

Projections of Funds for Population and AIDS Activities,
2008-2010

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1. Introduction

The Resource Flows (RF) project was designed with the intention to provide timely data on financial flows for population activities. Within the project, Van Dalen and Reuser (2005) developed and applied an econometric model to produce estimates and projections of both donor and domestic expenditures for population activities (we will refer to the report by Van Dalen and Reuser as the DR-report). All subsequent RF reports dealing with projections of funds for population activities have been based on the results obtained by Van Dalen and Reuser. Needless to say, significant changes in the size and composition of financial flows for population activities have taken place since the DR-report. These changes have been documented by the RF project in a timely fashion. The underlying method to produce projections, however, has remained unchanged. At this point in time, as emphasized at the Resource Tracking Expert Group Meeting at the UNFPA Headquarters in New York in November 2008, there is an apparent need to review, evaluate, and possibly improve the methodology developed by Van Dalen and Reuser.

The current report aims to introduce two major changes in the methodology:

1. To revise the methodology to produce *current estimates*
2. To reconsider and improve the methodology to produce *projections*

In general, there are four issues to be reconsidered when revising an estimation methodology: dependent variables, explanatory variables, estimation sample, and econometric techniques. In this report, the dependent variables (expenditures on each of the four funding categories of the ICPD Costed Population Package and non-earmarked funds) remain the same as in the DR-report. The estimation sample is extended to include data until 2007, thus covering the period 1996-2007. We consider the importance of additional explanatory variables and, most importantly, we use a new econometric technique: the Blundell-Bond dynamic panel data estimator. The advantage of the new econometric technique is that it allows past realizations of the dependent variable to affect its current level.

The estimation results clearly show the importance of taking into account the effect of past developments in funding levels. This has been taken into account when projecting funds for the years 2008-2010. One of the most interesting conclusions of our analysis is that the ICPD targets for donor funding are likely to be met, despite the negative effect of the global financial crisis.

This report is structured as follows. Estimations and projections for the years 2008 to 2010 for donor expenditures are presented in section 2, while results on resource flows for population activities generated by developing countries are presented in section 3. 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.

2. Donors

Donors play a large role in generating funds for population activities. As in the previous RF reports, we differentiate between the following type of donors: (i) OECD/DAC members and (ii) other donors: private foundations, international NGOs, multilateral organizations, and development banks. We consider only primary funds. In the case of primary donors (OECD/DAC members and private foundations), primary funds refer to the financial resources contributed via general contributions (for example, to UN-organizations) or directly to projects/programs. In the case of intermediate donors (international NGOs, multilateral organizations, and development banks) primary funds include only self-generated income.

Table 2.1 gives an overview of total primary funds for population activities generated by donors during the period 1999-2007. Donor assistance has always been dominated by funds provided by the OECD/DAC members. The USA is the biggest provider of primary funds. Following the decline in 2006, the US primary funds increased again to over 3 billion US dollars in 2007. Although some OECD/DAC members decreased their funding in 2007, the overall level of primary funds by OECD/DAC members continued its upward trend. Among other donors, private foundations are the biggest providers of primary funds for population activities. Following the decline in 2005 and 2006, funding by other donors recovered in 2007 though still failing to reach the 2004 level.

To explain what is behind these trends in primary funds, we will first perform regression analysis to examine factors that explain donor behaviour and then, in line with the previous RF reports, we will project donor funding based on the estimation results and whenever possible on self-reported future expenditures.

Table 2.1. Primary Funds for Population and AIDS Activities, 1997-2007
(in 1,000 current US dollars)

Country	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Australia	45,235	44,562	30,530	14,673	13,088	21,257	38,966	54,894	73,423	95,463	99,319
Austria	577	1,784	1,449	870	979	1,520	2,727	3,598	4,822	7,959	7,996
Belgium	9,814	10,148	10,443	15,768	19,138	44,101	26,400	49,877	56,438	75,677	55,963
Canada	34,520	38,568	37,212	37,441	12,689	82,845	56,626	101,131	318,123	300,868	231,143
Denmark	46,990	60,114	54,877	44,640	48,852	73,830	59,527	89,798	92,338	103,910	138,992
Finland	17,335	23,114	19,957	19,766	23,730	24,353	23,697	27,410	23,665	50,948	38,829
France	16,500	16,500	7,977	12,360	8,242	83,687	56,559	205,583	182,895	250,720	307,194
Germany	122,462	124,806	119,764	96,398	108,660	106,763	132,088	141,688	181,638	151,949	193,151
Greece	-	-	-	-	13	58	9,293	6,349	10,467	13,641	12,188
Ireland	-	-	2,673	4,240	6,255	11,787	26,786	26,029	63,719	143,654	121,018
Italy	2,203	6,385	10,042	24,921	25,038	22,641	27,068	24,107	7,962	3,904	38,317
Japan	93,760	88,879	111,691	130,674	115,346	180,167	128,068	278,645	339,094	371,241	313,695
Luxembourg	1,176	4,257	3,313	10,726	5,627	7,458	8,249	13,214	12,915	20,607	28,896
Netherlands	146,428	119,230	115,781	170,077	132,032	164,310	275,434	442,186	479,253	546,801	552,546
New Zealand	1,806	2,316	2,316	2,308	2,150	3,288	5,917	8,021	15,247	17,663	13,848
Norway	54,296	71,394	61,671	59,957	42,960	80,793	91,648	166,276	188,402	300,405	264,920
Portugal	414	1,244	440	400	689	571	1,119	3,979	5,268	6,807	5,778
Spain	7,438	4,320	9,466	6,208	14,380	3,291	29,949	37,039	66,893	67,452	139,496
Sweden	53,177	78,270	61,602	73,142	56,270	61,107	80,029	196,894	219,670	369,569	366,182
Switzerland	16,626	17,818	17,796	16,074	23,534	23,403	31,522	31,872	40,234	36,540	36,974
United Kingdom	117,431	125,934	95,703	169,602	80,971	168,803	589,650	570,142	711,677	863,793	1,137,342
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	3,065,842
European Union	79,387	79,387	33,400	28,883	28,054	184,891	228,737	159,248	226,446	290,322	318,033
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	7,487,660

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
International foundations	62,784	72,498	175,545	250,652	201,620	460,110	305,443	324,541	298,576	300,863	531,807
International NGOs	42,923	51,107	64,104	48,053	39,089	70,560	74,395	107,791	65,570	104,731	21,863
UN Organizations	49,109	34,530	31,390	77,289	96,048	31,419	43,319	60,732	95,821	104,755	61,661
Bank grants	9,139	10,385	9,240	840	3,150	2,000	27,645	227,054	185,864	130,769	52,120
Total	1,614,503	1,707,280	1,691,385	1,974,577	2,059,614	2,877,982	4,188,505	5,165,742	6,977,047	7,266,703	8,155,111

Source: Resource Flows database.

