

Projections of Funds for Population and AIDS Activities,  
2007-2009

UNFPA/UNAIDS/NIDI  
Resource Flows Project  
[www.resourceflows.org](http://www.resourceflows.org)

Erik Beekink and Annemarie Ernsten

December 2008

Netherlands Interdisciplinary Demographic Institute  
P.O. Box 11650  
NL-2502 AR The Hague  
The Netherlands  
Email: [resflows@nidi.nl](mailto:resflows@nidi.nl)



---

## Table of contents

1. Introduction.....	1
2. Donors.....	3
2.1. Introduction .....	3
2.2. Projections of donor funding .....	3
3. Developing countries .....	11
3.1. Projecting domestic expenditures for 2007 to 2009 .....	11
3.2. Projected domestic resource flows for population and AIDS, 2007-2009.....	13
3.3 Final domestic projections, 2007-2009 .....	17
4. World wide resource flows .....	20
5. Summary.....	23
References .....	25
Appendix A1: Methodology .....	27
Appendix A2: Country-level donor data .....	35
Appendix A3: Country-level domestic data .....	37



---

## 1. Introduction

The Resource Flows (RF) project has been engaged in making estimates and projections of financial resource flows for population and AIDS activities since 2003. The first pilot estimation exercise was conducted in 2003 and covered resource flows from OECD/DAC donor governments, governments and NGOs in developing countries, and countries in transition<sup>1</sup>. For the OECD/DAC donor governments, 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, 2005a). Multivariate regression analysis was used to determine which variables best explain changes in donor and domestic funding for population and HIV/AIDS activities. 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.

In November 2008 a Resource Tracking Expert Group Meeting took place at the UNFPA Headquarters in New York. One of the topics on the agenda was a working paper “Possibilities to improve the methods to be used for financial forecasting based on the available data: a feasibility study.” (Resource Flows, 2008)

The report describes the methods applied to derive estimates and projections of expenditures for population and AIDS activities. With regard to projections, the basic approach is to give priority to reported figures (expectations or budget figures) by financing sources. In the absence of these figures, expected future expenditures are derived using estimated parameters from an econometric model that relates spending to explanatory variables, such as national income. In the report the following strategy is proposed to improve estimates and projections:

- a. Improve the information provided in the donor and domestic questionnaires.

---

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

- b. Make use of expert opinions and combine quantitative and qualitative data.
- c. Focus on big players since most of the donor and domestic expenditures for population and AIDS activities originate from a few big actors in the field.
- d. Invest in DHS and OOPE surveys to generate reliable information on OOPE in developing countries.

Based on these recommendations a detailed report will be published in Autumn 2009 with a proposal for an improved approach for future estimates and projections.

The current report follows the same methodology as described in Van Dalen and Reuser (2005a) and used in the following reports (Van Dalen and Reuser, 2005b; Van Dalen and Reijer, 2006; Van der Pers and Beekink, 2007).

This report will present projections for the years 2007 to 2009 for both donor expenditures (section 2) and domestic expenditures (section 3). Domestic expenditures cover spending by developing countries' governments and local NGOs, as well as expected private expenditures. By combining figures on both donor and domestic expenditures, a projection of global resource flows is obtained (section 4). Section 5 concludes with a summary of the main findings.

The projections for 2007 and 2008 differ from the projected figures in previous reports. The following changes in underlying data explain these differences:

- Within the framework of the most recent RF surveys, countries have reported expenditure behaviour and expected future expenditures. The reported figures have been used instead of the previously derived figures.
- Additional secondary data have been integrated into the RF database. It is important to mention in this context that the figures published by UNAIDS in their 2008 Report on the Global AIDS Epidemic.
- New and updated macro-economic indicators such as GDP growth rates have been added to the RF database.

---

## 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 due to initiatives by 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/programmes. For intermediate donors, such as multilateral organizations and international NGOs, primary funds include only self-generated income. Table 2.1 gives an overview of total primary funds by OECD/DAC members and by multilateral organizations, foundations, development banks, and international NGOs for the years 1997-2006. As one can see, donor assistance has always been dominated by the funds provided by OECD/DAC governments, out 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 for almost all the OECD/DAC countries. The remarkable increase for the US between the years 2004 and 2005 is due to the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Simply extrapolating the general picture will not be sufficient, and in line with previous studies we will project the funding of donor governments based on past behaviour and whenever possible on self-reported future expenditures.

### 2.2. Projections of donor funding

#### *Donor governments*

In making projections for the years 2007-2009, we have based our calculations on the estimated coefficients reported by Van Dalen and Reuser (2005b) in conjunction with, if available, self-reported future expected expenditures<sup>2</sup> by some countries to the RF surveys. See Appendix A1.1 for a detailed description of the methodology used to project future donor funding.

---

<sup>2</sup> 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 the OECD, the term "future expected expenditures" has been introduced.

Table 2.1. *Primary Funds for Population and AIDS Activities, 1997-2006*  
(in 1,000 current US dollars)

Country	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Australia	45,235	44,562	30,530	14,673	13,088	21,257	38,966	54,894	73,423	95,463
Austria	577	1,784	1,449	870	979	1,520	2,727	3,598	4,822	7,959
Belgium	9,814	10,148	10,443	15,768	19,138	44,101	26,400	49,877	56,438	75,677
Canada	34,520	38,568	37,212	37,441	12,689	82,845	56,626	101,131	318,123	300,868
Denmark	46,990	60,114	54,877	44,640	48,852	73,830	59,527	89,798	92,338	103,910
Finland	17,335	23,114	19,957	19,766	23,730	24,353	23,697	27,410	23,665	50,948
France	16,500	16,500	7,977	12,360	8,242	83,687	56,559	205,583	182,895	250,720
Germany	122,462	124,806	119,764	96,398	108,660	106,763	132,088	141,688	181,638	151,949
Greece	-	-	-	-	13	58	9,293	6,349	10,467	13,641
Ireland	-	-	2,673	4,240	6,255	11,787	26,786	26,029	63,719	143,654
Italy	2,203	6,385	10,042	24,921	25,038	22,641	27,068	24,107	7,962	3,904
Japan	93,760	88,879	111,691	130,674	115,346	180,167	128,068	278,645	339,094	371,241
Luxembourg	1,176	4,257	3,313	10,726	5,627	7,458	8,249	13,214	12,915	20,607
Netherlands	146,428	119,230	115,781	170,077	132,032	164,310	275,434	442,186	479,253	546,801
New Zealand	1,806	2,316	2,316	2,308	2,150	3,288	5,917	8,021	15,247	17,663
Norway	54,296	71,394	61,671	59,957	42,960	80,793	91,648	166,276	188,402	300,405
Portugal	414	1,244	440	400	689	571	1,119	3,979	5,268	6,807
Spain	7,438	4,320	9,466	6,208	14,380	3,291	29,949	37,039	66,893	67,452
Sweden	53,177	78,270	61,602	73,142	56,270	61,107	80,029	196,894	219,670	369,569
Switzerland	16,626	17,818	17,796	16,074	23,534	23,403	31,522	31,872	40,234	36,540
United Kingdom	117,431	125,934	95,703	169,602	80,971	168,803	589,650	570,142	711,677	863,793
United States	662,360	619,729	603,003	658,614	951,012	962,969	1,807,643	1,807,643	3,010,627	2,535,693
European Union	79,387	79,387	33,400	28,883	28,054	184,891	228,737	159,248	226,446	290,322
Total countries	1,450,549	1,538,760	1,411,106	1,597,743	1,719,708	2,313,893	3,737,702	4,445,624	6,331,217	6,625,586



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Donors
International foundations	62,784	72,498	175,545	250,652	201,620	460,110	305,443	324,541	298,576	300,863	
International NGOs	42,923	51,107	64,104	48,053	39,089	70,560	74,395	107,791	65,570	104,731	
UN Organizations	49,109	34,530	31,390	77,289	96,048	31,419	43,319	60,732	95,821	104,755	
Bank grants	9,139	10,385	9,240	840	3,150	2,000	27,645	227,054	185,864	130,769	
<b>Total</b>	<b>1,614,503</b>	<b>1,707,280</b>	<b>1,691,385</b>	<b>1,974,577</b>	<b>2,059,614</b>	<b>2,877,982</b>	<b>4,188,505</b>	<b>5,165,742</b>	<b>6,977,047</b>	<b>7,266,703</b>	

Source: Resource Flows database.

By applying the projection rules and the information provided to us through the RF survey, we get projected primary funds for population and AIDS activities by donor governments (Table 2.2). Projections for individual countries are presented in Appendix A2. The total primary funds provided by OECD/DAC governments are expected to reach the amount of \$9.9 billion<sup>3</sup> in 2009.

The most significant element to be noted about table 2.2 is the dominance of STD/HIV/AIDS programmes, as shown in previous reports as well. In 1996, the percentage allocated to general contributions was 47 percent; 22 percent to family planning programmes, 18 percent to reproductive health services, and 4 percent to basic research and STD/HIV/AIDS could count on 8 percent of the \$1.3 billion 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 2009, 80 percent is expected to go to STD/HIV/AIDS programmes and only 1.9 percent is expected to go directly to family planning programmes.

Figure 2.1 shows how the level of primary funds (in current US dollars) has increased from 1973 to 2009. The level of funds has increased substantially, especially between 2001 and 2007. For the estimates of previous reports, the driving force behind this increase can be accounted for initiatives like PEPFAR and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Furthermore, the trend in expected expenditures seems to be connected to recent economic developments; these projections are based upon the estimated trends in Gross Domestic Product (Appendix A1.1).

Whether the steep increase of 2001-2007 will be continued in the future is uncertain. PEPFAR, which was announced in 2003 and prolonged to 2013, constitutes a major part of the donor increase (see Office of US Global AIDS coordinator, 2003). What will happen after 2013 is in the hands of a different administration.

Finally, we want to point out a worrisome development in monitoring resource flows. The administrative burden on donor governments has increased since the beginning of the Resource Flows 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

---

<sup>3</sup> All subsequent references to dollars are to US dollars.

