------|--------------|---------------------|
| Australia | 2004 | 703 | 0 | 3827 | 10 | 34196* | 38737* |
| | 2005 | 566 | 0 | 3077 | 8 | 32023* | 35675* |
| | 2006 | 566 | 0 | 3077 | 8 | 22464* | 26115* |
| Austria | 2004 | 972 | 0 | 1797 | 15 | 298 | 3082 |
| | 2005 | 1056 | 0 | 1952 | 17 | 332 | 3356 |
| | 2006 | 1093 | 0 | 2022 | 17 | 348 | 3480 |
| Belgium | 2004 | 2731 | 5 | 2234 | 15 | 8304* | 13289* |
| | 2005 | 3476 | 7 | 2844 | 19 | 6713* | 13058* |
| | 2006 | 4857 | 9 | 3974 | 26 | 13259* | 22125* |
| Canada | 2004 | 22321 | 0 | 7205 | 0 | 99760* | 129286* |
| | 2005 | 22293 | 0 | 7195 | 0 | 111787 | 141275 |
| | 2006 | 22134 | 0 | 7144 | 0 | 119348 | 148626 |
| Denmark | 2004 | 22543 | 939 | 701 | 197 | 29054 | 53434* |
| | 2005 | 23812 | 992 | 740 | 209 | 32362 | 58115 |
| | 2006 | 24276 | 1011 | 755 | 213 | 33677 | 59932 |
| European Union | 2004 | 1715 | 3069 | 15979 | 1544 | 215899 | 238206 |
| | 2005 | 1600 | 2864 | 14911 | 1441 | 225751 | 246567 |
| | 2006 | 1461 | 2614 | 13611 | 1315 | 237108 | 256109 |
| Finland | 2004 | 15072 | 0 | 95 | 1085 | 7449* | 23701* |
| | 2005 | 16014 | 0 | 100 | 1153 | 7562* | 24829* |
| | 2006 | 16517 | 0 | 104 | 1189 | 7917 | 25726 |
| France | 2004 | 19352 | 0 | 55851 | 413 | 169290* | 244906* |
| | 2005 | 20218 | 0 | 58352 | 432 | 169290* | 248292* |
| | 2006 | 20218 | 0 | 58352 | 432 | 169290* | 248292* |

Table A1. (continued)

| | Year | General contributions | Family planning | Reproductive health | Basic research | STD/HIV/AIDS | Total primary funds |
|-------------|------|-----------------------|-----------------|---------------------|----------------|--------------|---------------------|
| Germany | 2004 | 9669 | 19572 | 15759 | 143 | 79002* | 124146* |
| | 2005 | 9428 | 19083 | 15365 | 139 | 82388* | 126403* |
| | 2006 | 9428 | 19083 | 15365 | 139 | 82388* | 126403* |
| Greece | 2004 | 2 | 0 | 111 | 0 | 790* | 903* |
| | 2005 | 2 | 0 | 111 | 0 | 903* | 1016* |
| | 2006 | 2 | 0 | 111 | 0 | 1016* | 1129* |
| Ireland | 2004 | 3692 | 0 | 10454 | 15 | 37760* | 51920* |
| | 2005 | 3783 | 0 | 10712 | 15 | 43832 | 58342 |
| | 2006 | 3805 | 0 | 10776 | 15 | 47431 | 62027 |
| Italy | 2004 | 5347 | 0 | 22012 | 0 | 3233 | 30591 |
| | 2005 | 5777 | 0 | 23782 | 0 | 3583 | 33142 |
| | 2006 | 5975 | 0 | 24596 | 0 | 3748 | 34319 |
| Japan | 2004 | 77034 | 1214 | 22489 | 418 | 36763 | 137918 |
| | 2005 | 78763 | 1241 | 22994 | 428 | 37966 | 141392 |
| | 2006 | 80055 | 1262 | 23371 | 435 | 38876 | 143999 |
| Luxembourg | 2004 | 1478 | 938 | 852 | 0 | 6320* | 9589* |
| | 2005 | 1546 | 980 | 891 | 0 | 7213 | 10630 |
| | 2006 | 1577 | 1000 | 909 | 0 | 7726 | 11212 |
| Netherlands | 2004 | 48013 | 472 | 36187 | 1095 | 176287* | 262055* |
| | 2005 | 68102 | 670 | 51328 | 1553 | 195407* | 317061* |
| | 2006 | 56419 | 555 | 42523 | 1287 | 225720* | 326504* |
| New Zealand | 2004 | 2741 | 233 | 1676 | 0 | 2420* | 7070* |
| | 2005 | 3624 | 308 | 2216 | 0 | 3923* | 10070* |
| | 2006 | 4919 | 418 | 3008 | 0 | 5923* | 14268* |