2.1. Estimation of donor funding

Donor governments

We first estimate the effect of various factors on the level of primary funds generated by 22 OECD/DAC countries for the period 1996-2007.¹ As an initial exercise, we use the same methodology as in the DR-report. Van Dalen and Reuser used a linear model with AR(1) disturbances and the following explanatory variables:

- GDP (in US dollars) of the respective donor country
- official development assistance (ODA) as percentage of GDP
- size of government, measured as the share of government expenditures in GDP
- unemployment rate
- income inequality measured by the Gini index
- EU membership (a dummy variable).

We use the same explanatory variables with the exception of the Gini index for which data are not available in comparable form across all the countries and over time.² The data source for the series on GDP is the IMF World Economic Outlook (WEO) database. Data on the size of government and unemployment rates are from the World Bank World Development Indicators (WDI) database. The ODA data are taken from the OECD/DAC Creditor Reporter System (CRS) database. All variables are measured in logarithmic form, except for the EU membership. Three variables (ODA, government size and unemployment) are expressed in percentage form. We extended the estimation sample to include data until 2007, thus covering the period 1996-2007.

The results of this exercise are presented in Appendix A1. Based on this methodology, we can draw a similar general conclusion as in the DR-report: GDP is highly significant in almost all regressions and thus seems to be the most important factor that explains funding by donor countries.³ In our case, the income elasticity with respect to funding is even higher than in the DR-report: a one percent change in GDP is associated with a 1.1-1.6 percent change in

¹ Although the European Union is also an OECD/DAC member, it is not included in the estimations since it is difficult to measure the explanatory variables at this level.

² We also re-estimated the regressions including the Gini index for 19 OECD/DAC countries for which comparable data are available. The results were qualitatively similar.

³ The statistical insignificance of GDP in the regression with resource flows for family planning as a dependent variable can be explained by the restricted aid for foreign organizations receiving US family planning assistance during the Bush Junior administration.

funding by donor countries depending on the funding category. The elasticity for the total of primary funds (column 6) is about 1.3.

Next we use a dynamic panel data estimation method that allows past realizations of the dependent variable to affect its current level. Building on the work of Arellano and Bover (1995), Blundell and Bond (1998) developed a dynamic panel estimator, which comes with the additional advantage of higher efficiency and less bias when there are datasets with many panels and few periods, as in our case. Besides applying a new estimation method, following the literature on donor behavior, we include the following additional explanatory variables:⁴

- As in Van Dalen and Reuser (2006) and Van Dalen (2008) we test if religious beliefs play a role in population assistance. We construct two religion dummies for the presence of Catholic and Protestant religion as one of the two most dominant religions in each country as registered in the CIA World Factbook.
- We also account for the interdependence of donors measured as the total donations for the specific funding categories provided by other OECD/DAC members. A negative coefficient on this variable would indicate a potential “free riding” problem as individual countries might decrease their funds when other donor countries donate more. A positive coefficient would mean that individual countries increase their funding when other donor countries provide more funds, thus pointing to a possible “bandwagon effect.”
- The fiscal balance might affect generosity of donor countries. The implicit assumption is that a decrease in funds will follow in case of fiscal deficit and an increase in funds when the reverse situation applies. Data on fiscal balance are taken from the IMF WEO database.
- The last variable is the prevalence of HIV in individual donor countries. The hypothesis is that countries with high HIV prevalence are more willing to generate funds for population activities as they will probably care more about population- and HIV-related issues. The data source for this variable is the UNAIDS 2008 Report on the global AIDS epidemic.

⁴ We have experimented with a longer list of explanatory variables which could have a potential effect on donor funding for population activities. The model including the variables specified below provided the best fit.

Table 2.2 Explaining funding for population activities by OECD/DAC member countries

	General contributions	Family planning	Reproductive health	STD/HIV/AIDS	Basic research	Total primary funds
Lagged dependent variable	0.034 (0.087)	0.257*** (0.070)	0.237*** (0.071)	0.197** (0.079)	0.281*** (0.077)	0.355*** (0.074)
GDP	1.724*** (0.250)	-1.53 (2.052)	0.481 (0.320)	-2.583 (1.664)	0.534 (1.378)	0.753*** (0.174)
ODA	1.022 (0.829)	9.9 (6.041)	-2.061 (1.658)	3.275 (4.502)	8.091 (6.267)	1.445* (0.755)
Government size	0.095 (0.088)	0.118 (0.783)	0.056 (0.252)	-0.333 (0.400)	-0.374 (0.732)	-0.053 (0.060)
Unemployment	0.003 (0.055)	0.836** (0.402)	0.064 (0.135)	-0.174 (0.258)	0.618 (0.456)	-0.012 (0.040)
EU membership	2.258** (0.935)	-14.519* (7.450)	1.082 (2.456)	-3.347 (2.908)	-3.279 (6.768)	-0.872 (0.612)
Catholic	-0.52 (1.119)	-4.523 (8.911)	1.478 (2.265)	-2.711 (3.702)	-4.443 (7.036)	-0.184 (0.688)
Protestant	-0.292 (0.600)	1.421 (6.299)	2.28 (1.546)	-0.925 (3.465)	19.099* (11.000)	1.590*** (0.606)
Funding by other donors	0.172 (0.125)	2.478* (1.374)	0.901*** (0.249)	0.938* (0.490)	-1.035 (0.700)	0.442*** (0.105)
HIV prevalence	-0.795 (1.719)	0.237 (14.442)	-1.797 (4.488)	-0.68 (8.032)	46.484*** (17.679)	-0.116 (1.732)
Fiscal balance	0.008 (0.036)	0.811** (0.316)	0.102 (0.090)	0.104 (0.181)	0.065 (0.307)	-0.017 (0.029)
N	220	220	220	219	220	226
Wald chi2(11)	425.37***	51.76***	98.36***	34.69***	26.49***	668.96***

Notes: Dynamic panel estimation using the Blundell-Bond estimator for the period 1996-2007. * p<0.10, ** p<0.05, *** p<0.01. Standard errors in parentheses. All regressions include a constant.

Table 2.2 presents the estimation results for the five separate funding categories and the overall level of primary funds. The most important conclusion that we can draw from our estimates is that once we account for past realizations of the dependent variable, GDP is not the most important factor that explains funding by donor countries. The most important factor explaining resource flows to the four funding categories of the ICPD Costed Population Package is the lagged dependent variable, i.e., the past realizations. Since these are primary funds that go directly to projects/programs, this implies that commitments might not be easily withdrawn or adjusted according to economic conditions in donor countries. GDP still has important role to play in explaining general

contributions, i.e. non-earmarked funds. Actually general contributions are quite sensitive to the level of income in donor countries: if GDP of donor governments increases by one percent, general contribution will increase by 1.7 percent. General contributions are apparently a part of the donor budget in which governments have some discretionary power. The commitments to the other categories are more firm and this makes it more difficult to change plans when the national economy is up or down. Total primary funds – as a sum of resource flows to the four funding categories of the ICPD Costed Population Package and the general contributions – are affected by both past realizations and GDP. However, in this case the elasticity with respect to GDP is only 0.8.