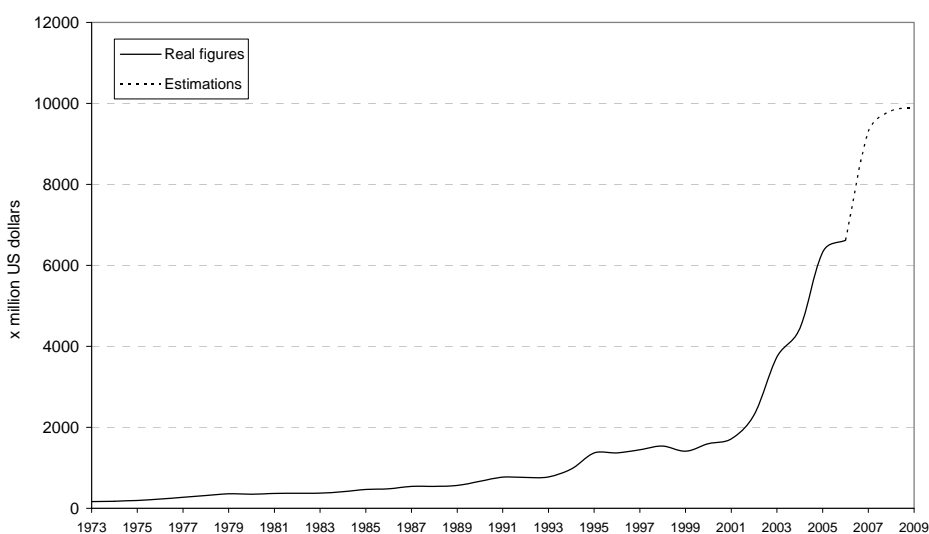
detail is ever increasing. When the project began, STD/HIV/AIDS activities were defined in accordance with the ICPD. In 2001, these definitions were revised (based on the UNGASS) and it was decided to introduce four sub-categories for STD/HIV/AIDS activities. Today, the project is working towards the introduction of revised STD/HIV/AIDS sub-categories, as defined in the UNAIDS National AIDS Spending Assessment (NASA) manual (October 2007).

*Table 2.2. Projected Primary Funds for Population and AIDS Activities by OECD/DAC Members, 2007-2009 (in 1,000 current US dollars)*

Year	General contributions	Family Planning	Reproductive health	Basic Research	STD/HIV/AIDS	Total
2007	616,288	173,706	853,374	169,265	7,491,316	9,303,949
2008	654,416	184,882	921,156	181,468	7,871,073	9,812,995
2009	682,648	186,749	923,304	183,926	7,913,880	9,890,506
Allocation of funds (% of total primary funds)						
2007	6.6	1.9	9.2	1.8	80.5	100
2008	6.7	1.9	9.4	1.8	80.2	100
2009	6.9	1.9	9.3	1.9	80.0	100

Source: Resource Flows database.

*Figure 2.1. Trends in primary funds of donor governments, 1973-2009 (including European Union) in million USD (current prices)*



Source: Resource Flows database.

*Other donors*

In 2006, the total contribution of OECD/DAC members constituted over 90 percent of total primary funds (excluding bank loans). The second largest group of donors consists of international foundations that accounted for 4 percent of total primary funds. Other donors accounted for the remaining 5 percent. 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 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 time periods: 1996-1999 and 2000-2006, one can detect a trend of more absolute amounts of funding allocated to reproductive health and STD/HIV/AIDS and a slightly increasing interest in family planning and a more or less constant absolute 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. For 2005, for example, this foundation is the major causal factor concerning the proportional shift from STD/HIV/AIDS towards reproductive health and family planning expenditures. While for 2006, this organisation is also the cause of the shift from family planning back to STD/HIV/AIDS.

*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 used that funds from other donors grow with the GDP rate for advanced economies as reported by the IMF in the World Economic Outlook 2008. The grand total amount of donor funds reported for the years 2007-2009 is therefore a mixture of predictions 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 1997-2009 is reported in table 2.4.

*Table 2.3. Allocation of primary funds for population and AIDS activities from international foundations, 1996-2006, (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	10.0	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	48.1	34.1	3.5	100	202,389	
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	305,467	
2004	23.1	7.1	14.7	49.1	5.9	100	324,541	
2005	8.9	13.7	40.9	31.6	4.9	100	298,576	
2006	19.9	8.6	19.6	47.4	4.4	100	300,863	
Average 1996-1999	26.7	10.8	32.0	10.4	20.2	100		
Average 2000-2006	11.4	9.2	29.0	44.1	6.4	100		

Source: Resource Flows database.

The Cairo goal for 2005 was that donors, governments, NGOs, and foundations should mobilize \$6.1 billion (in 1993 US dollars) and in 2010 the amount should be \$6.8 billion . When adjusting for inflation, the total primary funds in 1993 dollars amount to \$7 billion in 2007. Looking at the expected expenditures and when comparing these with the above targets, it can be said that the targets are met. However, a worrisome part of the ICPD agenda remains the allocation of the funds over the various population programmes.

Table 2.4. Donor funds. 1997-2009 (in million current US dollars)

Year	Developed countries	Foundations	Bank Grants development banks	UN System	NGO	Total funds
1997	1,530.0	62.8	9.1	49.1	42.9	1,693.9
1998	1,538.8	72.5	10.4	34.5	51.1	1,707.3
1999	1,411.1	175.5	9.2	31.4	64.1	1,691.4
2000	1,597.7	250.7	0.8	77.3	48.1	1,974.6
2001	1,719.7	202.4	3.2	96.0	39.1	2,060.4
2002	2,313.9	460.1	2.0	31.4	70.6	2,878.0
2003	3,737.7	305.4	27.6	43.3	74.4	4,188.5
2004	4,445.6	324.5	227.1	60.7	107.8	5,165.7
2005	6,346.4	298.6	185.9	95.8	65.6	6,992.3
2006	6,625.6	300.9	130.8	104.8	104.7	7,266.7
2007*	9,303.9	328.0	142.6	114.2	114.2	10,002.9
2008*	9,813.0	352.1	153.0	122.6	122.6	10,563.3
2009*	9,890.5	364.0	158.2	126.7	126.7	10,666.2

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 developing countries and countries in transition has been increasing steadily both in terms of donor support and local mobilization. Until 2006, partly at the expense of so-called other “population activities”, AIDS funding has increased. In 2006, 70 % of total donor funding went to AIDS activities, a small decrease compared to 2005 (72 %) caused by a small shift towards reproductive health. In 2006, 5 percent of total funding for population and AIDS went to family planning (in 2005, 7 per cent). This shift might be caused by the difficulty in reporting of separate expenditures for family planning, reproductive health, and STD/HIV/AIDS when these activities are part of integrated reproductive health services.

To get a better understanding of whether national governments and local NGOs are following the trend mentioned, domestic expenditures on population and AIDS for developing countries will be projected for the years 2007, 2008 and 2009.

The estimation method to establish these projections is based on the methods used for the first projections made by Van Dalen and Reuser (2005). The projections of domestic expenditures presented in this section are the result of new data collected by means of the RF-survey and new general macro-economic indicators.

To get an insight into the contribution of consumers to the overall expenditure, projections of private consumer expenditures were introduced in previous reports (Van Dalen and Reuser, 2005; Van Dalen and Reijer, 2006; Van der Pers and Beekink, 2007). The last report concluded that the burden of population assistance rests to a large extent on the shoulders of consumers, who contribute approximately 60 percent of the total resource flows.

Appendix A1 discusses the methodology used for projecting national expenditures, expenditures made by local NGOs and the amount consumers are expected to spend on population and AIDS activities.

#### **3.1. Projecting domestic expenditures for 2007 to 2009**

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 developing countries today. In 1994 nobody foresaw what the impacts of the pandemic would be. This unpredictability shows the dilemma 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. By making use of the Resource Flows database and reliable secondary sources, the projections try to capture these most reliable and recent data. In addition, the method relies on future national income as projected by the International Monetary Fund.

As defined in Van Dalen and Reuser (2005), primary and secondary data collected by the RF project is used as a basis for this exercise. Based on source preference, the following individual decision rules are applied:

- (1) Where available, reliable secondary information on national spending for any ICPD category for fiscal year 2007, 2008 and 2009 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 on population and AIDS expenditures multiplied by with the share of domestic funding of the national budget.

To project future national expenditures on STD/HIV/AIDS activities, the UNAIDS 2008 Report on the Global Epidemic is an important source to rely on for the majority of developing countries. Information available through NASA reporting has not been included because countries are still in the process of data collection.

- (2) Where no reliable secondary source is available, the data reported to the RF survey in past years are used to project future expenditures for national governments and local NGOs. In the case of projecting expenditures made by local NGOs it is decided to include only reporting that does not seem to strongly underestimate the national expenditures made by local NGOs. An underestimation is caused by low coverage of ministry departments or organisations within one country.

If based on the RF survey, 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 2007, 2008 and 2009.



- 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 developing 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 *or* the reported data leads to an underestimation of the expenditures, the projection will be solely based on ‘unrestricted projections’. Appendix A1.2 describes the method used to come to ‘unrestricted projections’.

### **3.2. Projected domestic resource flows for population and AIDS, 2007-2009**

As explained in the previous section, country level projections based on primary or secondary data and based on unrestricted projections are combined to create global domestic government and NGO projections for the years 2007 to 2009.

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 reliable primary or secondary information, the growth in funds in 2007, 2008 and 2009 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 2007 to 2009. The results of this exercise at regional level are presented in table 3.1 (for developing country governments) and table 3.2 (for local NGOs).

Table 3.1 shows that for all regions, for all categories, domestic government expenditures are expected to increase. Growing national income (GDP) causes this overall increase. For the majority of countries the expenditures are based on unrestricted projects. For those countries where reliable secondary sources or reported information is available, the increase is caused by growing national incomes as well. This is due to the fact that the information used is often applied for the base year 2007, after which 2008 and 2009 are projected depending on the GDP.

The table also shows that for sub-Saharan Africa, Latin America and the Caribbean, and Eastern and Southern Europe, the majority of funds are flowing to STD/HIV/AIDS activities. For Asia and the Pacific, family planning receives the most funding. China and India determine the total picture of the region. For 2007, it is expected that these two countries will spend \$749 and \$471 million, respectively, on family planning activities. Projections on government expenditures by country can be found in Appendix A6.

When looking at total domestic expenditures, nearly one quarter is spend on family planning activities. The proportion spend on STD/HIV/AIDS activities is nearly double.

The Resource Flows project is the leading entity to map funds generated by local NGOs. Figures used in this projection exercise are therefore only based on project data or on unrestricted projections. Since reporting of expenditures made by NGOs is not complete in every case, unrestricted projections are more often applied to estimate future expenditures of local NGOs than that of governments. For the latter more secondary resources are available.

Concerning future domestic expenditures of national NGOs, the pictures looks more or less the same as for government expenditures, with approximately two thirds of the total expected funding of national NGOs going towards STD/HIV/AIDS activities. Unlike for government expenditures, in countries in Asia and the Pacific, STD/HIV/AIDS activities and not family planning receive the most funding from national NGOs as a result of unrestricted projections. Appendix A7 gives an overview of projected expenditures of local NGOs by country.