Table A1. (end)

| | Year | General contributions | Family planning | Reproductive health | Basic research | STD/HIV/AIDS | Total primary funds |
|----------------|------|-----------------------|-----------------|---------------------|----------------|----------------------|---------------------|
| Norway | 2004 | 53530 | 0 | 8026 | 2651 | 38491 | 102699 |
| | 2005 | 59077 | 0 | 8858 | 2926 | 44813 | 115675 |
| | 2006 | 59637 | 0 | 8942 | 2954 | 45494 | 117027 |
| Portugal | 2004 | 48 | 0 | 149 | 3 | 400* | 600* |
| | 2005 | 50 | 0 | 155 | 3 | 450 | 658 |
| | 2006 | 50 | 0 | 157 | 4 | 477 | 689 |
| Spain | 2004 | 4077 | 386 | 18537 | 386 | 314* | 23701* |
| | 2005 | 5839 | 553 | 26551 | 553 | 362 | 33858* |
| | 2006 | 5834 | 553 | 26531 | 553 | 388 | 33858* |
| Sweden | 2004 | 20445 | 0 | 3702 | 652 | 99200* | 124000* |
| | 2005 | 20445 | 0 | 3702 | 652 | 111600* | 136400* |
| | 2006 | 20445 | 0 | 3702 | 652 | 124000* | 148800* |
| Switzerland | 2004 | 8335 | 576 | 7665 | 1388 | 5864 | 23828* |
| | 2005 | 8839 | 611 | 8128 | 1472 | 6375 | 25424 |
| | 2006 | 8994 | 621 | 8270 | 1497 | 6536 | 25919 |
| United Kingdom | 2004 | 23390 | 2076 | 182902 | 0 | 121700* | 330068* |
| | 2005 | 24774 | 2199 | 193731 | 0 | 133057 | 353762 |
| | 2006 | 25598 | 2272 | 200172 | 0 | 140077 | 368119 |
| United States | 2004 | 10923 | 85704 | 152101 | 183271 | 2300000* | 2732000* |
| | 2005 | 11151 | 87490 | 155270 | 187090 | 2701000* | 3142000* |
| | 2006 | 10669 | 83705 | 148554 | 178998 | 2882356 ^a | 3304282 |
| Total | 2004 | 354134 | 115184 | 570313 | 193304 | 3472794 | 4705728 |
| | 2005 | 390234 | 116997 | 612968 | 198109 | 3958692 | 5277000 |
| | 2006 | 384528 | 113103 | 606026 | 189734 | 4215568 | 5508960 |

* denotes expected expenditures on population assistance programs as reported by governments.

This may be an underestimate as based on statements in PEPFAR documents (www.avert.org/pepfar.htm) president Bush is going to ask Congress for \$ 3.2 billion for the global HIV and AIDS budget for the fiscal year 2006.

Table A2. *Projected governments expenditures on population and AIDS activities for 61 selected core countries, 2004-2006 (in 1,000 current dollars)*

| Country | Year | Family planning | Reproductive health | STD/HIV/AIDS | Basic research | Total governmental expenditures |
|--------------|------|-----------------|---------------------|--------------|----------------|---------------------------------|
| Angola | 2004 | 459 | 174 | 762 | 689 | 2,084 |
| Angola | 2005 | 550 | 203 | 899 | 798 | 2,450 |
| Angola | 2006 | 659 | 236 | 1,059 | 923 | 2,876 |
| Bangladesh | 2004 | 100,689 | 75,959 | 19,431 | 24,731 | 220,810 |
| Bangladesh | 2005 | 101,320 | 76,163 | 19,583 | 24,841 | 221,908 |
| Bangladesh | 2006 | 101,971 | 76,371 | 19,739 | 24,954 | 223,035 |
| Bénin | 2004 | 25 | 31 | 1,326 | 85 | 1,467 |
| Bénin | 2005 | 42 | 38 | 1,355 | 112 | 1,546 |
| Bénin | 2006 | 52 | 42 | 1,373 | 128 | 1,595 |
| Botswana | 2004 | 38 | 78 | 28 | 773 | 916 |
| Botswana | 2005 | 45 | 80 | 39 | 782 | 946 |
| Botswana | 2006 | 52 | 83 | 51 | 793 | 979 |
| Brazil | 2004 | 63 | 57 | 438,404 | 54 | 438,579 |
| Brazil | 2005 | 2,030 | 1,299 | 440,648 | 1,368 | 445,345 |
| Brazil | 2006 | 2,799 | 1,775 | 441,516 | 1,871 | 447,961 |
| Burkina Faso | 2004 | 6,504 | 1,599 | 2,430 | 1,990 | 12,523 |
| Burkina Faso | 2005 | 6,519 | 1,605 | 2,454 | 2,011 | 12,589 |
| Burkina Faso | 2006 | 6,524 | 1,607 | 2,462 | 2,019 | 12,612 |
| Burundi | 2004 | 37 | 178 | 5,708 | 132 | 6,055 |
| Burundi | 2005 | 40 | 180 | 5,715 | 139 | 6,075 |
| Burundi | 2006 | 43 | 181 | 5,720 | 144 | 6,088 |
| Cambodia | 2004 | 569 | 1,252 | 8,391 | 1,260 | 11,472 |
| Cambodia | 2005 | 591 | 1,263 | 8,397 | 1,266 | 11,517 |
| Cambodia | 2006 | 629 | 1,281 | 8,408 | 1,276 | 11,594 |