As for the effects of other explanatory variables, we will quickly describe some of the estimated coefficients in Table 2.2 that could be of interest to the interested reader. ODA – as an indicator of the generosity of donor countries towards developing countries – has a positive effect on total primary, but this effect is only marginally significant. EU members seem to be more inclined to donate money as general contributions than to give money to specific projects/programs. We do not find as robust evidence about the effect of religious denomination of donor countries as in the Van Dalen's studies, but countries in which the Protestant religion is one of the dominant religions seem to donate more funds for population activities. We also do not find evidence of the free-riding problem. On the contrary, individual donor countries seem to follow suit i.e. to provide more funds when other countries donate more.

Other donors

We finally estimate the effect of various factors on the level of primary funds generated by other donors: foundations, international NGOs, UN organizations, and development banks. This is a first attempt for such estimations and is quite a challenging task taking into account the significant volatility of funding by other donors. Therefore care should be taken in interpreting the results from this estimation exercise. We use the following explanatory variables:

- A dummy variable for primary donors, i.e., private foundations. The assumption behind using this explanatory variable is that primary donors could behave differently than intermediate donors.
- The GDP growth rate for advanced economies. As assumed in the RF reports so far, this should be the main factor explaining donations by other donors. The data source for the variable is the IMF WEO database.
- The total donations for the specific funding categories provided by the OECD/DAC members. The reason for including this variable is to test if official aid for population activities crowds out aid by other donors (as suggested, for instance, by Schweinberger and Lahiri, 2006).

The dependent variables and the total donations by the OECD/DAC members are measured in logarithmic form. The GDP growth rate for advanced economies is expressed in percentage form. The estimation period is 1996-2007.

As shown in Table 2.3, funding by other donors is mainly driven by past realizations of the dependent variable. In other words, other donors also tend to abide by their commitments. An exception is the funding for STD/HIV/AIDS where official (bilateral) aid by donor countries seems to be the most important factor. Interestingly, we find no evidence of crowding-out. Quite the opposite, the results show that other donors tend to give more for STD/HIV/AIDS activities when donor countries donate more for this purpose. This probably reflects the significant shift of attention to STD/HIV/AIDS by all types of donors during the estimation period. Another exception is the funding for basic research in which case none of the explanatory variables matters and the model does not provide a good fit. The total primary funds by other donors are driven by both past realizations and official aid by donor countries.

Table 2.3 Explaining funding for population activities by other donors

	General contributions	Family planning	Reproductive health	STD/HIV/AIDS	Basic research	Total primary funds
Lagged dependent variable	0.430*** (0.153)	0.607*** (0.147)	0.472*** (0.113)	0.012 (0.114)	0.118 (0.138)	0.602*** (0.104)
Primary donor	10.739*** (3.315)	5.322* (2.963)	1.835** (0.717)	2.259 (2.067)	0.779 (2.162)	1.073 (0.654)
GDP growth for advanced economies	1.087 (0.870)	-0.540 (0.645)	0.007 (0.162)	0.375 (0.463)	-0.440 (0.485)	0.038 (0.129)
Bilateral aid	1.561 (1.354)	1.132 (0.964)	0.272 (0.253)	2.272*** (0.680)	0.652 (0.690)	0.545** (0.216)
N	33	41	44	44	42	44
Wald chi2(11)	29.54***	31.95***	48.37***	34.69**	2.98	105.65***

Notes: Other donors include: foundations, international NGOs, UN organizations, and development banks. Dynamic panel estimation using the Blundell-Bond estimator for the period 1996-2007. * p<0.10, ** p<0.05, *** p<0.01. Standard errors in parentheses. All regressions include a constant.

2.2. Projections of donor funding

Donor governments

In making projections of funding for population activities by OECD/DAC members for the period 2008-2010, as in the previous RF reports, the methodological approach has been to maximize the use of the data collected through the survey on future expected expenditures of donor governments.

However, not all countries reported future expenditures⁵ and for these countries we have based our calculations on the estimation results presented above. In particular, we have applied the following rules:

- For 2008, general contributions were projected based on the projected GDP growth rate between 2007 and 2008 for the respective economy. For the four ICPD categories, as in OECD (2008) projections were made applying the compound annual growth rate for that category between 2005 and 2007 to the 2007 value with the following limits to smooth out large fluctuations in growth rates observed for some countries:
 - Where the historical growth rate for a given donor country would lead to more than doubling the donated amount to a certain ICPD category, we have applied a ceiling corresponding to the double of the amount in 2007.
 - Where the historical growth rate for a given donor country would lead to negative amounts, we have applied the floor of zero.
- For 2009 and 2010, we need to account for the effect of the global crisis. However, without knowing how deep the recession will be and how long it will last this is a quite complicated task. In the absence of more precise guidelines, we assume that donor funding will follow the projected GDP growth rates of OECD/DAC members as forecasted by the IMF.

*Table 2.4. Projected Primary Funds for Population and AIDS Activities
by OECD/DAC Members, 2008-2010
(in 1,000 current US dollars)*

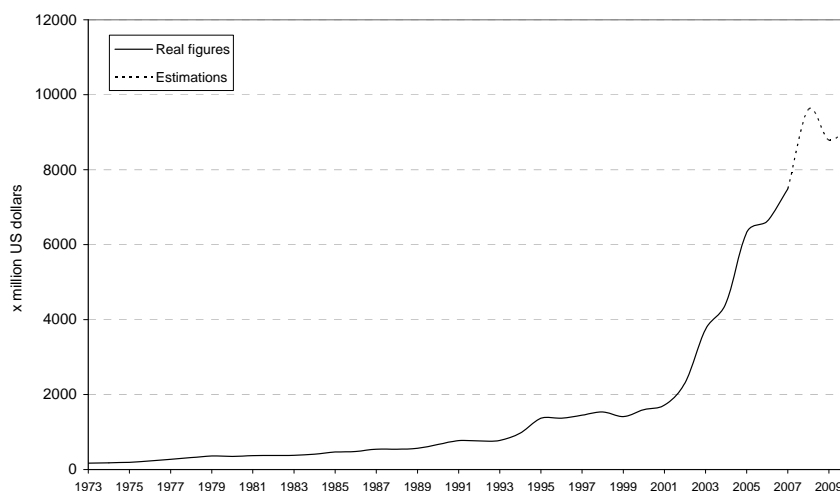
Year	General contributions	Family planning	Reproductive health	STD/HIV/AIDS	Basic research	Total
2008	2,425,398	228,965	1,694,654	5,052,731	209,214	9,610,961
2009	2,146,635	224,161	1,536,743	4,680,619	200,043	8,788,201
2010	2,269,979	231,003	1,611,562	4,882,625	206,984	9,202,154
Allocation of funds (% of total primary funds)						
2008	25.2	2.4	17.6	52.6	2.2	100.0
2009	24.4	2.6	17.5	53.3	2.3	100.0
2010	24.7	2.5	17.5	53.1	2.2	100.0

Source: Resource Flows database.