Table 3.1. Projections of domestic government expenditures (in 1,000 current USD) 2007-2009

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Africa (sub-Saharan)	2007	42,558	19,240	1,253,012	45,006	1,359,816
Asia and the Pacific	2007	1,469,727	846,159	669,272	183,985	3,169,144
Latin America and the Caribbean	2007	31,262	88,818	1,419,860	55,015	1,594,955
Western Asia and North Africa	2007	126,979	134,031	138,633	80,272	479,915
Eastern and Southern Europe	2007	17,939	113,211	446,510	21,284	598,943
Africa (sub-Saharan)	2008	47,356	20,584	1,260,033	50,128	1,378,101
Asia and the Pacific	2008	1,741,170	872,565	624,438	197,578	3,435,751
Latin America and the Caribbean	2008	42,539	96,368	1,398,048	63,097	1,600,051
Western Asia and North Africa	2008	163,730	147,901	153,732	89,413	554,777
Eastern and Southern Europe	2008	32,195	116,099	456,712	24,147	629,154
Africa (sub-Saharan)	2009	49,578	21,183	1,263,099	52,392	1,386,251
Asia and the Pacific	2009	1,903,566	888,693	638,870	205,868	3,636,998
Latin America and the Caribbean	2009	43,891	97,625	1,399,945	64,498	1,605,960
Western Asia and North Africa	2009	174,022	151,960	157,720	92,103	575,805
Eastern and Southern Europe	2009	38,978	117,405	464,532	25,433	646,348
Total	2007	1,688,464	1,201,459	3,927,287	385,563	7,202,773
Total	2008	2,026,991	1,253,517	3,892,963	424,363	7,597,833
Total	2009	2,210,035	1,276,866	3,924,166	440,295	7,851,362
Proportion of total	2007	23	17	55	5	100
Proportion of total	2008	27	16	51	6	100
Proportion of total	2009	28	16	50	6	100

Table 3.2. Projections of domestic NGO expenditures (in 1,000 current USD) 2007-2009

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total NGO Expenditures
Africa (sub-Saharan)	2007	13,787	13,143	88,966	2,918	118,814
Asia and the Pacific	2007	19,766	24,673	85,933	5,615	135,987
Latin America and the Caribbean	2007	29,371	20,232	74,808	4,786	129,196
Western Asia and North Africa	2007	14,863	14,950	16,590	3,140	49,543
Eastern and Southern Europe	2007	1,715	1,269	11,026	362	14,373
Africa (sub-Saharan)	2008	15,498	14,903	98,912	3,277	132,589
Asia and the Pacific	2008	21,424	27,097	91,014	6,045	145,579
Latin America and the Caribbean	2008	30,766	21,826	76,351	5,073	134,015
Western Asia and North Africa	2008	16,652	16,975	18,687	3,508	55,822
Eastern and Southern Europe	2008	1,925	1,445	12,444	405	16,219
Africa (sub-Saharan)	2009	16,198	15,628	102,994	3,424	138,245
Asia and the Pacific	2009	22,413	28,519	93,980	6,295	151,206
Latin America and the Caribbean	2009	31,164	22,247	77,013	5,156	135,579
Western Asia and North Africa	2009	17,217	17,608	19,346	3,625	57,797
Eastern and Southern Europe	2009	2,012	1,518	13,034	423	16,987
Total	2007	79,502	74,268	277,323	16,821	447,913
Total	2008	86,264	82,245	297,407	18,308	484,224
Total	2009	89,003	85,520	306,368	18,923	499,814
Proportion of total	2007	18	17	62	4	100
Proportion of total	2008	18	17	61	4	100
Proportion of total	2009	18	17	61	4	100

### 3.3 Final domestic projections, 2007-2009

This section will combine different projections, i.e. national government, local NGO, and private financial resources in order to project global domestic resource flows for population and AIDS activities for the years 2007 to 2009. As was done for the first time by Van Dalen and Reuser (2005), the projections of private, or consumer, spending are reconstructed with the assumption that the out-of-pocket health expenditures of households in developing countries are in line with their out-of-pocket expenditures for population and AIDS activities specifically. For this report the ratios of out-of-pocket and government expenditures on general health have been used, based upon information from National Health Accounts provided by the World Health Organization available at the moment of writing the report (December 2008). Appendix A1.3 gives a thorough description of the methodology used to arrive at the ratios and the projected private expenditures. Table 3.3 shows that for all regions this ratio has increased, where in Asia consumers contribute approximately 2.5 times the expenditures of governments on general health.

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

Regions	Ratio OOP/government expenditures	
	1997-2001	2000-2004
Sub Saharan Africa	0.875	0.990
Asia	1.747	2.484
Latin America	0.799	0.891
North Africa/Middle East	0.614	0.645
Europe (non OECD)	0.362	0.515

Source: Van Dalen and Reuser (2005) and WHO (2006). 2000-2004 calculations are based on table A2.

As mentioned, 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 result 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 (1.105) is higher than for general health (0.990). In Latin America, this ratio is lower (0.472 versus 0.891).

Table 3.4 includes the expected expenditures of consumers and thus presents the final projection of global domestic expenditures for population and AIDS activities by region for the years 2007 to 2009. Important conclusions that can be drawn from the information shown in this table are:

(a) Increased ratios of out-of-pocket compared to government expenditures for all world regions show that the burden on households for population and STD/HIV/AIDS care remains high. Although the level of funding by developing country governments is increasing, consumer spending remains the most important source of funding for population and AIDS activities in developing countries today, especially in Asia and the Pacific, and sub-Saharan Africa, where 71 and 50 percent, respectively, of total domestic expenditures are paid by consumers. On average, over 60 percent of total domestic expenditures come from consumer payments.

(b) STD/HIV/AIDS funding in sub-Saharan Africa and family planning expenditures in China are largely influencing the global picture of population and AIDS spending. China's family planning expenditures dominate the picture of total spending for the ICPD Programme of Action for the entire Asia region.

(c) In general, the absolute level of funding for population and AIDS activities in developing countries and countries in transition is increasing. Relatively speaking, one third of the total domestic funding goes to STD/HIV/AIDS activities and this proportion is even somewhat decreasing to one quarter of the total expenditures in 2008.

This relative decrease is the result of increasing expected expenditures in Asia and the Pacific. Again, it is the very large expected expenditures on family planning activities in China influencing the figures.

Table 3.4. Projections of global domestic expenditures for population and AIDS, 2007 to 2009 (1,000 USD)

Region		Total Gov	Total NGO	Consumers	Total	of which	
						AIDS	% AIDS
Africa (sub-Saharan)	2007	1,359,816	118,814	1,490,314	2,968,944	2,726,557	92%
Asia and the Pacific	2007	3,169,144	135,987	7,872,153	11,177,284	2,417,677	22%
Latin America and the Caribbean	2007	1,594,955	129,196	826,184	2,550,335	2,164,842	85%
Western Asia and North Africa	2007	479,915	49,543	309,545	839,003	244,641	29%
Eastern and Southern Europe	2007	598,943	14,373	308,456	921,772	687,489	75%
Africa (sub-Saharan)	2008	1,378,101	132,589	1,509,223	3,019,913	2,751,281	91%
Asia and the Pacific	2008	3,435,751	145,579	8,534,406	12,115,736	2,266,555	19%
Latin America and the Caribbean	2008	1,600,051	134,015	839,864	2,573,930	2,134,276	83%
Western Asia and North Africa	2008	554,777	55,822	357,831	968,429	271,576	28%
Eastern and Southern Europe	2008	629,154	16,219	324,014	969,387	704,363	73%
Africa (sub-Saharan)	2009	1,386,251	138,245	1,517,645	3,042,141	2,761,817	91%
Asia and the Pacific	2009	3,636,998	151,206	9,034,302	12,822,506	2,319,805	18%
Latin America and the Caribbean	2009	1,605,960	135,579	844,333	2,585,872	2,137,732	83%
Western Asia and North Africa	2009	575,805	57,797	371,394	1,004,996	278,796	28%
Eastern and Southern Europe	2009	646,348	16,987	332,869	996,205	716,800	72%
Total	2007	7,202,773	447,913	10,806,651	18,457,338	8,241,206	45%
Total	2008	7,597,833	484,224	11,565,338	19,647,395	8,128,052	41%
Total	2009	7,851,362	499,814	12,100,544	20,451,720	8,214,950	40%

#### 4. World wide resource flows

The expenditure statistics shown for donor countries in table 2.4 and for developing countries in table 3.4 imply what is expected for worldwide expenditure flows to population and AIDS activities. Table 4.1 summarizes both these expenditures. In 2007, the total amount is expected to be \$28.5 billion; in 2009, the total flows are projected to be \$31.1 billion.

Two observations and one warning can be made with respect to this total picture. First of all, as discussed in the previous section, the burden of population assistance remains to a large extent on the shoulders of consumers who contribute approximately half of the total resource flows. This proportion has increased since the last report. The implementation of new National Health Account figures might explain this increase compared to the last report where the averages of 1999-2001 were used.

Secondly, the burden shared between donors and developing country governments is more or less in line with ambitions stated at the ICPD when it was stated in the Programme of Action that up to two-thirds of the costs will be met by developing countries and one-third of the costs by donor countries. For the years 2007-2009, the contribution of donor countries reaches around one quarter of the total funding, thereby slightly increasing over time but not reaching the ideal division of burden sharing as stated in the Programme of Action.

A note of caution 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. Article 14.11 of the Programme of Action states that complementary resource flows from donor countries would be in the order of (in 1993 US dollars): \$5.7 billion in 2000; \$6.1 billion in 2005; \$6.8 billion in 2010; and \$7.2 billion in 2015. If comparing the expected expenditures with above targets, it can be said that the targets are met. However, these targets were set in 1993 prices and one needs a more country specific inflation measure to apply these figures for local conditions. However, using a simple worldwide inflation measure (identical to the US GDP deflator with base year 1993) these figures can be translated into real figures. For 2006, total donor funds were \$7.4 billion.

Applying an inflation measure results in a total amount of donor funding of \$5.2 billion. Thus, if adjusting for inflation, the target is not met. As described for the donor projections, 2007 will also not meet this target if one adjusts for inflation



The real total amount of resources for 2007 is expected to be \$22.1 billion. Given the fact that the goal for 2005 and 2010 is set to be \$18.5 billion and \$20.5 billion, respectively, the total goal has been met for 2006. It is important to note that domestic expenditures contribute most in reaching these expenditures.