Table A2. (continued)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|-----------------------------------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Cameroon | 2004 | 22 | 7 | 594 | 45 | 668 |
| Cameroon | 2005 | 50 | 17 | 638 | 81 | 786 |
| Cameroon | 2006 | 72 | 24 | 672 | 108 | 876 |
| Central African Republic | 2004 | 16 | 16 | 1,469 | 482 | 1,983 |
| Central African Republic | 2005 | 21 | 19 | 1,479 | 492 | 2,010 |
| Central African Republic | 2006 | 24 | 20 | 1,484 | 497 | 2,025 |
| China | 2004 | 1,720,093 | 257,730 | 182,850 | 112,823 | 2,273,496 |
| China | 2005 | 1,727,478 | 260,664 | 210,450 | 114,306 | 2,312,898 |
| China | 2006 | 1,984,214 | 263,573 | 213,207 | 115,772 | 2,576,766 |
| Congo, Democratic Republic of the | 2004 | 171 | 77 | 311 | 310 | 868 |
| Congo, Democratic Republic of the | 2005 | 182 | 81 | 328 | 325 | 915 |
| Congo, Democratic Republic of the | 2006 | 189 | 83 | 340 | 335 | 947 |
| Cote d'Ivoire | 2004 | 20 | 67 | 102 | 15,681 | 15,871 |
| Cote d'Ivoire | 2005 | 46 | 75 | 140 | 15,713 | 15,974 |
| Cote d'Ivoire | 2006 | 62 | 81 | 166 | 15,734 | 16,043 |
| Dominican Republic | 2004 | 457 | 588 | 2,230 | 687 | 3,962 |
| Dominican Republic | 2005 | 500 | 634 | 2,295 | 738 | 4,166 |
| Dominican Republic | 2006 | 564 | 701 | 2,391 | 815 | 4,471 |
| Egypt | 2004 | 7,959 | 14,654 | 3,152 | 2,591 | 28,356 |
| Egypt | 2005 | 8,848 | 15,034 | 3,513 | 2,845 | 30,240 |
| Egypt | 2006 | 9,500 | 15,307 | 3,774 | 3,027 | 31,607 |
| Eritrea | 2004 | 1,339 | 880 | 1,002 | 393 | 3,614 |
| Eritrea | 2005 | 1,342 | 882 | 1,008 | 400 | 3,632 |
| Eritrea | 2006 | 1,346 | 884 | 1,016 | 408 | 3,654 |

Table A2. (continued)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|-----------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Ethiopia | 2004 | 8,757 | 2,286 | 30,803 | 1,138 | 42,984 |
| Ethiopia | 2005 | 8,775 | 2,293 | 30,833 | 1,163 | 43,064 |
| Ethiopia | 2006 | 8,789 | 2,298 | 30,855 | 1,183 | 43,125 |
| Gambia | 2004 | 14 | 10 | 32 | 41 | 96 |
| Gambia | 2005 | 16 | 10 | 35 | 45 | 106 |
| Gambia | 2006 | 17 | 11 | 38 | 47 | 113 |
| Ghana | 2004 | 113 | 73 | 9,108 | 650 | 9,943 |
| Ghana | 2005 | 147 | 85 | 9,163 | 697 | 10,091 |
| Ghana | 2006 | 175 | 94 | 9,208 | 735 | 10,212 |
| Guinea | 2004 | 61 | 34 | 129 | 127 | 352 |
| Guinea | 2005 | 58 | 33 | 124 | 122 | 337 |
| Guinea | 2006 | 61 | 35 | 130 | 128 | 354 |
| Haiti | 2004 | 897 | 91 | 350 | 278 | 1,616 |
| Haiti | 2005 | 918 | 120 | 386 | 312 | 1,738 |
| Haiti | 2006 | 923 | 127 | 395 | 320 | 1,764 |
| Honduras | 2004 | 46 | 1,249 | 7,665 | 172 | 9,132 |
| Honduras | 2005 | 56 | 1,262 | 7,681 | 187 | 9,186 |
| Honduras | 2006 | 69 | 1,277 | 7,702 | 205 | 9,252 |
| India | 2004 | 687,288 | 117,909 | 47,250 | 12,854 | 865,301 |
| India | 2005 | 694,803 | 119,589 | 48,733 | 13,719 | 876,843 |
| India | 2006 | 700,241 | 120,785 | 49,797 | 14,333 | 885,156 |
| Indonesia | 2004 | 56,215 | 18,924 | 29,192 | 6,541 | 110,872 |
| Indonesia | 2005 | 58,666 | 19,556 | 29,714 | 6,873 | 114,809 |
| Indonesia | 2006 | 61,157 | 20,190 | 30,241 | 7,204 | 118,792 |

Table A2. (continued)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|---------------------------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Iran, Islamic Republic of | 2004 | 31,127 | 223,521 | 13,345 | 13,761 | 281,754 |
| Iran, Islamic Republic of | 2005 | 33,680 | 224,220 | 13,906 | 14,131 | 285,937 |
| Iran, Islamic Republic of | 2006 | 35,913 | 224,820 | 14,392 | 14,447 | 289,571 |
| Jamaica | 2004 | 1,114 | 602 | 1,965 | 1,285 | 4,967 |
| Jamaica | 2005 | 1,126 | 616 | 1,983 | 1,300 | 5,025 |
| Jamaica | 2006 | 1,137 | 630 | 2,002 | 1,317 | 5,086 |
| Kenya | 2004 | 611 | 312 | 84,456 | 1,180 | 86,559 |
| Kenya | 2005 | 639 | 321 | 84,498 | 1,215 | 86,673 |
| Kenya | 2006 | 665 | 330 | 84,538 | 1,247 | 86,780 |
| Lesotho | 2004 | 51 | 35 | 339 | 127 | 551 |
| Lesotho | 2005 | 55 | 37 | 346 | 134 | 572 |
| Lesotho | 2006 | 58 | 38 | 352 | 139 | 587 |
| Madagascar | 2004 | 33 | 56 | 21 | 59 | 170 |
| Madagascar | 2005 | 48 | 62 | 45 | 81 | 236 |
| Madagascar | 2006 | 58 | 66 | 63 | 97 | 285 |
| Malawi | 2004 | 4,500 | 451 | 2,034 | 390 | 7,375 |
| Malawi | 2005 | 4,505 | 453 | 2,044 | 400 | 7,403 |
| Malawi | 2006 | 4,509 | 455 | 2,051 | 407 | 7,421 |
| Mauritania | 2004 | 31 | 92 | 238 | 713 | 1,074 |
| Mauritania | 2005 | 37 | 95 | 250 | 725 | 1,107 |
| Mauritania | 2006 | 61 | 105 | 293 | 768 | 1,227 |
| Mexico | 2004 | 2,211 | 48,161 | 64,493 | 13,191 | 128,055 |
| Mexico | 2005 | 2,773 | 48,514 | 73,785 | 13,564 | 138,636 |
| Mexico | 2006 | 3,194 | 48,776 | 74,261 | 13,840 | 140,071 |