⁵ The following countries reported future expected expenditures for 2008-2009: Denmark, Ireland, the Netherlands, New Zealand, Portugal, and Sweden.

Projected primary funds for population activities by donor governments are presented in Table 2.4. Projections for individual countries are presented in Appendix A2. The most significant element to be noted about Table 2.2 is the projected decrease in donor funding in 2009 due to the global financial crisis. The funding recovers in 2010, but it still does not reach the 2008 level. As before, there is dominance of STD/HIV/AIDS activities in donating by OECD/DAC members. Figure 2.1 depicts the trend in total primary funds for population activities (in current US dollars) by OECD/DAC members from 1973 to 2010.

Figure 2.1. Trends in primary funds of donor governments, 1973-2010 (including European Union) in million USD (current prices)



Source: Resource Flows database.

Other donors

For other types of donors (foundations, international NGOs, UN organizations, and development banks) it is more difficult to predict the level of funding. As already explained in the previous RF reports, reported figures for other donors fluctuate heavily over the years, and the number of organizations reporting is low and unstable. Based on the estimation results presented in Table 2.3, we have applied the following rules when projecting funds by other donors:

- For 2008, funding for STD/HIV/AIDS programs was estimated based on the projected official (bilateral) aid by donor countries for this ICPD category. Projections of resource flows for the other three

ICPD categories - family planning, reproductive health, and basic research - were made applying the compound annual growth rate for the respective ICPD category between 2005 and 2007 to the 2007 value with the following limits to smooth out large fluctuations in growth rates observed for some types of donors:

- Where the historical growth rate for a given type of donor would lead to more than doubling the donated amount to a certain ICPD category, we have applied a ceiling corresponding to the double of the amount in 2007.
 - Where the historical growth rate for a given type of donor would lead to negative amounts, we have applied the floor of zero.
- For 2009 and 2010, we need to account for the effect of the global financial crisis. Again, without knowing how deep the recession will be and how long it will last this is a quite complicated task. In the absence of more precise guidelines, we simply assume that funding by other donors will follow the projected GDP growth rate for advanced economies as forecasted by the IMF.

Total donor funds

The total amount of donor funds consists of funds generated by donor governments and funds provided by the other donors. The aggregate results for donor funds for the years 1997-2010 are reported in Table 2.5. The Cairo goal was that donors should mobilize 6.1 billion in 1993 US dollars by 2005 and 6.8 billion by 2010. When adjusting for inflation, the total projected primary funds for 2010 amount to about 7.1 billion in 1993 US dollars. Thus we could conclude that the ICPD targets are likely to be met, despite the negative effect of the global financial crisis. However, a worrisome part of the ICPD agenda remains the allocation of the funds over the various population programmes.

Table 2.2. Donor funds, 1997-2010 (in million current US dollars)

Year	Developed countries (1)	Foundations (2)	Development banks	UN System (4)	NGOs (5)	Total funds (6)
			(grants only) (3)			
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	7,487.7	531.8	52.1	61.7	21.9	8,155.1
2008*	9,611.0	867.6	80.2	109.7	23.0	10,612.5
2009*	8,788.2	815.5	75.4	103.1	21.6	9,803.8
2010*	9,202.2	848.2	78.4	107.2	22.4	10,258.4

Source: Resource Flows database.

* Projections. The funds provided by individual OECD/DAC members are presented in detail in Appendix A1.

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 2007, partly at the expense of so-called other “population activities”, AIDS funding has increased. In 2007, 75 percent of total donor funding went to AIDS activities, an increase of 5 percent compared to 2006 caused by a small shift from reproductive health and basic research. In 2007, 17 percent of total funding for population and AIDS went to reproductive health (in 2006, 20 percent). This shift might be caused by the difficulty in reporting of separate expenditures for family planning, reproductive health, and STD/HIV/AIDS.

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 2008, 2009 and 2010.

The estimation method to establish these projections is based on the methods used for the first projections made by Van Dalen and Reuser (2005). This method was tested in 2010 and still proved to be valid today. 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; Beekink and Ernsten, 2008). These reports 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 2008 to 2010

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 2008, 2009 and 2010 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 2008, 2009 and 2010.

- 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, 2008-2010

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 2008 to 2010. 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 2008, 2009 and 2010 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 2008 to 2010. 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 decrease in 2009 and then to increase again. Recent trends in national income (GDP) causes this overall change. 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 2008, after which 2009 and 2010 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 2008, it is expected that these two countries will spend \$966 and \$406 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 spent on family planning activities. The proportion spent 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 picture looks more or less the same as for government expenditures, with approximately 45 percent 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 UDS) 2008-2010

Region		Family planning	Reproductive health	STD/HIV/ AIDS	Basic research	Total Government Expenditures
Africa (sub-Saharan)	2008	30,798	212,122	1,091,555	47,653	1,382,127
Asia and the Pacific	2008	1,739,402	1,991,548	674,235	91,573	4,496,758
Latin America and the Caribbean	2008	71,169	81,590	1,359,688	95,468	1,607,915
Western Asia and North Africa	2008	232,763	173,804	121,156	51,440	579,163
Eastern and Southern Europe	2008	60,273	14,850	446,601	15,155	536,879
Africa (sub-Saharan)	2009	29,521	211,787	1,089,830	46,395	1,377,532
Asia and the Pacific	2009	1,860,620	1,995,220	615,181	93,328	4,564,348
Latin America and the Caribbean	2009	66,247	78,564	1,352,880	89,307	1,586,998
Western Asia and North Africa	2009	213,433	166,828	114,014	46,871	541,146
Eastern and Southern Europe	2009	48,567	12,496	432,772	12,825	506,659
Africa (sub-Saharan)	2010	31,020	212,214	1,091,954	48,020	1,383,207
Asia and the Pacific	2010	2,487,106	2,008,217	632,985	99,975	5,228,282
Latin America and the Caribbean	2010	72,147	82,258	1,359,550	93,224	1,607,179
Western Asia and North Africa	2010	228,868	173,007	120,044	50,973	572,891
Eastern and Southern Europe	2010	51,017	12,970	435,612	13,291	512,890
Total	2008	2,134,405	2,473,914	3,693,233	301,289	8,602,842
Total	2009	2,218,387	2,464,895	3,604,676	288,725	8,576,683
Total	2010	2,870,158	2,488,665	3,640,144	305,482	9,304,450
Proportion of total	2008	25	29	43	4	100
Proportion of total	2009	26	29	42	3	100
Proportion of total	2010	31	27	39	3	100

Table 3.2. Projections of domestic NGO expenditures (in 1,000 current USD) 2008-2010