There is, however, a second note of caution that relates 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 shown in actual donor and domestic expenditures. For instance, the STD/HIV/AIDS costs for 2005 were estimated at 8 percent of the total budget and family planning was targeted at 62 percent. Today, the situation is reversed. Donor countries allocate approximately three-quarters of their funds for HIV/AIDS activities and developing countries in the sample vary strongly across regions. For instance, for 2006, this amounts to 88 percent in sub Saharan Africa, 79 percent in Latin America, and 77 percent in Eastern and Southern Europe, but in Asia and Pacific, the allocation is merely 12 percent and in Western Asia and North Africa it amounts to 20 percent. However, the resources mobilized exceed by far the initial ICPD target of 8 percent. The reverse situation applies to family planning: around 4 percent of the budget of donor governments is allocated directly to family planning programs, which is far lower than the suggested ICPD target. From the perspective of 1994, the structure of resource flows is very unbalanced.

*Table 4.1. World wide projections of expenditures on population and AIDS activities (billion US dollars, current prices), 2007-2009*

Year	Total donor assistance	Domestic resources			Total	Total donors and domestic resources
	Government	NGO	Consumers			
2007	10.0	7.2	0.5	10.8	18.5	29.5
2008	10.5	7.6	0.5	11.6	19.6	30.1
2009	10.7	7.8	0.5	12.1	20.5	31.2



---

## 5. Summary

This report gives an insight into the size and structure of the flow of funds generated by donors and by governments and NGOs in developing countries for the years 2007-2009. Overall, the recent trends for both donor and developing countries continue and with the passage of time and access to more data, these trends become clearer. The general insight is that HIV/AIDS is dominating the population agenda and that it continues to receive by far the largest proportion of population assistance.

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 PEPFAR initiative 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 goals stated at the ICPD .
- The distribution of OECD/DAC government funds across the various population categories is unbalanced. In 2009, 80 percent of donor government funds are expected to go to HIV/AIDS activities and only 1.9 percent to family planning. This development is in marked contrast to the situation in 1996 when these percentages were 8 and 22 percent, respectively.

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.
- The distribution of funds across the various population categories is very unbalanced in major parts of the world.
- China and India are influencing the regional and global picture of spending for family planning. The figure for China is by far the largest in the world, in fact it is so much larger than spending for family planning of any other country that the picture of family planning expenditures in China heavily affects the global total.

Looking at the total worldwide expected expenditures, the following insights can be made:

- For the years 2007-2009 the contribution of donor countries is around one quarter of the total funding, thereby slightly increasing over time but not reaching the ideal division of burden sharing as stated in the ICPD Programme of Action.
- The defined complementary resource flows from donor countries of \$9.3 billion in 2007 has not been met when the estimated amount is corrected for inflation. When this correction is made, the total amount of donor funding for 2007 has been \$7 billion.
- The real total amount of resources for 2007 is expected to be \$29.5 billion. Given the fact that the goal for 2005 and 2010 is set at \$18.5 respectively and \$20.5 billion respectively, the grand total has been met for 2007. It is important to note that domestic expenditures contribute most in reaching these expenditures.

---

## References

- Bulir, A. and A.J. Hamann (2003), Aid Volatility: An Empirical Assessment. *IMF Staff Papers*, 50, pp. 64-89.
- Conly, S.R., N. Chaya and K. Helsing (1995), *Family Planning Expenditures in 79 Countries: A Current Assessment*, Population Action International, Washington DC.
- Exterkate, M. (2000), Financial Resource Flows for Population Activities — Report of a case study of China. NIDI, The Hague.
- Hanson, K., L. Kamaranayake and I. Thomas (2001), Ends versus Means: The Role of Markets in Expanding Access to Contraceptives, *Health Policy and Planning*, 16, pp. 125-136.
- McGreevey, W. (2003), Resource Flows and National STD/HIV/AIDS Accounts, mimeo, Futures Group.
- Koné, Tiékoura *et al.* (1998), Expenditures on AIDS in Côte d'Ivoire. In: Ainsworth M, Franssen L, Over M (eds.), *Confronting AIDS: Evidence from the Developing World*. Brussels: European Commission, Chapter 12B, pp. 255-262.
- Nowels, L. and C. Veillette, 2006, International Population Assistance and Family Planning Programs: Issues for Congress, CRS Report for Congress, version June 6, 2006, Washington DC.
- Office of US Global AIDS coordinator, 2003, The President's Emergency Plan for AIDS Relief, Washington DC, <http://www.state.gov/documents/organization/29831.pdf>
- Resource Flows (2008), Possibilities to Improve the Methods to be used for Financial Forecasting based on the Available Data: a feasibility study.
- Rosen, J.E. and S.R. Conly (1999), *Getting Down to Business — Expanding the Private Commercial Sector's Role in Meeting Reproductive Health Needs*, PAI, Washington DC
- UNAIDS (2003), *2003 Report on the Global AIDS Epidemic*, Geneva.
- UNAIDS (2004), *National Spending for HIV/AIDS*, Geneva.
- UNAIDS (2005), *National AIDS Spending Assessment*, A Notebook on the methods, definitions and procedures for resource tracking and measurement of HIV and AIDS financing flows and expenditures (Draft), Geneva.
- UNAIDS (2006), *Report on the Global AIDS epidemic — A UNAIDS 10<sup>th</sup> anniversary special edition*, Geneva.
- Van Dalen, H.P. and D. Reijer, 2005, Comparing Expectations and Realizations in Population and HIV/AIDS Funding by Donors, NIDI, Resource Flows Project, working paper, The Hague.
- Van Dalen, H.P. and M. Reuser, 2005a, Assessing Size and Structure of Worldwide Funds for Population and AIDS Activities, NIDI, The Hague, [www.resourceflows.org](http://www.resourceflows.org).
- Van Dalen, H.P. and M. Reuser, 2005b, Projections of Funds for Population and AIDS activities, 2004-2006, Resource Flows Project, working paper, The Hague.
- Van Dalen, H.P. and M. Reuser, 2006, What Drives Donor Funding in Population Programs? Evidence from OECD Countries, *Studies in Family Planning*, vol. 37, no. 3, 141-154.
- Van der Pers, M. and E. Beekink, (2007). Projections of funds for Population and AIDS Activities, 2006-2008, Resource Flows Project.
- WHO (2006). *The World Health Report 2006: working together for health*. Annex Table 2 'Selected indicators of health expenditure ratios. 1999-2003' (Update March 2007). and Annex Table 3 'Selected national health accounts indicators: measured levels of per capita expenditure on health. 1999-2003' (Update March 2007).



---

## 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 2007-2009 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 2008*. 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 2007-2009.
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-25 together with the estimated primary funds elasticity to project the total primary funds for these members.

## **A1.2 Unrestricted Projection for Developing countries**

The basis for calculating estimated expenditures is provided by secondary sources and data reported to the Resource Flows project by domestic governments and NGOs in developing countries. Secondary sources are not always available, and the Resource Flows project data does not cover all countries, or some countries have no reliable available data. Especially for these countries an estimation model has been developed to enable to incorporate them into the projections.

As described in the Van Dalen and Reuser report (2005), in the estimation model projections are based on parameters explaining the growth of spending by governments and NGOs in the recent past. The following variables are used to construct projections:

- 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)
- Because China represents one of the largest outlier, separate coefficients and constants have been estimated for government Family Planning expenditures.

To increase consistency and accuracy of the calculated projections a system has been developed that enables the Resource Flows 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 2008 and 2009 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. The domestic GDP levels were 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 domestic NGO and 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, see table A4. Where no AIDS data is available, AIDS private spending is estimated with the help of general health figures. For the remaining three non-AIDS related categories we use information on general health (WHO, 2006) as a proxy for private spending on Family Planning, reproductive health and basic research. For this reason table 3.6 and table 3.7 of the Van Dalen and Reuser methodology report (2005) are updated. Underlying tables A1 and A2 give an overview of the public-private distribution in health expenditures and show the per capita expenditures in health for the same regions.

Private spending remains to be important in Sub-Saharan Africa and Asia although for the former the role of the government in financing health care has grown slightly compared to the previous average. Interesting is that, compared to 1997-2001, the role of private spending on health in Europe increased from 29.5% to 36.3%.

*Table A1. Public-private distribution in health expenditures in developing countries (percentages), 2000-2004*

Regions	Categories	2000	2001	2002	2003	2004	average 2000-2004
Sub Saharan Africa	Government	39.2	39.6	39.6	41.1	41.9	40.3
	Private	60.8	60.4	60.4	58.9	58.1	59.7
Asia	Government	31.3	30.2	30.1	30.0	30.8	30.5
	Private	68.7	69.8	69.9	70.0	69.2	69.5
Latin America	Government	49.6	49.2	51.2	51.4	52.9	50.9
	Private	50.4	50.8	48.8	48.6	47.1	49.1
North Africa/Middle East	Government	49.3	51.6	49.5	52.2	54.0	51.4
	Private	50.7	48.4	47.9	45.7	43.8	47.2
Europe (non OECD)	Government	63.4	63.0	63.7	64.4	63.9	63.7
	Private	36.6	37.0	36.3	35.6	36.1	36.3

Source: WHO (2006, <http://www.who.int/nha/country/en/>) and own calculations. Percentages are weighted for population size of countries

As mentioned in the methodology report, we are especially interested in the out-of-pocket expenditures made by consumers. This category is at focus of policy initiatives and debates about reducing poverty and income inequality in the developing world (Van Dalen and Reijer, 2006).

The private expenditures shown in table A1 have been defined by the WHO as the sum of expenditures of 1) prepaid places and risk pooling arrangements, 2) household out-of-pocket spending, 3) firms' expenditures on health and, 4) non profit institutions. More indebt information about these entities can be found in the Van Dalen and Reuser methodology report of 2005.

Table A2 shows the per capita expenditures on health in developing countries for the years 2000 to 2004. For this period, average out-of pocket spending remains highest in Latin America. Government expenditures in this region are high as well.