Table A2. (continued)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|------------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Morocco | 2004 | 4,444 | 12,403 | 5,517 | 9,799 | 32,163 |
| Morocco | 2005 | 4,749 | 12,543 | 5,645 | 9,894 | 32,830 |
| Morocco | 2006 | 4,951 | 12,635 | 5,729 | 9,956 | 33,271 |
| Mozambique | 2004 | 474 | 745 | 8,212 | 271 | 9,702 |
| Mozambique | 2005 | 500 | 756 | 8,257 | 310 | 9,823 |
| Mozambique | 2006 | 510 | 759 | 8,272 | 324 | 9,864 |
| Myanmar | 2004 | 1,325 | 683 | 801 | 394 | 3,203 |
| Myanmar | 2005 | 1,297 | 671 | 793 | 387 | 3,148 |
| Myanmar | 2006 | 1,275 | 661 | 787 | 382 | 3,105 |
| Namibia | 2004 | 29,655 | 55 | 431 | 1,410 | 31,551 |
| Namibia | 2005 | 29,664 | 58 | 445 | 1,423 | 31,591 |
| Namibia | 2006 | 29,670 | 61 | 457 | 1,434 | 31,621 |
| Nepal | 2004 | 4,860 | 4,764 | 4,432 | 918 | 14,975 |
| Nepal | 2005 | 4,911 | 4,787 | 4,446 | 931 | 15,075 |
| Nepal | 2006 | 4,964 | 4,811 | 4,462 | 945 | 15,182 |
| Niger | 2004 | 5 | 800 | 3,636 | 53 | 4,494 |
| Niger | 2005 | 10 | 802 | 3,646 | 62 | 4,521 |
| Niger | 2006 | 16 | 804 | 3,656 | 71 | 4,546 |
| Nigeria | 2004 | 99 | 363 | 14,000 | 712 | 15,173 |
| Nigeria | 2005 | 470 | 457 | 19,600 | 1,066 | 21,594 |
| Nigeria | 2006 | 562 | 480 | 19,723 | 1,152 | 21,917 |
| Pakistan | 2004 | 47,896 | 21,202 | 3,497 | 955 | 73,551 |
| Pakistan | 2005 | 48,701 | 21,449 | 4,546 | 1,087 | 75,783 |
| Pakistan | 2006 | 49,463 | 21,679 | 4,723 | 1,210 | 77,075 |

Table A2. (continued)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|--------------------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Papua New Guinea | 2004 | 918 | 986 | 117 | 420 | 2,440 |
| Papua New Guinea | 2005 | 913 | 984 | 116 | 418 | 2,431 |
| Papua New Guinea | 2006 | 914 | 984 | 116 | 419 | 2,433 |
| Peru | 2004 | 6,456 | 1,162 | 19,931 | 5,294 | 32,844 |
| Peru | 2005 | 6,550 | 1,245 | 20,059 | 5,386 | 33,240 |
| Peru | 2006 | 6,633 | 1,317 | 20,171 | 5,466 | 33,587 |
| Philippines | 2004 | 690 | 8,910 | 3,600 | 2,581 | 15,781 |
| Philippines | 2005 | 1,469 | 9,148 | 3,782 | 2,708 | 17,107 |
| Philippines | 2006 | 2,088 | 9,335 | 3,925 | 2,808 | 18,156 |
| Poland | 2004 | 3,529 | 2,353 | 5,653 | 1,150 | 12,684 |
| Poland | 2005 | 4,673 | 2,596 | 7,052 | 1,391 | 15,713 |
| Poland | 2006 | 4,997 | 2,664 | 7,444 | 1,458 | 16,563 |
| Romania | 2004 | 629 | 14,749 | 29,828 | 3,013 | 48,219 |
| Romania | 2005 | 787 | 14,790 | 32,787 | 3,055 | 51,418 |
| Romania | 2006 | 938 | 14,828 | 32,991 | 3,094 | 51,852 |
| Russian Federation | 2004 | 701 | 30,738 | 5,109 | 3,478 | 40,027 |
| Russian Federation | 2005 | 3,266 | 31,217 | 8,035 | 3,946 | 46,463 |
| Russian Federation | 2006 | 4,842 | 31,502 | 9,804 | 4,223 | 50,371 |
| Rwanda | 2004 | 38 | 44 | 470 | 251 | 804 |
| Rwanda | 2005 | 44 | 47 | 481 | 262 | 835 |
| Rwanda | 2006 | 48 | 48 | 489 | 270 | 855 |
| Senegal | 2004 | 324 | 310 | 2,094 | 369 | 3,098 |
| Senegal | 2005 | 355 | 321 | 2,142 | 412 | 3,230 |
| Senegal | 2006 | 369 | 326 | 2,166 | 432 | 3,295 |