Region		Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO expenditures
Africa (sub-Saharan)	2008	21,435	28,185	76,731	4,848	131,200
Asia and the Pacific	2008	30,796	50,580	58,472	8,333	148,180
Latin America and the Caribbean	2008	18,376	25,747	30,169	4,579	78,872
Western Asia and North Africa	2008	17,234	17,506	19,313	3,633	57,685
Eastern and Southern Europe	2008	1,891	1,416	12,216	399	15,922
Africa (sub-Saharan)	2009	21,093	27,820	74,715	4,777	128,405
Asia and the Pacific	2009	30,608	50,617	58,488	8,329	148,043
Latin America and the Caribbean	2009	17,955	25,238	29,429	4,493	77,115
Western Asia and North Africa	2009	16,423	16,572	18,356	3,467	54,819
Eastern and Southern Europe	2009	1,726	1,276	11,094	365	14,461
Africa (sub-Saharan)	2010	21,635	28,376	77,862	4,891	132,765
Asia and the Pacific	2010	31,309	51,683	60,693	8,513	152,198
Latin America and the Caribbean	2010	18,529	25,913	30,427	4,611	79,480
Western Asia and North Africa	2010	17,302	17,553	19,381	3,648	57,884
Eastern and Southern Europe	2010	1,755	1,302	11,293	370	14,720
Total	2008	89,732	123,434	196,902	21,791	431,859
Total	2009	87,805	121,524	192,082	21,431	422,842
Total	2010	90,531	124,828	199,655	22,033	437,047
Proportion of total	2008	21	29	46	5	100
Proportion of total	2009	21	29	45	5	100
Proportion of total	2010	21	29	46	5	100

3.3 Final domestic projections, 2008-2010

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 2008 to 2010. 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 (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 2008 to 2010. 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) The while the donor funding will experience a clear decrease, the absolute level of funding for population and AIDS activities in developing countries and countries in transition is a bit increasing. Relatively speaking, nearly half of the total domestic funding goes to STD/HIV/AIDS activities.

Table 3.4. Projections of global domestic expenditures on population and AIDS, 2008 to 2010, (1,000 USD)

Region		Total Gov	Total NGO	Consumers	Total	of which AIDS	% AIDS
Africa (sub-Saharan)	2008	1,382,127	131,200	1,493,835	3,007,162	2,374,454	79%
Asia and the Pacific	2008	4,496,758	148,180	11,169,947	15,814,885	2,407,506	15%
Latin America and the Caribbean	2008	1,607,915	78,872	862,943	2,549,730	2,031,630	80%
Western Asia and North Africa	2008	579,163	57,685	373,560	1,010,408	218,614	22%
Eastern and Southern Europe	2008	536,879	15,922	276,493	829,293	688,816	83%
Africa (sub-Saharan)	2009	1,377,532	128,405	1,489,087	2,995,025	2,368,807	79%
Asia and the Pacific	2009	4,564,348	148,043	11,337,840	16,050,231	2,201,778	14%
Latin America and the Caribbean	2009	1,586,998	77,115	847,159	2,511,272	2,020,868	80%
Western Asia and North Africa	2009	541,146	54,819	349,039	945,003	205,909	22%
Eastern and Southern Europe	2009	506,659	14,461	260,929	782,049	666,743	85%
Africa (sub-Saharan)	2010	1,383,207	132,765	1,494,950	3,010,922	2,376,426	79%
Asia and the Pacific	2010	5,228,282	152,198	12,987,052	18,367,533	2,266,011	12%
Latin America and the Caribbean	2010	1,607,179	79,480	862,345	2,549,004	2,031,684	80%
Western Asia and North Africa	2010	572,891	57,884	369,515	1,000,291	216,853	22%
Eastern and Southern Europe	2010	512,890	14,720	264,138	791,748	671,245	85%
Total	2008	8,602,842	431,859	14,176,777	23,211,478	7,721,020	33%
Total	2009	8,576,683	422,842	14,284,055	23,283,580	7,464,105	32%
Total	2010	9,304,450	437,047	15,978,001	25,719,498	7,562,219	29%

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 2008, the total amount is expected to be \$33.8 billion; in 2010, the total flows are projected at \$36 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 2008-2010, the contribution of donor countries reaches around 30 percent of the total funding, but is still 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 2007, total donor funds were \$8.2 billion.

Applying an inflation measure results in an amount of total donor assistance of \$7 billion. Thus, if adjusting for inflation, the target is just met. As described for the donor projections, a worrisome part of the ICPD agenda remains the allocation of the funds over the various population programmes.

The real total amount of resources for 2008 is expected to be \$30.8 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. 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), 2008-2010

Year	Total donor assistance	Domestic resources			Total	Total donors and domestic resources
	Government	NGO	Consumers			
2008	10.6	8.6	0.4	14.2	23.2	33.8
2009	9.8	8.6	0.4	14.3	23.3	33.1
2010	10.3	9.3	0.4	16.0	25.7	36.0

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 2008-2010. The previously observed trends are more or less still present: HIV/AIDS continues to dominate the population agenda and receives the largest proportion of population assistance. The new development is the projected negative effect of the global financial crisis on donor funding.

With respect to donors we can draw the following main conclusions:

- There is a negative effect of the crisis on total donor funds in 2009. The funding is projected to recover in 2010 following the projected recovery of advanced economies, but still fails to reach the 2008 level. Despite the negative effect of the crisis, the ICPD goals for donor funding for 2010 are likely to be met.
- The distribution of OECD/DAC government funds across the various population categories is still unbalanced. More than a half of donor government funds are expected to go to HIV/AIDS activities, while only about 2 percent flow to family planning. Activities. 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 on population activities, the following we can draw the following conclusions:

- For the years 2008-2010 the contribution of donor countries is around 30 percent of the total funding, thereby still not reaching the ideal division of burden sharing as stated in the ICPD Programme of Action.
- The real total amount of resources for 2008 is expected to be \$33.8 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 2008. It is important to note that domestic expenditures contribute most in reaching these levels.

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Appendix A1: Methodology

A1.1 Explaining donor expenditures by using the old estimation method

Table A.1 presents estimation results using the same method as in Van Dalen and Reuser (2005). We estimate the effect of various factors on the level of primary funds generated by 22 OECD/DAC countries for the period 1996-2007. We use the same explanatory variables as in the DR-report with the exception of the Gini index. The interested reader could compare these results with the ones presented in the DR-report and look into changes happening over time.