*Table A2. Per capita expenditures on health in developing countries, 2000-2004 (at international dollar exchange rates)<sup>a</sup>*

Regions	Categories	2000	2001	2002	2003	2004	average 2000-2004
Sub Saharan Africa	Government <sup>b</sup>	25.1	26.7	27.1	28.0	31.3	27.7
	External Sources	10.2	11.1	11.4	11.8	12.6	11.4
	Out-Of-Pocket	24.9	26.9	27.4	28.3	29.4	27.4
	Prepaid Plans	19.8	22.1	23.1	24.2	25.7	23.1
	Other private spending	0.7	0.8	0.8	0.8	0.9	0.8
Asia	Government <sup>b</sup>	30.0	30.4	33.8	39.3	44.1	35.7
	External Sources	15.0	16.3	18.2	20.3	22.0	18.4
	Out-Of-Pocket	73.2	80.9	88.7	96.4	102.6	88.6
	Prepaid Plans	1.6	2.2	3.2	5.2	5.3	3.5
	Other private spending	2.1	2.2	2.3	2.5	2.6	2.3
Latin America	Government <sup>b</sup>	209.7	225.4	256.9	298.0	357.9	270.8
	External Sources	69.3	75.1	80.1	90.0	104.4	84.0
	Out-Of-Pocket	211.7	229.5	233.0	251.4	278.6	241.3
	Prepaid Plans	82.7	90.8	92.5	105.3	123.7	99.3
	Other private spending	2.9	3.9	3.7	4.0	4.2	3.8
North Africa/Middle East	Government <sup>b</sup>	127.6	145.7	147.1	148.3	164.3	147.0
	External Sources	33.0	35.6	36.3	36.7	39.8	36.4
	Out-Of-Pocket	90.9	92.1	94.7	95.7	100.4	94.9
	Prepaid Plans	13.9	14.1	14.4	14.9	16.3	14.8
	Other private spending	1.8	1.9	2.0	2.4	2.5	2.1
Europe (non OECD)	Government <sup>b</sup>	231.6	255.3	292.7	321.2	339.8	287.9
	External Sources	50.9	56.8	64.6	70.5	75.5	63.6
	Out-Of-Pocket	119.0	134.7	148.1	161.4	178.1	148.1
	Prepaid Plans	6.8	10.9	11.7	11.9	12.9	10.8
	Other private spending	1.8	2.0	2.4	2.1	2.3	2.1

Source: WHO (2006) and own calculations, percentages are weighted for population size of countries

<sup>a</sup> The international dollar values are derived by dividing local currency unit by an estimate of their purchasing power parity (PPP) compared to US dollars, i.e. rate or measure that minimizes the consequences of differences in price levels existing between countries

<sup>b</sup> Government expenditures as presented in this table exclude external sources as measured by WHO. External sources are presented here separately.

Table A3 shows the average regional ratios of out-of-pocket spending to government spending on general health for the periods 1997-2001 and 2000-2004. For all regions out-of-pocket spending has increased.

*Table A3 Out-of-pocket expenditures compared to government expenditures on general health*

Regions	Ratio OOP/government expenditures	
	1997-2001	2000-2004
Sub Saharan Africa	0.875	0.990
Asia	1.747	2.484
Latin America	0.799	0.891
North Africa/Middle East	0.614	0.645
Europe (non OECD)	0.362	0.515

Source: Van Dalen and Reuser (2005) and WHO (2006). For 2000-2004 calculations are based on table A2.

#### *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 all available data sources on AIDS private expenditures have been collected and presented in Table A4. Although data has been updated, the same sources as used in the Van Dalen and Reuser (2005) report were applied in this exercise:

- SIDALAC — National AIDS Accounts
- Abt Associates — HIV/AIDS sub-analysis

- UNAIDS — AIDS budget analysis, 2008 report on the Global Aids epidemic and relating country progress reports
- Resource Flows — Private expenditures and national budgets
- PHRPlus — HIV/AIDS sub-analysis

It should be noted that the figures presented in table A4 form a very rough estimate and they should be used as a rule-of-thumb to make projections more credible. As was expected that data more precise information would become available by the implementation of the NASA framework by UNAIDS, unfortunately no completed NASA information is available yet. Therefore a clearer division between international, national and private sources of funding for AIDS can not 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.

For the reason that the average of Sub Saharan African and Latin America and the Caribbean is based on a relatively large group of countries, the average figures are used to calculate consumer expenditures on AIDS. For the other region the ratios in out-of-pocket expenditures compared to government expenditures on general health are used to estimate consumer expenditures on AIDS activities.

*Table A4. Out-of-pocket expenditures compared to government expenditures on HIV/AIDS*

	Year	Ratio OOP/ Government expenditures on AIDS	Source
<b>Sub-Saharan Africa</b>			
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
Malawi	2004	0.20	PHRPlus — HIV/AIDS sub-analysis
<b>Asia and the Pacific</b>			
Thailand	2003	0.02	SIDALAC — National AIDS Accounts
<b>Latin America and the Caribbean</b>			
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
<b>North Africa and Western Asia</b>			
<b>Eastern and Southern Europe</b>			
Ukraine	2004	3.81	PHRPlus — HIV/AIDS sub-analysis
<i>Average</i>	-	0.65	

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 A5. Primary funds for population and AIDS activities, 2007-2009  
(in 1,000 current US dollars)

Country	Year	General contributions	Family planning	Reproductive health	Basic research	HIV/AIDS	HIV/AIDS Gen.Contr.	Total
Australia	2007	46	2,832	54,433	3,229	54,156	183	114,879
	2008	54	3,332	64,034	3,799	63,709	215	135,144
	2009	54	3,367	64,709	3,839	64,381	218	136,568
Austria	2007	1,729	0	2,664	362	3,119	1,272	9,145
	2008	2,014	0	3,104	421	3,633	1,481	10,653
	2009	2,041	0	3,146	427	3,682	1,501	10,797
Belgium	2007	64,349	959	17,793	3,798	23,231	19,784	129,914
	2008	75,161	1,121	20,783	4,436	27,134	23,108	151,742
	2009	76,391	1,139	21,123	4,509	27,578	23,486	154,226
Canada	2007	12,387	1,196	22,322	430	36,335	77,624	150,293
	2008	13,491	1,303	24,311	468	39,573	84,542	163,688
	2009	13,545	1,308	24,409	470	39,733	84,883	164,349
Denmark	2007	50,048	31	18,744	417	11,946	48,416	129,603
	2008	15,032	18	10,839	241	14,149	57,343	97,623
	2009	40,951	18	10,595	236	14,399	58,355	124,553
European Union	2007	2,932	0	195,383	34,524	90,260	11,728	334,827
	2008	3,329	0	221,843	39,199	102,484	13,317	380,172
	2009	3,354	0	223,501	39,492	103,250	13,416	383,013
Finland	2007	36,893	123	10,304	155	2,589	9,774	59,840
	2008	43,074	144	12,031	182	3,023	11,412	69,865
	2009	43,781	146	12,228	184	3,073	11,599	71,011
France	2007	12,721	0	19,989	250	2,859	278,408	314,227
	2008	14,606	0	22,951	288	3,283	319,662	360,789
	2009	14,767	0	23,205	291	3,319	323,202	364,784
Germany	2007	33,636	23,133	52,351	310	56,193	7,487	173,109
	2008	38,675	26,599	60,194	357	64,612	8,608	199,045
	2009	38,218	26,285	59,482	353	63,847	8,506	196,691
Greece	2007	66	0	6,397	0	9,247	221	15,931
	2008	79	0	7,614	0	11,007	263	18,962
	2009	82	0	7,889	0	11,405	272	19,649
Ireland	2007	50,588	232	38,371	3,253	29,086	35,154	156,684
	2008	54,635	251	41,440	3,513	31,413	37,967	169,219
	2009	59,006	271	44,755	3,794	33,926	41,004	182,756
Italy	2007	2,250	0	985	0	0	1,187	4,421
	2008	2,565	0	1,122	0	0	1,353	5,040
	2009	2,574	0	1,126	0	0	1,357	5,057

Table A5. (end)

Country	Year	General contributions	Family planning	Reproductive Health	Basic research	HIV/AIDS	HIV/AIDS Gen.Contr.	Total
Japan	2007	75,378	56	47,632	5,391	3,415	239,752	371,624
	2008	83,339	62	52,663	5,960	3,776	265,075	410,876
	2009	82,634	62	52,217	5,910	3,744	262,830	407,396
Luxembourg	2007	2,562	0	9,524	4,889	6,268	770	24,013
	2008	2,980	0	11,077	5,687	7,290	895	27,929
	2009	3,053	0	11,349	5,827	7,469	917	28,615
Netherlands	2007	40,698	617	78,647	1,364	271,728	208,006	601,061
	2008	40,697	573	73,011	1,266	274,567	212,297	602,411
	2009	40,698	549	69,973	1,214	243,275	222,229	577,938
New Zealand	2007	3,940	332	5,071	46	5,387	3,982	18,759
	2008	4,914	348	5,311	49	5,460	4,641	20,723
	2009	5,666	401	6,124	56	6,296	5,351	23,894
Norway	2007	75,080	7,377	40,335	2,720	51,132	170,085	346,727
	2008	92,756	9,114	49,831	3,360	63,170	210,128	428,358
	2009	89,940	8,837	48,318	3,258	61,252	203,749	415,354
Portugal	2007	522	0	3,454	0	9	3,807	7,792
	2008	597	0	3,949	0	11	4,353	8,909
	2009	602	0	3,984	0	11	4,392	8,989
Spain	2007	2,275	19	4,902	61	2,518	3,687	13,462
	2008	2,659	5	1,381	17	1,259	4,310	9,632
	2009	2,691	2	556	7	631	4,362	8,249
Sweden	2007	95,017	0	62,239	1,287	85,787	135,739	380,069
	2008	108,591	0	66,494	1,375	95,017	135,739	407,217
	2009	108,591	0	66,494	1,375	95,017	135,739	407,217
Switzerland	2007	14,559	0	8,195	0	4,588	12,808	40,150
	2008	16,792	0	9,451	0	5,292	14,771	46,306
	2009	16,364	0	9,211	0	5,157	14,395	45,127
United Kingdom	2007	38,613	0	40,217	0	664,417	251,315	994,562
	2008	38,378	0	39,972	0	660,373	249,786	988,509
	2009	37,645	0	39,209	0	647,767	245,018	969,639
United States	2007	0	136,797	113,425	106,777	3,802,157	753,700	4,912,857
	2008	0	142,014	117,750	110,849	3,947,134	782,439	5,100,185
	2009	0	144,365	119,700	112,684	4,012,492	795,395	5,184,636
Total	2007	616,288	173,706	853,374	169,265	5,216,427	2,274,889	9,303,949
	2008	654,416	184,882	921,156	181,468	5,427,368	2,443,705	9,812,995
	2009	682,648	186,749	923,304	183,926	5,451,703	2,462,177	9,890,506

\* denotes expected expenditures on population assistance programs as reported by governments. The US figures for HIV/AIDS are based on The U.S. President's emergency plan for AIDS relief Fiscal Year 2007: Operational Plan, 2007 June Update: <http://www.pepfar.gov/documents/organization/82585.pdf>