Table A2. (continued)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|------------------------------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Sierra Leone | 2004 | 34 | 5 | 300 | 5 | 343 |
| Sierra Leone | 2005 | 35 | 6 | 303 | 8 | 353 |
| Sierra Leone | 2006 | 38 | 7 | 309 | 14 | 367 |
| South Africa | 2004 | 3,939 | 454 | 15,636 | 2,345 | 22,373 |
| South Africa | 2005 | 4,165 | 504 | 15,917 | 2,527 | 23,112 |
| South Africa | 2006 | 4,374 | 549 | 16,177 | 2,694 | 23,794 |
| Sudan | 2004 | 1 | 1,283 | 4,198 | 1,314 | 6,797 |
| Sudan | 2005 | 285 | 1,430 | 4,326 | 1,415 | 7,456 |
| Sudan | 2006 | 539 | 1,559 | 4,438 | 1,503 | 8,040 |
| Swaziland | 2004 | 339 | 172 | 2,117 | 646 | 3,275 |
| Swaziland | 2005 | 343 | 174 | 2,124 | 653 | 3,293 |
| Swaziland | 2006 | 347 | 176 | 2,131 | 659 | 3,312 |
| Tajikistan | 2004 | 351 | 226 | 121 | 134 | 831 |
| Tajikistan | 2005 | 391 | 247 | 134 | 146 | 918 |
| Tajikistan | 2006 | 423 | 263 | 143 | 156 | 985 |
| Tanzania, United Republic of | 2004 | 2,544 | 1,004 | 17,484 | 4,319 | 25,351 |
| Tanzania, United Republic of | 2005 | 2,573 | 1,014 | 17,529 | 4,357 | 25,473 |
| Tanzania, United Republic of | 2006 | 2,603 | 1,024 | 17,577 | 4,397 | 25,600 |
| Thailand | 2004 | 3,487 | 5,925 | 56,700 | 532 | 66,644 |
| Thailand | 2005 | 4,571 | 6,225 | 56,940 | 691 | 68,427 |
| Thailand | 2006 | 6,449 | 6,739 | 57,352 | 962 | 71,502 |
| Turkey | 2004 | 78,665 | 38,556 | 5,168 | 43,197 | 165,587 |
| Turkey | 2005 | 80,798 | 39,303 | 5,945 | 43,683 | 169,729 |
| Turkey | 2006 | 82,220 | 39,793 | 6,459 | 44,002 | 172,474 |

Table A2. (end)

| Country | Year | Family planning | Reproductive health | STD/HIV/ AIDS | Basic research | Total governmental expenditures |
|----------|------|--------------------|------------------------|------------------|-------------------|------------------------------------|
| Uganda | 2004 | 26 | 74 | 515 | 420 | 1,036 |
| Uganda | 2005 | 59 | 86 | 569 | 468 | 1,181 |
| Uganda | 2006 | 69 | 90 | 586 | 482 | 1,227 |
| Ukraine | 2004 | 547 | 134 | 3,698 | 2 | 4,381 |
| Ukraine | 2005 | 874 | 219 | 4,142 | 89 | 5,324 |
| Ukraine | 2006 | 1,281 | 321 | 4,685 | 192 | 6,479 |
| Viet Nam | 2004 | 14,438 | 3,621 | 5,333 | 5,643 | 29,035 |
| Viet Nam | 2005 | 14,798 | 3,742 | 5,422 | 5,709 | 29,671 |
| Viet Nam | 2006 | 15,174 | 3,867 | 5,514 | 5,777 | 30,332 |
| Zambia | 2004 | 1 | 146 | 85 | 1,370 | 1,603 |
| Zambia | 2005 | 21 | 154 | 117 | 1,399 | 1,691 |
| Zambia | 2006 | 28 | 156 | 130 | 1,410 | 1,725 |
| Zimbabwe | 2004 | 8,101 | 3,827 | 15,326 | 811 | 28,065 |
| Zimbabwe | 2005 | 8,248 | 3,880 | 15,564 | 1,017 | 28,709 |
| Zimbabwe | 2006 | 8,250 | 3,881 | 15,568 | 1,020 | 28,719 |