Table A1. Explaining funding for population activities by OECD/DAC member countries

	General contributions	Family planning	Reproductive health	STD/HIV/AIDS	Basic research	Total primary funds
	(1)	(2)	(3)	(4)	(5)	(6)
GDP	1.084*** (0.130)	0.721 (0.568)	1.344*** (0.292)	1.319*** (0.410)	1.555*** (0.493)	1.322*** (0.115)
ODA	3.173*** (0.648)	5.736 (3.623)	1.556 (1.556)	1.889 (2.628)	6.392* (3.394)	3.121*** (0.558)
Government size	0.157*** (0.054)	-0.486* (0.261)	-0.029 (0.125)	0.175 (0.189)	-0.084 (0.234)	0.045 (0.047)
Unemployment	-0.105** (0.044)	0.314 (0.206)	-0.115 (0.103)	-0.614*** (0.154)	-0.101 (0.203)	-0.118*** (0.033)
EU membership	-0.868* (0.500)	-3.980* (2.077)	0.174 (1.057)	0.009 (1.486)	-2.757 (1.767)	-0.358 (0.436)
N	246	247	247	246	247	251
Wald chi2(6)	132.28***	13.45**	23.94***	32.21***	18.52***	204.90***

*Notes: Panel estimation with AR(1) disturbances for the period 1996-2007. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Standard errors in parentheses. All regressions include a constant.*

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 2009 and 2010 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. Per capita expenditures on health in developing countries, 2000-2004 (at international dollar exchange rates)^a

Regions	Categories	2000	2001	2002	2003	2004	average 2000-2004
Sub Saharan Africa	Government ^b	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 ^b	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 ^b	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 ^b	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 ^b	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

^a The international al dollar values are derived by dividing local currency unite 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

^b Government expenditures as presented in this table exclude external sources as measured by WHO. External sources are presented here separately.

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 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
Sub-Saharan Africa			
Kenya	2005	1.24	Abt Associates — HIV/AIDS sub-analysis
Ghana	2003	0.34	SIDALAC — National AIDS Accounts
Burkina Faso	2003	2.00	UNAIDS — AIDS budget analysis
Rwanda	2002	1.62	Abt Associates — HIV/AIDS sub-analysis
Zambia	2002	1.70	Abt Associates — HIV/AIDS sub-analysis
Nigeria	2003	0.54	RF - Private expenditures and national budgets
Malawi	2004	0.20	PHRPlus — HIV/AIDS sub-analysis
Asia and the Pacific			
Thailand	2003	0.02	SIDALAC — National AIDS Accounts
Latin America and the Caribbean			
Argentina	2002	0.11	SIDALAC — National AIDS Accounts
Belize	2003	0.18	SIDALAC — National AIDS Accounts
Bolivia	2002	0.22	SIDALAC — National AIDS Accounts
Brazil	2000	0.19	SIDALAC — National AIDS Accounts
Chile	2002	0.80	SIDALAC — National AIDS Accounts
Colombia	2002	0.18	SIDALAC — National AIDS Accounts
Costa Rica	2003	0.15	UNAIDS — AIDS budget analysis
El Salvador	2003	0.25	UNAIDS — AIDS budget analysis
Guatemala	2000	0.21	SIDALAC — National AIDS Accounts
Guyana	2002	0.43	SIDALAC — National AIDS Accounts
Honduras	2001	1.92	SIDALAC — National AIDS Accounts
Mexico	2002	0.14	SIDALAC — National AIDS Accounts
Nicaragua	2003	0.33	SIDALAC — National AIDS Accounts
Panama	2003	0.22	UNAIDS — AIDS budget analysis
Paraguay	2002	2.23	SIDALAC — National AIDS Accounts
Uruguay	2002	0.37	SIDALAC — National AIDS Accounts
Venezuela	2002	0.02	SIDALAC — National AIDS Accounts
North Africa and Western Asia			
Eastern and Southern Europe			
Ukraine	2004	3.81	PHRPlus — HIV/AIDS sub-analysis
<i>Average</i>	-	0.65	

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, 2008-2010
(in 1,000 current US dollars)

Country	Year	General contributions	Family planning	Reproductive health	HIV/AIDS	Basic research	Total
Australia	2008	11,394	3	20,891	91,767	11,622	135,678
	2009	10,369	3	19,011	83,508	10,576	123,467
	2010	11,095	3	20,342	89,353	11,316	132,109
Austria	2008	4,062	0	4,180	4,523	30	12,796
	2009	3,656	0	3,762	4,071	27	11,516
	2010	3,802	0	3,913	4,234	28	11,977
Belgium	2008	11,040	622	18,524	35,428	7,557	73,171
	2009	10,046	566	16,857	32,240	6,877	66,586
	2010	10,448	588	17,531	33,529	7,152	69,249
Canada	2008	40,370	396	257,442	70,020	4	368,231
	2009	35,525	348	226,549	61,617	3	324,043
	2010	38,723	380	246,939	67,163	3	353,207
Denmark	2008	106,696*	518	69,811	33,390	533	210,948
	2009	97,093*	472	63,528	30,385	485	191,963
	2010	102,919	500	67,340	32,208	514	203,480
European Union	2008	5,316	0	156,203	284,000	18,567	464,086
	2009	4,678	0	137,459	249,920	16,339	408,396
	2010	4,865	0	142,957	259,916	16,993	424,732
Finland	2008	45,836	160	13,335	7,512	549	67,392
	2009	40,794	143	11,868	6,686	488	59,979
	2010	42,426	148	12,343	6,953	508	62,378
France	2008	475,993	0	102,374	1,992	3,496	583,855
	2009	437,913	0	94,184	1,833	3,217	537,147
	2010	455,430	0	97,951	1,906	3,345	558,633
Germany	2008	56,340	15,000	85,956	118,951	3,635	279,883
	2009	49,580	13,200	75,642	104,677	3,198	246,297
	2010	51,067	13,596	77,911	107,818	3,294	253,686
Greece	2008	173	0	5,636	8,534	0	14,343
	2009	164	0	5,355	8,107	0	13,626
	2010	170	0	5,569	8,432	0	14,171
Ireland	2008	28,250	0*	6,129*	70,487*	0*	104,867
	2009	24,013	0*	5,210*	59,914*	0*	89,137
	2010	24,013	0	5,210	59,914	0	89,137
Italy	2008	31,326	0	27,389	6,966	3,091	68,772
	2009	28,193	0	24,650	6,270	2,782	61,895
	2010	29,321	0	25,636	6,520	2,894	64,371
Japan	2008	217,708	6,279	126,787	51,223	5,271	407,268
	2009	224,239	6,468	130,591	52,760	5,429	419,486
	2010	230,966	6,662	134,508	54,343	5,592	432,071

(Table 5. Continued)