## Appendix A3: Country-level domestic data

Table A6. Projected government expenditures on population and AIDS activities for 61 selected core countries, 2007 - 2009 (in 1,000 current dollars)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Angola	2007	1,285	411	39,012	1,588	42,296
	2008	1,923	575	39,875	2,202	44,574
Angola	2009	2,152	632	40,178	2,412	45,374
Bangladesh	2007	8,506	2,477	9,574	39	20,595
Bangladesh	2008	9,497	2,784	9,807	204	22,292
Bangladesh	2009	10,167	2,990	9,963	315	23,435
Bénin	2007	25	31	10,595	85	10,736
Bénin	2008	57	43	10,649	134	10,883
Bénin	2009	72	49	10,674	155	10,949
Botswana	2007	38	78	203,758	773	204,647
Botswana	2008	69	88	203,807	814	204,778
Botswana	2009	86	94	203,834	836	204,850
Brazil	2007	63	57	562,360	54	562,534
Brazil	2008	4,877	2,752	567,510	2,861	578,000
Brazil	2009	3,832	2,175	566,399	2,261	574,667
Burkina Faso	2007	6,504	1,774	10,547	2,201	21,027
Burkina Faso	2008	6,539	1,787	10,604	2,251	21,181
Burkina Faso	2009	6,552	1,792	10,626	2,270	21,239
Burundi	2007	61	167	44,000	181	44,409
Burundi	2008	59	166	43,996	177	44,398
Burundi	2009	73	173	44,024	206	44,476
Cambodia	2007	726	1,195	6,332	1,277	9,530
Cambodia	2008	1,003	1,313	6,409	1,343	10,068
Cambodia	2009	1,213	1,399	6,466	1,392	10,470
Cameroon	2007	22	5	9,608	30	9,664
Cameroon	2008	112	33	9,742	136	10,022
Cameroon	2009	134	39	9,775	162	10,111
Central African Republic	2007	16	19	643	545	1,224
Central African Republic	2008	26	24	662	563	1,275
Central African Republic	2009	31	26	670	572	1,300
China	2007	749,031	257,730	124,116	112,823	1,243,700
China	2008	966,250	269,526	135,820	118,693	1,490,289
China	2009	1,091,863	276,102	142,429	121,954	1,632,347

*(Table 6. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Congo, Democratic Republic of the	2007	261	109	0	435	805
Congo, Democratic Republic of the	2008	317	128	544	510	1,500
Congo, Democratic Republic of the	2009	368	145	623	575	1,711
Cote d'Ivoire	2007	20	67	4,709	15,681	20,478
Cote d'Ivoire	2008	103	93	4,833	15,780	20,810
Cote d'Ivoire	2009	129	101	4,871	15,810	20,910
Dominican Republic	2007	19	1,029	6,044	6	7,098
Dominican Republic	2008	110	1,117	6,175	104	7,505
Dominican Republic	2009	127	1,132	6,197	121	7,577
Egypt	2007	11,412	11,799	3,152	2,117	28,480
Egypt	2008	13,155	12,487	3,829	2,573	32,044
Egypt	2009	15,671	13,447	4,789	3,205	37,112
Eritrea	2007	1,339	591	756	284	2,970
Eritrea	2008	1,343	593	764	293	2,993
Eritrea	2009	1,346	595	770	299	3,009
Ethiopia	2007	8,757	2,492	30,803	1,045	43,097
Ethiopia	2008	8,875	2,529	30,980	1,185	43,569
Ethiopia	2009	9,041	2,579	31,223	1,374	44,216
Gambia	2007	21	13	15,695	57	15,787
Gambia	2008	25	16	15,703	66	15,810
Gambia	2009	27	17	15,707	69	15,820
Ghana	2007	113	79	4,918	680	5,790
Ghana	2008	168	97	5,003	749	6,016
Ghana	2009	191	104	5,038	778	6,110
Guinea	2007	61	41	271	138	512
Guinea	2008	68	44	284	150	546
Guinea	2009	73	46	292	157	568
Haiti	2007	897	91	422	278	1,688
Haiti	2008	919	119	458	311	1,807
Haiti	2009	929	131	474	325	1,859
Honduras	2007	46	728	5,053	185	6,012
Honduras	2008	79	766	5,105	228	6,177
Honduras	2009	107	798	5,149	265	6,319
India	2007	471,959	220,759	73,300	22,422	788,440
India	2008	483,011	223,049	75,394	23,589	805,044
India	2009	492,038	224,891	77,091	24,525	818,544

*(Table 6. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Indonesia	2007	56,215	16,288	15,049	6,280	93,833
Indonesia	2008	61,877	17,635	16,204	6,979	102,696
Indonesia	2009	66,737	18,771	17,186	7,567	110,261
Iran, Islamic Republic of	2007	31,127	254,841	29,762	15,259	330,989
Iran, Islamic Republic of	2008	40,019	257,066	31,626	16,421	345,131
Iran, Islamic Republic of	2009	45,428	258,376	32,740	17,102	353,647
Jamaica	2007	1,114	501	9,218	1,452	12,286
Jamaica	2008	1,163	557	9,295	1,516	12,531
Jamaica	2009	1,193	591	9,341	1,554	12,680
Kenya	2007	286	332	33,246	3,804	37,668
Kenya	2008	375	359	33,376	3,906	38,016
Kenya	2009	459	383	33,497	3,998	38,337
Lesotho	2007	51	44	4,570	162	4,827
Lesotho	2008	53	45	4,572	165	4,834
Lesotho	2009	57	47	4,580	172	4,855
Madagascar	2007	93	121	3,240	57	3,511
Madagascar	2008	139	138	3,315	121	3,713
Madagascar	2009	170	149	3,364	163	3,847
Malawi	2007	4,500	490	21,450	420	26,860
Malawi	2008	4,513	496	21,472	440	26,921
Malawi	2009	4,524	500	21,490	458	26,972
Mauritania	2007	31	101	238	804	1,174
Mauritania	2008	51	109	274	838	1,272
Mauritania	2009	63	114	294	857	1,327
Mexico	2007	2,211	50,952	269,193	13,426	335,782
Mexico	2008	3,906	51,947	271,054	14,469	341,377
Mexico	2009	4,603	52,351	271,813	14,892	343,660
Morocco	2007	4,444	11,899	2,694	8,324	27,361
Morocco	2008	5,377	12,299	3,073	8,592	29,341
Morocco	2009	5,810	12,481	3,247	8,714	30,251
Mozambique	2007	474	745	14,494	271	15,983
Mozambique	2008	513	759	14,557	325	16,154
Mozambique	2009	528	765	14,581	346	16,221
Myanmar	2007	1,891	918	801	525	4,136
Myanmar	2008	1,920	930	809	532	4,190
Myanmar	2009	2,023	971	837	555	4,386
Namibia	2007	37	52	66,294	1,566	67,949
Namibia	2008	200	55	66,307	1,577	68,138
Namibia	2009	215	60	66,330	1,597	68,202

(Table 6. Continued)

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Nepal	2007	303	892	214	439	1,847
Nepal	2008	599	1,015	295	507	2,416
Nepal	2009	748	1,075	335	541	2,699
Niger	2007	5	379	11,335	64	11,783
Niger	2008	33	390	11,383	107	11,912
Niger	2009	44	395	11,402	124	11,965
Nigeria	2007	99	363	10,757	712	11,930
Nigeria	2008	996	564	11,886	1,451	14,897
Nigeria	2009	1,591	693	12,624	1,925	16,834
Pakistan	2007	70,430	22,155	1,833	919	95,337
Pakistan	2008	72,128	22,633	2,211	1,172	98,144
Pakistan	2009	73,173	22,923	2,443	1,326	99,865
Papua New Guinea	2007	918	986	117	420	2,440
Papua New Guinea	2008	967	1,008	131	432	2,539
Papua New Guinea	2009	1,004	1,025	142	442	2,613
Peru	2007	4,079	3,356	14,601	1,743	23,779
Peru	2008	4,503	3,702	15,155	2,122	25,481
Peru	2009	4,773	3,918	15,504	2,358	26,553
Philippines	2007	926	9,093	2,962	2,323	15,304
Philippines	2008	3,719	9,874	3,583	2,737	19,912
Philippines	2009	4,769	10,162	3,815	2,890	21,635
Poland	2007	4	1,582	43,593	2,940	48,119
Poland	2008	2,229	2,016	46,193	3,367	53,805
Poland	2009	2,748	2,115	46,792	3,463	55,119
Romania	2007	629	15,620	70,838	1,885	88,973
Romania	2008	1,436	15,802	71,856	2,067	91,162
Romania	2009	2,144	15,956	72,734	2,221	93,055
Russian Federation	2007	701	40,750	254,362	4,627	300,439
Russian Federation	2008	7,390	41,851	261,501	5,685	316,427
Russian Federation	2009	11,241	42,464	265,537	6,271	325,513
Rwanda	2007	38	46	4,444	272	4,800
Rwanda	2008	55	53	4,473	300	4,882
Rwanda	2009	69	59	4,497	322	4,947
Senegal	2007	324	309	8,515	402	9,551
Senegal	2008	384	329	8,609	481	9,804
Senegal	2009	405	336	8,641	507	9,889
Sierra Leone	2007	50	5	236	5	296
Sierra Leone	2008	58	9	251	20	338
Sierra Leone	2009	66	12	265	33	376

*(Table 6. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
South Africa	2007	5,090	274	500,977	2,167	508,508
South Africa	2008	5,370	333	501,317	2,382	509,402
South Africa	2009	5,794	422	501,832	2,704	510,752
Sudan	2007	1	1,290	1,407	1,456	4,154
Sudan	2008	1,013	1,753	1,832	1,769	6,367
Sudan	2009	1,578	2,003	2,065	1,937	7,583
Swaziland	2007	339	172	19,547	646	20,705
Swaziland	2008	341	173	19,551	650	20,715
Swaziland	2009	346	175	19,560	659	20,740
Tajikistan	2007	593	349	297	13	1,252
Tajikistan	2008	745	423	342	55	1,565
Tajikistan	2009	847	470	372	82	1,771
Tanzania, United Republic of	2007	19	932	45,000	4,571	50,523
Tanzania, United Republic of	2008	103	959	45,127	4,674	50,862
Tanzania, United Republic of	2009	157	976	45,209	4,739	51,080
Thailand	2007	130	5,333	165,106	478	171,048
Thailand	2008	2,648	5,987	165,644	821	175,101
Thailand	2009	4,788	6,535	166,098	1,109	178,531
Turkey	2007	44	31,962	50,769	28,750	111,525
Turkey	2008	6,868	34,074	53,097	30,103	124,142
Turkey	2009	6,393	33,929	52,936	30,010	123,269
Uganda	2007	26	65	12,348	490	12,928
Uganda	2008	97	89	12,459	582	13,228
Uganda	2009	151	107	12,542	650	13,450
Ukraine	2007	547	159	28,315	3	29,024
Ukraine	2008	1,508	379	29,537	224	31,648
Ukraine	2009	1,849	454	29,965	300	32,568
Viet Nam	2007	16,091	5,134	4,951	5,768	31,945
Viet Nam	2008	18,196	5,786	5,445	6,118	35,545
Viet Nam	2009	19,689	6,234	5,790	6,358	38,071
Zambia	2007	1	164	29,059	1,122	30,346
Zambia	2008	85	192	29,190	1,231	30,698
Zambia	2009	124	204	29,250	1,280	30,858
Zimbabwe	2007	8,101	3,755	63,463	998	76,316
Zimbabwe	2008	9,290	4,115	65,217	2,373	80,995
Zimbabwe	2009	9,290	4,115	65,217	2,373	80,995