Table A3. Projected governments expenditures on population and AIDS activities for 61 selected core countries
2004-2006 (in 1,000 current dollars)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|--------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Angola | 2004 | 406 | 375 | 2,258 | 87 | 3,126 |
| Angola | 2005 | 444 | 414 | 2,477 | 95 | 3,430 |
| Angola | 2006 | 485 | 456 | 2,716 | 104 | 3,760 |
| Bangladesh | 2004 | 1,531 | 827 | 6,090 | 327 | 8,775 |
| Bangladesh | 2005 | 1,560 | 858 | 6,158 | 333 | 8,908 |
| Bangladesh | 2006 | 1,588 | 888 | 6,225 | 339 | 9,040 |
| Bénin | 2004 | 50 | 14 | 1,444 | 45 | 1,553 |
| Bénin | 2005 | 64 | 28 | 1,526 | 48 | 1,666 |
| Bénin | 2006 | 73 | 36 | 1,575 | 49 | 1,733 |
| Botswana | 2004 | 95 | 10 | 47 | 63 | 214 |
| Botswana | 2005 | 99 | 14 | 70 | 64 | 247 |
| Botswana | 2006 | 104 | 18 | 97 | 65 | 284 |
| Brazil | 2004 | 9 | 990 | 3,403 | 152 | 4,554 |
| Brazil | 2005 | 177 | 1,196 | 3,700 | 186 | 5,259 |
| Brazil | 2006 | 239 | 1,272 | 3,810 | 198 | 5,519 |
| Burkina Faso | 2004 | 222 | 279 | 2,426 | 139 | 3,066 |
| Burkina Faso | 2005 | 233 | 290 | 2,489 | 142 | 3,153 |
| Burkina Faso | 2006 | 236 | 293 | 2,511 | 142 | 3,183 |
| Burundi | 2004 | 89 | 184 | 1,445 | 20 | 1,738 |
| Burundi | 2005 | 96 | 190 | 1,483 | 22 | 1,790 |
| Burundi | 2006 | 100 | 194 | 1,507 | 23 | 1,823 |
| Cambodia | 2004 | 223 | 477 | 582 | 287 | 1,569 |
| Cambodia | 2005 | 226 | 480 | 590 | 288 | 1,583 |

Table A3. (continued)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|-----------------------------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Cambodia | 2006 | 231 | 485 | 602 | 289 | 1,608 |
| Cameroon | 2004 | 85 | 7 | 137 | 1 | 229 |
| Cameroon | 2005 | 99 | 21 | 217 | 4 | 340 |
| Cameroon | 2006 | 109 | 31 | 276 | 6 | 423 |
| Central African Republic | 2004 | 149 | 40 | 8,083 | 25 | 8,297 |
| Central African Republic | 2005 | 157 | 47 | 8,124 | 27 | 8,355 |
| Central African Republic | 2006 | 161 | 50 | 8,145 | 28 | 8,384 |
| China | 2004 | 777 | 614 | 843 | 544 | 2,778 |
| China | 2005 | 783 | 798 | 1,206 | 572 | 3,360 |
| China | 2006 | 789 | 976 | 1,555 | 600 | 3,920 |
| Congo, Democratic Republic of the | 2004 | 251 | 219 | 1,365 | 54 | 1,889 |
| Congo, Democratic Republic of the | 2005 | 258 | 226 | 1,407 | 56 | 1,947 |
| Congo, Democratic Republic of the | 2006 | 263 | 231 | 1,435 | 57 | 1,986 |
| Cote d'Ivoire | 2004 | 506 | 90 | 633 | 15 | 1,245 |
| Cote d'Ivoire | 2005 | 518 | 102 | 701 | 18 | 1,339 |
| Cote d'Ivoire | 2006 | 525 | 110 | 746 | 19 | 1,400 |
| Dominican Republic | 2004 | 1,405 | 307 | 8,436 | 153 | 10,302 |
| Dominican Republic | 2005 | 1,423 | 326 | 8,466 | 157 | 10,372 |
| Dominican Republic | 2006 | 1,449 | 353 | 8,508 | 163 | 10,473 |
| Egypt | 2004 | 1,866 | 830 | 192 | 203 | 3,092 |
| Egypt | 2005 | 1,925 | 895 | 261 | 216 | 3,297 |
| Egypt | 2006 | 1,966 | 941 | 308 | 224 | 3,439 |
| Eritrea | 2004 | 81 | 81 | 497 | 30 | 689 |
| Eritrea | 2005 | 88 | 86 | 532 | 32 | 738 |

Table A3. (continued)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|-----------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Eritrea | 2006 | 96 | 93 | 574 | 34 | 796 |
| Ethiopia | 2004 | 1,710 | 1,162 | 3,704 | 126 | 6,701 |
| Ethiopia | 2005 | 1,721 | 1,173 | 3,770 | 128 | 6,792 |
| Ethiopia | 2006 | 1,730 | 1,182 | 3,819 | 130 | 6,860 |
| Gambia | 2004 | 74 | 56 | 380 | 16 | 527 |
| Gambia | 2005 | 78 | 60 | 403 | 17 | 558 |
| Gambia | 2006 | 81 | 62 | 418 | 18 | 578 |
| Ghana | 2004 | 775 | 684 | 1,323 | 127 | 2,908 |
| Ghana | 2005 | 795 | 704 | 1,441 | 131 | 3,071 |
| Ghana | 2006 | 811 | 720 | 1,533 | 134 | 3,198 |
| Guinea | 2004 | 157 | 20 | 15 | 3 | 195 |
| Guinea | 2005 | 155 | 17 | -2 | 2 | 172 |
| Guinea | 2006 | 158 | 21 | 17 | 3 | 199 |
| Haiti | 2004 | 988 | 1,021 | 3,263 | 183 | 5,456 |
| Haiti | 2005 | 1,008 | 1,040 | 3,293 | 187 | 5,528 |
| Haiti | 2006 | 1,012 | 1,044 | 3,300 | 188 | 5,543 |
| Honduras | 2004 | 4,593 | 1,033 | 2,201 | 127 | 7,954 |
| Honduras | 2005 | 4,600 | 1,040 | 2,212 | 128 | 7,980 |
| Honduras | 2006 | 4,608 | 1,048 | 2,225 | 130 | 8,011 |
| India | 2004 | 4,841 | 2,657 | 839 | 453 | 8,791 |
| India | 2005 | 4,950 | 2,791 | 1,109 | 475 | 9,325 |
| India | 2006 | 5,024 | 2,883 | 1,296 | 491 | 9,694 |
| Indonesia | 2004 | 171 | 590 | 890 | 297 | 1,948 |
| Indonesia | 2005 | 226 | 655 | 1,024 | 309 | 2,213 |