Country	Year	General contributions	Family planning	Reproductive health	HIV/AIDS	Basic research	Total
Luxembourg	2008	4,062	558	30,497	8,546	1,505	45,168
	2009	3,453	474	25,922	7,264	1,280	38,393
	2010	3,487	479	26,182	7,337	1,292	38,777
Netherlands	2008	282,453*	7,539*	333,393*	77,903*	0*	701,289
	2009	254,208*	6,785*	300,054*	70,113*	0*	631,160
	2010	264,376	7,057	312,056	72,918	0	656,406
New Zealand	2008	7,990*	410*	2,707*	3,601*	0*	14,708
	2009	6,792*	348*	2,301*	3,061*	0*	12,502
	2010	7,267	373	2,462	3,275	0	13,377
Norway	2008	304,976	55	56,300	133,221	2,258	496,811
	2009	250,081	45	46,166	109,242	1,852	407,385
	2010	275,089	50	50,783	120,166	2,037	448,123
Portugal	2008	2,700*	0	2,986	20	609	6,315
	2009	2,430	0	2,687	18	548	5,683
	2010	2,527	0	2,795	19	570	5,911
Spain	2008	36,801	1,573	143,404	25,008	19,763	226,550
	2009	33,121	1,416	129,063	22,508	17,787	203,895
	2010	34,115	1,458	132,935	23,183	18,321	210,011
Sweden	2008	251,816*	0*	53,770*	107,540*	1,629*	414,756*
	2009	209,007*	0*	44,629*	89,258*	1,352*	344,247*
	2010	229,908	0	49,092	98,184	1,488	378,672
Switzerland	2008	50,429	0	10,237	1,951	0	62,617
	2009	48,916	0	9,930	1,893	0	60,739
	2010	50,384	0	10,228	1,949	0	62,561
United Kingdom	2008	428,269	0	21,817	1,151,577	0	1,601,663
	2009	351,181	0	17,890	944,293	0	1,313,364
	2010	375,764	0	19,142	1,010,393	0	1,405,299
United States	2008	21,397	195,852	144,884	2,758,567	129,095	3,249,795
	2009	21,183	193,893	143,435	2,730,981	127,804	3,217,297
	2010	21,818	199,710	147,739	2,812,911	131,638	3,313,816
Total	2008	2,425,398	228,965	1,694,654	5,052,731	209,214	9,610,961
	2009	2,146,635	224,161	1,536,743	4,680,619	200,043	8,788,201
	2010	2,269,979	231,003	1,611,562	4,882,625	206,984	9,202,154

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

Appendix A3: Country-level domestic data

Table A6. Projected government expenditures on population and AIDS activities for 61 selected core countries, 2008 - 2010 (in 1,000 current dollars)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Angola	2008	1,723	525	39,012	2,014	43,274
Angola	2009	1,442	453	38,631	1,744	42,269
Angola	2010	1,773	538	39,079	2,062	43,453
Bangladesh	2008	34,579	933	2,525	2,001	40,039
Bangladesh	2009	35,409	1,187	2,718	2,137	41,450
Bangladesh	2010	36,132	1,405	2,885	2,254	42,676
Bénin	2008	123	376	317	491	1,307
Bénin	2009	116	373	305	480	1,274
Bénin	2010	124	376	320	493	1,313
Botswana	2008	328	132	203,758	525	204,743
Botswana	2009	269	112	203,666	447	204,494
Botswana	2010	285	117	203,691	468	204,562
Brazil	2008	23,826	15,869	562,360	16,960	619,014
Brazil	2009	22,578	15,173	561,028	16,235	615,013
Brazil	2010	25,882	17,002	564,541	18,137	625,562
Burkina Faso	2008	208	90	10,547	363	11,209
Burkina Faso	2009	200	87	10,535	352	11,174
Burkina Faso	2010	213	92	10,555	369	11,228
Burundi	2008	74	1	72	13	159
Burundi	2009	83	5	88	29	205
Burundi	2010	83	5	90	31	209
Cambodia	2008	1,607	11,926	6,332	33	19,898
Cambodia	2009	1,562	11,907	6,320	22	19,811
Cambodia	2010	1,671	11,952	6,350	47	20,020
Cameroon	2008	547	202	9,608	794	11,150
Cameroon	2009	507	189	9,548	747	10,991
Cameroon	2010	543	201	9,602	790	11,136
Central African Republic	2008	59	32	643	130	864
Central African Republic	2009	59	31	643	130	862
Central African Republic	2010	63	33	651	137	884
China	2008	966,250	69,646	193,450	35,505	1,264,851
China	2009	1,091,863	74,778	198,612	38,049	1,403,301
China	2010	1,690,511	80,662	204,571	40,960	2,016,703
Congo, Democratic Republic of the	2008	288	118	498	472	1,376
Congo, Democratic Republic of the	2009	276	114	479	456	1,326
Congo, Democratic Republic of the	2010	303	123	522	492	1,439
Cote d'Ivoire	2008	542	200	4,709	789	6,240
Cote d'Ivoire	2009	530	196	4,691	774	6,191
Cote d'Ivoire	2010	568	208	4,747	819	6,342

(Table 6. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Dominican Republic	2008	1,589	13,459	6,044	29,908	51,001
Dominican Republic	2009	1,595	13,465	6,052	29,914	51,025
Dominican Republic	2010	1,605	13,474	6,066	29,924	51,068
Egypt	2008	1,561	4,770	4,331	507	11,170
Egypt	2009	2,989	5,318	4,878	868	14,053
Egypt	2010	4,131	5,747	5,310	1,150	16,338
Eritrea	2008	45	25	756	105	931
Eritrea	2009	51	28	767	116	961
Eritrea	2010	58	31	780	129	998
Ethiopia	2008	602	218	975	858	2,653
Ethiopia	2009	754	264	1,198	1,031	3,246
Ethiopia	2010	739	259	1,175	1,013	3,186
Gambia	2008	26	16	15,695	67	15,805
Gambia	2009	24	15	15,691	62	15,791
Gambia	2010	25	15	15,693	64	15,797
Ghana	2008	7	246	4,918	963	6,134
Ghana	2009	0	233	4,855	911	5,999
Ghana	2010	0	237	4,873	926	6,036
Guinea	2008	123	58	229	237	647
Guinea	2009	121	57	226	233	638
Guinea	2010	124	58	231	238	650
Haiti	2008	181	272	422	324	1,198
Haiti	2009	180	271	420	323	1,194
Haiti	2010	189	282	435	335	1,240
Honduras	2008	340	460	5,053	540	6,393
Honduras	2009	353	474	5,073	556	6,456
Honduras	2010	378	503	5,112	589	6,582
India	2008	405,790	1,622,992	22,407	8	2,051,197
India	2009	408,683	1,623,587	22,953	311	2,055,534
India	2010	416,433	1,625,169	24,410	1,115	2,067,127
Indonesia	2008	49,913	14,045	15,049	7,472	86,480
Indonesia	2009	50,191	14,110	15,106	7,506	86,913
Indonesia	2010	54,874	15,199	16,049	8,069	94,192
Iran, Islamic Republic of	2008	34,109	10,227	29,762	5,487	79,585
Iran, Islamic Republic of	2009	33,790	10,147	29,696	5,445	79,078
Iran, Islamic Republic of	2010	36,266	10,763	30,213	5,767	83,009
Jamaica	2008	341	461	9,218	541	10,561
Jamaica	2009	294	408	9,146	480	10,328
Jamaica	2010	304	419	9,161	493	10,377
Kenya	2008	666	9,077	1,070	15,954	26,767
Kenya	2009	680	9,081	1,090	15,968	26,818
Kenya	2010	765	9,106	1,214	16,064	27,149
Lesotho	2008	49	27	4,570	112	4,757
Lesotho	2009	49	27	4,570	112	4,758
Lesotho	2010	51	28	4,573	116	4,768