*Table A7. Projected NGO expenditures on population and AIDS activities for 61 selected core countries, 2007 - 2009 (in 1,000 current dollars)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Angola	2008	818	817	4,696	173	6,504
Angola	2009	864	869	4,974	183	6,890
Bangladesh	2007	368	725	8,996	623	10,712
Bangladesh	2008	408	768	9,089	631	10,896
Bangladesh	2009	433	796	9,150	637	11,016
Bénin	2007	234	203	1,268	51	1,755
Bénin	2008	258	226	1,403	56	1,942
Bénin	2009	268	236	1,461	58	2,022
Botswana	2007	332	300	1,831	72	2,535
Botswana	2008	349	316	1,925	75	2,665
Botswana	2009	357	325	1,975	77	2,733
Brazil	2007	2,587	2,946	4,439	533	10,504
Brazil	2008	2,871	3,308	4,950	590	11,719
Brazil	2009	2,812	3,232	4,843	578	11,466
Burkina Faso	2007	254	223	1,385	55	1,917
Burkina Faso	2008	278	245	1,518	60	2,102
Burkina Faso	2009	286	254	1,567	62	2,169
Burundi	2007	109	86	569	24	787
Burundi	2008	105	83	549	23	760
Burundi	2009	128	104	677	28	937
Cambodia	2007	244	782	4,407	535	5,968
Cambodia	2008	272	810	4,473	541	6,096
Cambodia	2009	292	830	4,518	546	6,187
Cameroon	2007	416	385	2,319	89	3,210
Cameroon	2008	453	423	2,530	97	3,502
Cameroon	2009	461	432	2,579	99	3,571
Central African Republic	2007	139	114	737	31	1,021
Central African Republic	2008	152	125	807	33	1,118
Central African Republic	2009	158	131	840	35	1,163
China	2007	158	4,612	9,501	790	15,061
China	2008	176	5,220	10,671	880	16,947
China	2009	186	5,542	11,289	928	17,946
Congo, Democratic Republic of the	2007	308	275	1,692	67	2,342
Congo, Democratic Republic of the	2008	339	306	1,870	73	2,588
Congo, Democratic Republic of the	2009	364	332	2,016	78	2,791
Cote d'Ivoire	2007	409	377	2,274	88	3,147
Cote d'Ivoire	2008	443	413	2,472	95	3,423
Cote d'Ivoire	2009	453	423	2,530	97	3,503
Dominican Republic	2007	1,197	1,085	8,436	218	10,936
Dominican Republic	2008	1,225	1,114	8,482	224	11,045
Dominican Republic	2009	1,230	1,119	8,490	225	11,064

*(Table 7. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Egypt	2007	929	941	1,040	196	3,105
Egypt	2008	1,020	1,044	1,147	214	3,425
Egypt	2009	1,138	1,180	1,286	239	3,842
Eritrea	2007	124	100	653	27	904
Eritrea	2008	130	106	689	29	954
Eritrea	2009	135	110	712	30	986
Ethiopia	2007	405	374	2,253	87	3,119
Ethiopia	2008	453	423	2,533	97	3,507
Ethiopia	2009	513	486	2,884	110	3,993
Gambia	2007	90	70	470	20	651
Gambia	2008	98	77	513	22	710
Gambia	2009	102	80	532	23	737
Ghana	2007	363	331	2,010	78	2,782
Ghana	2008	389	357	2,159	84	2,989
Ghana	2009	399	368	2,219	86	3,072
Guinea	2007	206	176	1,108	45	1,534
Guinea	2008	212	182	1,144	46	1,584
Guinea	2009	216	185	1,167	47	1,615
Haiti	2007	988	876	3,263	157	5,284
Haiti	2008	1,004	891	3,288	161	5,344
Haiti	2009	1,011	897	3,299	162	5,369
Honduras	2007	4,593	830	1,372	88	6,883
Honduras	2008	4,611	847	546	91	6,094
Honduras	2009	4,625	862	569	94	6,149
India	2007	2,393	2,701	5,749	494	11,338
India	2008	2,520	2,861	6,068	519	11,967
India	2009	2,619	2,986	6,316	539	12,459
Indonesia	2007	1,587	1,710	3,743	331	7,371
Indonesia	2008	1,687	1,829	3,988	351	7,854
Indonesia	2009	1,767	1,927	4,187	367	8,247
Iran, Islamic Republic of	2007	1,321	1,394	3,090	276	6,081
Iran, Islamic Republic of	2008	1,503	1,609	3,535	313	6,960
Iran, Islamic Republic of	2009	1,603	1,729	3,781	334	7,447
Jamaica	2007	319	286	497	69	1,171
Jamaica	2008	345	312	540	74	1,271
Jamaica	2009	360	327	564	78	1,329
Kenya	2007	1,015	1,098	1,172	107	3,392
Kenya	2008	1,047	1,132	1,360	113	3,652
Kenya	2009	1,075	1,161	1,526	119	3,882
Lesotho	2007	135	110	714	30	988
Lesotho	2008	137	112	725	30	1,004
Lesotho	2009	142	116	754	31	1,044

*(Table 7. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Madagascar	2007	270	238	1,473	58	2,038
Madagascar	2008	299	266	1,639	65	2,268
Madagascar	2009	317	284	1,742	68	2,411
Malawi	2007	377	611	10,232	55	11,275
Malawi	2008	388	622	10,299	58	11,367
Malawi	2009	398	631	10,352	60	11,441
Mauritania	2007	173	145	927	38	1,283
Mauritania	2008	194	164	1,041	42	1,441
Mauritania	2009	204	174	1,101	45	1,524
Mexico	2007	8,886	3,108	39,436	1,079	52,509
Mexico	2008	9,002	3,254	39,643	1,102	53,000
Mexico	2009	9,048	3,312	39,725	1,111	53,196
Morocco	2007	735	725	814	156	2,429
Morocco	2008	797	794	887	169	2,646
Morocco	2009	824	824	918	174	2,742
Mozambique	2007	275	243	1,504	60	2,081
Mozambique	2008	300	267	1,643	65	2,275
Mozambique	2009	309	276	1,695	67	2,346
Myanmar	2007	345	312	759	74	1,490
Myanmar	2008	347	315	765	75	1,502
Myanmar	2009	356	324	785	77	1,543
Namibia	2007	266	234	1,449	58	2,006
Namibia	2008	271	239	1,479	59	2,047
Namibia	2009	280	248	1,532	61	2,121
Nepal	2007	587	585	6,565	108	7,845
Nepal	2008	615	614	6,630	114	7,973
Nepal	2009	629	627	6,661	117	8,034
Niger	2007	206	176	1,110	45	1,537
Niger	2008	229	198	1,242	50	1,719
Niger	2009	238	207	1,292	52	1,788
Nigeria	2007	1,044	1,072	6,059	220	8,395
Nigeria	2008	1,179	1,228	6,883	247	9,538
Nigeria	2009	1,261	1,323	7,382	264	10,230
Pakistan	2007	1,848	1,244	9,406	95	12,594
Pakistan	2008	1,898	1,301	9,526	105	12,830
Pakistan	2009	1,927	1,334	9,597	111	12,970
Papua New Guinea	2007	242	210	523	53	1,027
Papua New Guinea	2008	248	216	537	54	1,055
Papua New Guinea	2009	253	221	548	55	1,076
Peru	2007	657	1,333	1,102	480	3,572
Peru	2008	737	1,423	1,239	496	3,894
Peru	2009	784	1,476	1,320	506	4,087



*(Table 7. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Philippines	2007	978	997	2,256	206	4,438
Philippines	2008	1,059	1,089	2,450	223	4,820
Philippines	2009	1,087	1,122	2,519	228	4,957
Poland	2007	177	140	1,171	37	1,526
Poland	2008	202	162	1,342	42	1,748
Poland	2009	207	167	1,379	43	1,796
Romania	2007	118	89	762	25	994
Romania	2008	132	100	857	28	1,116
Romania	2009	143	110	932	30	1,214
Russian Federation	2007	290	242	1,958	60	2,550
Russian Federation	2008	334	283	2,270	69	2,956
Russian Federation	2009	357	305	2,433	73	3,168
Rwanda	2007	187	158	1,002	41	1,387
Rwanda	2008	203	173	1,092	44	1,512
Rwanda	2009	215	184	1,160	47	1,606
Senegal	2007	318	285	1,747	69	2,419
Senegal	2008	350	317	1,931	75	2,673
Senegal	2009	360	327	1,990	78	2,754
Sierra Leone	2007	137	112	728	30	1,007
Sierra Leone	2008	148	122	786	33	1,089
Sierra Leone	2009	157	130	837	35	1,159
South Africa	2007	1,317	1,389	7,725	275	10,705
South Africa	2008	1,352	1,430	7,939	283	11,002
South Africa	2009	1,403	1,490	8,253	293	11,439
Sudan	2007	593	571	651	126	1,942
Sudan	2008	676	661	746	144	2,226
Sudan	2009	718	706	795	152	2,371
Swaziland	2007	175	147	938	38	1,298
Swaziland	2008	177	149	949	39	1,314
Swaziland	2009	183	154	979	40	1,356
Tajikistan	2007	196	166	419	43	824
Tajikistan	2008	219	188	471	48	926
Tajikistan	2009	233	202	503	51	988
Tanzania, United Republic of	2007	582	826	2,522	168	4,098
Tanzania, United Republic of	2008	619	864	2,737	175	4,395
Tanzania, United Republic of	2009	641	887	2,867	180	4,576
Thailand	2007	421	535	10,110	49	11,115
Thailand	2008	479	602	10,251	61	11,393
Thailand	2009	526	657	10,366	71	11,620
Turkey	2007	1,910	2,101	2,211	396	6,618
Turkey	2008	2,079	2,309	2,415	430	7,232
Turkey	2009	2,067	2,295	2,401	428	7,191