Table A3. (continued)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|---------------------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Indonesia | 2006 | 279 | 718 | 1,155 | 319 | 2,471 |
| Iran, Islamic Republic of | 2004 | 3 | 41 | 24 | 123 | 192 |
| Iran, Islamic Republic of | 2005 | 72 | 120 | 191 | 138 | 520 |
| Iran, Islamic Republic of | 2006 | 128 | 186 | 329 | 149 | 792 |
| Jamaica | 2004 | 91 | 23 | 213 | 62 | 389 |
| Jamaica | 2005 | 98 | 30 | 224 | 63 | 415 |
| Jamaica | 2006 | 105 | 37 | 236 | 65 | 443 |
| Kenya | 2004 | 1,015 | 1,515 | 1,172 | 159 | 3,861 |
| Kenya | 2005 | 1,028 | 1,528 | 1,248 | 162 | 3,965 |
| Kenya | 2006 | 1,040 | 1,541 | 1,317 | 164 | 4,061 |
| Lesotho | 2004 | 392 | 42 | 245 | 15 | 693 |
| Lesotho | 2005 | 397 | 47 | 275 | 16 | 735 |
| Lesotho | 2006 | 401 | 50 | 296 | 17 | 765 |
| Madagascar | 2004 | 201 | 129 | 161 | 48 | 540 |
| Madagascar | 2005 | 213 | 140 | 228 | 51 | 633 |
| Madagascar | 2006 | 222 | 148 | 276 | 53 | 699 |
| Malawi | 2004 | 377 | 819 | 10,232 | 74 | 11,501 |
| Malawi | 2005 | 383 | 825 | 10,270 | 75 | 11,553 |
| Malawi | 2006 | 388 | 829 | 10,294 | 76 | 11,587 |
| Mauritania | 2004 | 83 | 63 | 105 | 11 | 262 |
| Mauritania | 2005 | 92 | 71 | 155 | 13 | 331 |
| Mauritania | 2006 | 122 | 98 | 318 | 19 | 557 |
| Mexico | 2004 | 8,886 | 3,888 | 39,436 | 1,374 | 53,584 |
| Mexico | 2005 | 8,934 | 3,946 | 39,519 | 1,383 | 53,782 |

Table A3. (continued)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Mexico | 2006 | 8,968 | 3,988 | 39,580 | 1,390 | 53,927 |
| Morocco | 2004 | 69 | 246 | 611 | 44 | 969 |
| Morocco | 2005 | 94 | 273 | 640 | 49 | 1,056 |
| Morocco | 2006 | 110 | 290 | 658 | 53 | 1,112 |
| Mozambique | 2004 | 451 | 186 | 1,477 | 12 | 2,126 |
| Mozambique | 2005 | 471 | 206 | 1,589 | 16 | 2,282 |
| Mozambique | 2006 | 478 | 212 | 1,626 | 17 | 2,332 |
| Myanmar | 2004 | 290 | 257 | 633 | 63 | 1,243 |
| Myanmar | 2005 | 287 | 254 | 626 | 62 | 1,229 |
| Myanmar | 2006 | 284 | 252 | 620 | 62 | 1,218 |
| Namibia | 2004 | 122 | 73 | 2,220 | 17 | 2,432 |
| Namibia | 2005 | 129 | 80 | 2,260 | 18 | 2,487 |
| Namibia | 2006 | 134 | 85 | 2,290 | 19 | 2,528 |
| Nepal | 2004 | 610 | 764 | 6,565 | 147 | 8,085 |
| Nepal | 2005 | 616 | 770 | 6,579 | 148 | 8,113 |
| Nepal | 2006 | 623 | 776 | 6,594 | 150 | 8,142 |
| Niger | 2004 | 212 | 41 | 40 | 7 | 300 |
| Niger | 2005 | 218 | 46 | 71 | 8 | 343 |
| Niger | 2006 | 223 | 51 | 100 | 9 | 383 |
| Nigeria | 2004 | 167 | 1,111 | 3,049 | 358 | 4,684 |
| Nigeria | 2005 | 250 | 1,203 | 3,548 | 375 | 5,376 |
| Nigeria | 2006 | 269 | 1,224 | 3,664 | 379 | 5,537 |
| Pakistan | 2004 | 3,670 | 1,498 | 787 | 99 | 6,055 |
| Pakistan | 2005 | 3,701 | 1,532 | 860 | 106 | 6,199 |