*(Table 7. Continued)*

Region	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Uganda	2007	325	292	1,790	70	2,478
Uganda	2008	362	330	2,002	78	2,772
Uganda	2009	387	355	2,150	83	2,976
Ukraine	2007	110	82	709	23	924
Ukraine	2008	127	97	827	27	1,077
Ukraine	2009	133	101	865	28	1,127
Viet Nam	2007	716	705	1,629	152	3,202
Viet Nam	2008	799	796	1,825	169	3,589
Viet Nam	2009	852	855	1,953	180	3,841
Zambia	2007	329	109	11,464	115	12,017
Zambia	2008	373	153	11,714	124	12,364
Zambia	2009	391	171	11,821	128	12,511
Zimbabwe	2007	217	187	1,175	47	1,627
Zimbabwe	2008	680	665	3,871	144	5,361
Zimbabwe	2009	680	665	3,871	144	5,361

*Table A8. Projected total Government and NGO expenditures on population and AIDS activities for 61 selected core countries. 2007 - 2009 (in 1,000 current dollars)*

Region	Year	Total		
		Government Expenditures	Total NGO Expenditures	Total Expenditures
Angola	2007	42,296	5,293	47,589
Angola	2008	44,574	6,504	51,079
Angola	2009	45,374	6,890	52,264
Bangladesh	2007	20,595	10,712	31,307
Bangladesh	2008	22,292	10,896	33,188
Bangladesh	2009	23,435	11,016	34,451
Bénin	2007	10,736	1,755	12,491
Bénin	2008	10,883	1,942	12,825
Bénin	2009	10,949	2,022	12,972
Botswana	2007	204,647	2,535	207,181
Botswana	2008	204,778	2,665	207,443
Botswana	2009	204,850	2,733	207,583
Brazil	2007	562,534	10,504	573,039
Brazil	2008	578,000	11,719	589,719
Brazil	2009	574,667	11,466	586,132
Burkina Faso	2007	21,027	1,917	22,945
Burkina Faso	2008	21,181	2,102	23,283
Burkina Faso	2009	21,239	2,169	23,408
Burundi	2007	44,409	787	45,197
Burundi	2008	44,398	760	45,158
Burundi	2009	44,476	937	45,414
Cambodia	2007	9,530	5,968	15,498
Cambodia	2008	10,068	6,096	16,165
Cambodia	2009	10,470	6,187	16,657
Cameroon	2007	9,664	3,210	12,874
Cameroon	2008	10,022	3,502	13,524
Cameroon	2009	10,111	3,571	13,682
Central African Republic	2007	1,224	1,021	2,245
Central African Republic	2008	1,275	1,118	2,392
Central African Republic	2009	1,300	1,163	2,462
China	2007	1,243,700	15,061	1,258,760
China	2008	1,490,289	16,947	1,507,236
China	2009	1,632,347	17,946	1,650,293
Congo, Democratic Republic of the	2007	805	2,342	3,147
Congo, Democratic Republic of the	2008	1,500	2,588	4,088
Congo, Democratic Republic of the	2009	1,711	2,791	4,502
Cote d'Ivoire	2007	20,478	3,147	23,625
Cote d'Ivoire	2008	20,810	3,423	24,232
Cote d'Ivoire	2009	20,910	3,503	24,413

*(Table 8.Continued)*

Region	Year	Total	Total NGO	Total
		Government Expenditures	Expenditures	Expenditures
Dominican Republic	2007	7,098	10,936	18,035
Dominican Republic	2008	7,505	11,045	18,550
Dominican Republic	2009	7,577	11,064	18,641
Egypt	2007	28,480	3,105	31,585
Egypt	2008	32,044	3,425	35,469
Egypt	2009	37,112	3,842	40,954
Eritrea	2007	2,970	904	3,874
Eritrea	2008	2,993	954	3,947
Eritrea	2009	3,009	986	3,996
Ethiopia	2007	43,097	3,119	46,215
Ethiopia	2008	43,569	3,507	47,076
Ethiopia	2009	44,216	3,993	48,209
Gambia	2007	15,787	651	16,438
Gambia	2008	15,810	710	16,520
Gambia	2009	15,820	737	16,557
Ghana	2007	5,790	2,782	8,572
Ghana	2008	6,016	2,989	9,005
Ghana	2009	6,110	3,072	9,182
Guinea	2007	512	1,534	2,046
Guinea	2008	546	1,584	2,129
Guinea	2009	568	1,615	2,184
Haiti	2007	1,688	5,284	6,972
Haiti	2008	1,807	5,344	7,151
Haiti	2009	1,859	5,369	7,228
Honduras	2007	6,012	6,883	12,895
Honduras	2008	6,177	6,094	12,272
Honduras	2009	6,319	6,149	12,469
India	2007	788,440	11,338	799,778
India	2008	805,044	11,967	817,011
India	2009	818,544	12,459	831,004
Indonesia	2007	93,833	7,371	101,204
Indonesia	2008	102,696	7,854	110,550
Indonesia	2009	110,261	8,247	118,509
Iran, Islamic Republic of	2007	330,989	6,081	337,070
Iran, Islamic Republic of	2008	345,131	6,960	352,091
Iran, Islamic Republic of	2009	353,647	7,447	361,093
Jamaica	2007	12,286	1,171	13,457
Jamaica	2008	12,531	1,271	13,802
Jamaica	2009	12,680	1,329	14,009

(Table 8. Continued)

Region	Year	Total	Total NGO	Total
		Government Expenditures	Expenditures	Expenditures
Kenya	2007	37,668	3,392	41,060
Kenya	2008	38,016	3,652	41,668
Kenya	2009	38,337	3,882	42,219
Lesotho	2007	4,827	988	5,815
Lesotho	2008	4,834	1,004	5,838
Lesotho	2009	4,855	1,044	5,899
Madagascar	2007	3,511	2,038	5,550
Madagascar	2008	3,713	2,268	5,982
Madagascar	2009	3,847	2,411	6,257
Malawi	2007	26,860	11,275	38,134
Malawi	2008	26,921	11,367	38,288
Malawi	2009	26,972	11,441	38,412
Mauritania	2007	1,174	1,283	2,457
Mauritania	2008	1,272	1,441	2,712
Mauritania	2009	1,327	1,524	2,851
Mexico	2007	335,782	52,509	388,291
Mexico	2008	341,377	53,000	394,377
Mexico	2009	343,660	53,196	396,856
Morocco	2007	27,361	2,429	29,790
Morocco	2008	29,341	2,646	31,988
Morocco	2009	30,251	2,742	32,992
Mozambique	2007	15,983	2,081	18,065
Mozambique	2008	16,154	2,275	18,429
Mozambique	2009	16,221	2,346	18,567
Myanmar	2007	4,136	1,490	5,627
Myanmar	2008	4,190	1,502	5,692
Myanmar	2009	4,386	1,543	5,928
Namibia	2007	67,949	2,006	69,955
Namibia	2008	68,138	2,047	70,185
Namibia	2009	68,202	2,121	70,323
Nepal	2007	1,847	7,845	9,692
Nepal	2008	2,416	7,973	10,389
Nepal	2009	2,699	8,034	10,733
Niger	2007	11,783	1,537	13,320
Niger	2008	11,912	1,719	13,631
Niger	2009	11,965	1,788	13,753
Nigeria	2007	11,930	8,395	20,325
Nigeria	2008	14,897	9,538	24,435
Nigeria	2009	16,834	10,230	27,064
Pakistan	2007	95,337	12,594	107,931
Pakistan	2008	98,144	12,830	110,974
Pakistan	2009	99,865	12,970	112,835

(Table 8. Continued)

Region	Year	Total	Total NGO	Total
		Government Expenditures	Expenditures	Expenditures
Papua New Guinea	2007	2,440	1,027	3,467
Papua New Guinea	2008	2,539	1,055	3,594
Papua New Guinea	2009	2,613	1,076	3,688
Peru	2007	23,779	3,572	27,351
Peru	2008	25,481	3,894	29,375
Peru	2009	26,553	4,087	30,639
Philippines	2007	15,304	4,438	19,741
Philippines	2008	19,912	4,820	24,733
Philippines	2009	21,635	4,957	26,592
Poland	2007	48,119	1,526	49,645
Poland	2008	53,805	1,748	55,553
Poland	2009	55,119	1,796	56,915
Romania	2007	88,973	994	89,967
Romania	2008	91,162	1,116	92,278
Romania	2009	93,055	1,214	94,269
Russian Federation	2007	300,439	2,550	302,989
Russian Federation	2008	316,427	2,956	319,383
Russian Federation	2009	325,513	3,168	328,681
Rwanda	2007	4,800	1,387	6,187
Rwanda	2008	4,882	1,512	6,394
Rwanda	2009	4,947	1,606	6,553
Senegal	2007	9,551	2,419	11,970
Senegal	2008	9,804	2,673	12,477
Senegal	2009	9,889	2,754	12,644
Sierra Leone	2007	296	1,007	1,303
Sierra Leone	2008	338	1,089	1,426
Sierra Leone	2009	376	1,159	1,536
South Africa	2007	508,508	10,705	519,213
South Africa	2008	509,402	11,002	520,405
South Africa	2009	510,752	11,439	522,191
Sudan	2007	4,154	1,942	6,096
Sudan	2008	6,367	2,226	8,593
Sudan	2009	7,583	2,371	9,954
Swaziland	2007	20,705	1,298	22,003
Swaziland	2008	20,715	1,314	22,029
Swaziland	2009	20,740	1,356	22,096
Tajikistan	2007	1,252	824	2,076
Tajikistan	2008	1,565	926	2,491
Tajikistan	2009	1,771	988	2,759

*(Table 8. Continued)*

Region	Year	Total	Total NGO	Total
		Government Expenditures	Expenditures	Expenditures
Tanzania, United Republic of	2007	50,523	4,098	54,620
Tanzania, United Republic of	2008	50,862	4,395	55,257
Tanzania, United Republic of	2009	51,080	4,576	55,656
Thailand	2007	171,048	11,115	182,163
Thailand	2008	175,101	11,393	186,494
Thailand	2009	178,531	11,620	190,151
Turkey	2007	111,525	6,618	118,143
Turkey	2008	124,142	7,232	131,374
Turkey	2009	123,269	7,191	130,460
Uganda	2007	12,928	2,478	15,406
Uganda	2008	13,228	2,772	15,999
Uganda	2009	13,450	2,976	16,426
Ukraine	2007	29,024	924	29,948
Ukraine	2008	31,648	1,077	32,725
Ukraine	2009	32,568	1,127	33,695
Viet Nam	2007	31,945	3,202	35,147
Viet Nam	2008	35,545	3,589	39,134
Viet Nam	2009	38,071	3,841	41,911
Zambia	2007	30,346	12,017	42,363
Zambia	2008	30,698	12,364	43,062
Zambia	2009	30,858	12,511	43,368
Zimbabwe	2007	76,316	1,627	77,943
Zimbabwe	2008	80,995	5,361	86,355
Zimbabwe	2009	80,995	5,361	86,355