Table A3. (continued)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|--------------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Pakistan | 2006 | 3,729 | 1,563 | 927 | 111 | 6,330 |
| Papua New Guinea | 2004 | 11 | 8 | 32 | 3 | 54 |
| Papua New Guinea | 2005 | 10 | 7 | 31 | 3 | 51 |
| Papua New Guinea | 2006 | 10 | 8 | 31 | 3 | 52 |
| Peru | 2004 | 657 | 1,690 | 1,102 | 729 | 4,179 |
| Peru | 2005 | 679 | 1,715 | 1,140 | 734 | 4,268 |
| Peru | 2006 | 699 | 1,736 | 1,173 | 738 | 4,345 |
| Philippines | 2004 | 2,156 | 851 | 495 | 202 | 3,703 |
| Philippines | 2005 | 2,185 | 883 | 564 | 208 | 3,841 |
| Philippines | 2006 | 2,208 | 908 | 618 | 212 | 3,946 |
| Poland | 2004 | 112 | 47 | 141 | 4 | 303 |
| Poland | 2005 | 128 | 61 | 254 | 7 | 450 |
| Poland | 2006 | 133 | 65 | 284 | 8 | 489 |
| Romania | 2004 | 1,384 | 95 | 329 | 1 | 1,810 |
| Romania | 2005 | 1,388 | 98 | 357 | 2 | 1,846 |
| Romania | 2006 | 1,392 | 102 | 382 | 3 | 1,879 |
| Russian Federation | 2004 | 206 | 15 | 238 | 5 | 464 |
| Russian Federation | 2005 | 230 | 37 | 411 | 11 | 688 |
| Russian Federation | 2006 | 244 | 49 | 508 | 13 | 815 |
| Rwanda | 2004 | 177 | 51 | 323 | 60 | 611 |
| Rwanda | 2005 | 185 | 58 | 366 | 61 | 670 |
| Rwanda | 2006 | 189 | 62 | 393 | 62 | 707 |
| Senegal | 2004 | 626 | 268 | 890 | 69 | 1,852 |
| Senegal | 2005 | 645 | 287 | 1,001 | 73 | 2,005 |

Table A3. (continued)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/ AIDS | Basic Research | Total NGO expenditures |
|------------------------------|------|--------------------|------------------------|------------------|-------------------|---------------------------|
| Senegal | 2006 | 654 | 296 | 1,052 | 75 | 2,077 |
| Sierra Leone | 2004 | 236 | 20 | 1,097 | 6 | 1,358 |
| Sierra Leone | 2005 | 239 | 23 | 1,112 | 7 | 1,380 |
| Sierra Leone | 2006 | 243 | 27 | 1,136 | 7 | 1,413 |
| South Africa | 2004 | 133 | 858 | 650 | 163 | 1,804 |
| South Africa | 2005 | 165 | 895 | 846 | 169 | 2,075 |
| South Africa | 2006 | 194 | 929 | 1,023 | 175 | 2,321 |
| Sudan | 2004 | 137 | 222 | 347 | 110 | 816 |
| Sudan | 2005 | 171 | 257 | 385 | 117 | 931 |
| Sudan | 2006 | 199 | 287 | 418 | 123 | 1,027 |
| Swaziland | 2004 | 152 | 50 | 1,490 | 9 | 1,701 |
| Swaziland | 2005 | 156 | 54 | 1,513 | 10 | 1,733 |
| Swaziland | 2006 | 160 | 58 | 1,537 | 11 | 1,766 |
| Tajikistan | 2004 | 151 | 125 | 321 | 33 | 630 |
| Tajikistan | 2005 | 160 | 132 | 339 | 35 | 666 |
| Tajikistan | 2006 | 166 | 138 | 353 | 36 | 693 |
| Tanzania, United Republic of | 2004 | 854 | 974 | 2,522 | 217 | 4,567 |
| Tanzania, United Republic of | 2005 | 870 | 990 | 2,614 | 221 | 4,694 |
| Tanzania, United Republic of | 2006 | 886 | 1,006 | 2,705 | 224 | 4,821 |
| Thailand | 2004 | 310 | 756 | 813 | 35 | 1,914 |
| Thailand | 2005 | 340 | 791 | 886 | 41 | 2,058 |
| Thailand | 2006 | 391 | 849 | 1,007 | 52 | 2,298 |
| Turkey | 2004 | 124 | 241 | 335 | 299 | 1,000 |
| Turkey | 2005 | 201 | 332 | 426 | 315 | 1,274 |

Table A3. (end)

| Country | Year | Family Planning | Reproductive Health | STD/HIV/AIDS | Basic Research | Total NGO expenditures |
|----------|------|-----------------|---------------------|--------------|----------------|------------------------|
| Turkey | 2006 | 250 | 390 | 485 | 325 | 1,450 |
| Uganda | 2004 | 677 | 257 | 310 | 52 | 1,296 |
| Uganda | 2005 | 699 | 279 | 436 | 56 | 1,470 |
| Uganda | 2006 | 706 | 285 | 473 | 58 | 1,522 |
| Ukraine | 2004 | 5 | 0 | 269 | 1 | 275 |
| Ukraine | 2005 | 14 | 7 | 327 | 2 | 350 |
| Ukraine | 2006 | 24 | 15 | 392 | 4 | 435 |
| Viet Nam | 2004 | 137 | 443 | 213 | 95 | 889 |
| Viet Nam | 2005 | 155 | 463 | 256 | 99 | 974 |
| Viet Nam | 2006 | 174 | 483 | 300 | 103 | 1,060 |
| Zambia | 2004 | 109 | 100 | 1,409 | 24 | 1,641 |
| Zambia | 2005 | 123 | 114 | 1,492 | 27 | 1,756 |
| Zambia | 2006 | 129 | 119 | 1,523 | 28 | 1,799 |
| Zimbabwe | 2004 | 191 | 25 | 703 | 14 | 933 |
| Zimbabwe | 2005 | 283 | 116 | 1,232 | 34 | 1,665 |
| Zimbabwe | 2006 | 285 | 117 | 1,240 | 34 | 1,676 |