(Table 6. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Madagascar	2008	239	101	3,240	406	3,986
Madagascar	2009	228	97	3,222	390	3,938
Madagascar	2010	229	98	3,224	392	3,944
Malawi	2008	117	56	21,450	227	21,849
Malawi	2009	132	62	21,476	251	21,922
Malawi	2010	148	68	21,502	275	21,993
Mauritania	2008	89	44	171	182	487
Mauritania	2009	91	45	175	186	497
Mauritania	2010	96	47	184	194	521
Mexico	2008	17,102	12,038	269,193	12,960	311,293
Mexico	2009	13,930	10,146	265,684	10,974	300,733
Mexico	2010	15,172	10,894	267,066	11,761	304,893
Morocco	2008	5,958	3,032	2,694	2,082	13,766
Morocco	2009	6,072	3,081	2,740	2,114	14,007
Morocco	2010	6,524	3,271	2,922	2,241	14,957
Mozambique	2008	249	105	14,494	307	15,154
Mozambique	2009	243	103	14,485	299	15,130
Mozambique	2010	242	102	14,483	298	15,125
Myanmar	2008	3,440	1,512	970	854	6,775
Myanmar	2009	3,478	1,526	979	861	6,844
Myanmar	2010	3,635	1,583	1,019	893	7,129
Namibia	2008	225	96	66,294	386	67,001
Namibia	2009	229	98	66,302	392	67,021
Namibia	2010	234	100	66,309	399	67,042
Nepal	2008	1,740	856	214	47	2,856
Nepal	2009	1,848	901	243	72	3,064
Nepal	2010	2,115	1,008	315	131	3,570
Niger	2008	144	66	11,335	269	11,814
Niger	2009	142	66	11,333	267	11,808
Niger	2010	156	71	11,355	287	11,868
Nigeria	2008	3,843	180,410	10,757	4,098	199,107
Nigeria	2009	3,139	180,251	9,868	3,514	196,772
Nigeria	2010	3,485	180,330	10,308	3,804	197,927
Pakistan	2008	95,818	93,345	1,833	670	191,665
Pakistan	2009	96,010	93,398	1,875	698	191,982
Pakistan	2010	97,205	93,728	2,139	873	193,945
Papua New Guinea	2008	1,195	626	370	362	2,553
Papua New Guinea	2009	1,209	633	374	366	2,581
Papua New Guinea	2010	1,234	643	381	372	2,630
Peru	2008	2,482	2,410	14,601	2,709	22,202
Peru	2009	2,481	2,409	14,598	2,707	22,195
Peru	2010	2,693	2,579	14,873	2,893	23,038
Philippines	2008	3,009	9,442	2,962	9,917	25,330
Philippines	2009	2,201	9,217	2,783	9,797	23,998
Philippines	2010	3,417	9,555	3,053	9,976	26,002

(Table 6. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Poland	2008	8,919	2,066	43,593	2,083	56,661
Poland	2009	7,307	1,750	41,704	1,772	52,532
Poland	2010	7,451	1,778	41,874	1,800	52,903
Romania	2008	3,725	998	70,838	1,026	76,587
Romania	2009	3,058	847	69,993	874	74,772
Romania	2010	3,149	868	70,110	895	75,021
Russian Federation	2008	25,236	4,915	254,362	4,843	289,355
Russian Federation	2009	19,440	3,954	248,153	3,919	275,467
Russian Federation	2010	20,959	4,210	249,794	4,165	279,128
Rwanda	2008	121	58	4,444	234	4,857
Rwanda	2009	135	63	4,466	255	4,919
Rwanda	2010	142	66	4,479	267	4,954
Senegal	2008	326	131	8,515	522	9,494
Senegal	2009	310	126	8,490	500	9,425
Senegal	2010	329	132	8,521	526	9,509
Sierra Leone	2008	58	31	236	128	453
Sierra Leone	2009	61	32	241	134	468
Sierra Leone	2010	64	34	247	139	484
South Africa	2008	4,988	1,273	500,977	4,771	512,008
South Africa	2009	4,998	1,275	500,989	4,778	512,040
South Africa	2010	5,143	1,306	501,166	4,891	512,506
Sudan	2008	10	60	1,407	30	1,507
Sudan	2009	0	0	1308	0	1308
Sudan	2010	444	255	1587	161	2,447
Swaziland	2008	81	41	19,547	169	19,838
Swaziland	2009	83	42	19,551	172	19,849
Swaziland	2010	86	43	19,556	177	19,862
Tajikistan	2008	793	445	297	260	1,795
Tajikistan	2009	715	408	274	239	1,637
Tajikistan	2010	750	425	284	248	1,707
Tanzania, United Republic of	2008	10,700	17,206	798	6,962	35,666
Tanzania, United Republic of	2009	10,731	17,216	845	7,000	35,791
Tanzania, United Republic of	2010	10,762	17,225	892	7,037	35,916
Thailand	2008	28,382	8,774	165,106	4,727	206,990
Thailand	2009	27,738	8,608	164,969	4,640	205,956
Thailand	2010	29,225	8,991	165,285	4,841	208,343
Turkey	2008	39,643	14,712	50,769	9,684	114,808
Turkey	2009	32,907	12,597	48,453	8,326	102,283
Turkey	2010	32,766	12,552	48,404	8,297	102,019
Uganda	2008	352	140	12,348	556	13,396
Uganda	2009	376	148	12,384	586	13,494
Uganda	2010	399	155	12,420	615	13,590

(Table 6. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total Government Expenditures
Ukraine	2008	3,380	920	28,315	948	33,563
Ukraine	2009	2,275	662	26,892	688	30,517
Ukraine	2010	2,346	679	26,985	705	30,715
Viet Nam	2008	18,217	14,912	4,951	5,864	43,945
Viet Nam	2009	18,419	14,974	4,998	5,897	44,288
Viet Nam	2010	19,574	15,321	5,265	6,083	46,243
Zambia	2008	354	23	29,059	791	30,227
Zambia	2009	303	5	28,979	723	30,010
Zambia	2010	379	31	29,097	822	30,329
Zimbabwe	2008	1,556	166	63,463	416	65,601
Zimbabwe	2009	1,566	170	63,481	433	65,651
Zimbabwe	2010	1,583	177	63,510	459	65,729

Table A7. Projected NGO expenditures on population and AIDS activities for 61 selected core countries, 2008 - 2010 (in 1,000 current dollars)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Angola	2008	775	770	4,440	164	6,150
Angola	2009	711	699	4,054	151	5,615
Angola	2010	786	782	4,506	166	6,241
Bangladesh	2008	1,678	13,342	1,762	1,264	18,046
Bangladesh	2009	1,709	13,376	1,837	1,270	18,192
Bangladesh	2010	1,735	13,405	1,899	1,276	18,316
Bénin	2008	254	222	1,382	55	1,912
Bénin	2009	249	217	1,352	54	1,871
Bénin	2010	255	223	1,387	55	1,920
Botswana	2008	345	312	1,903	74	2,634
Botswana	2009	313	280	1,720	68	2,381
Botswana	2010	322	289	1,771	70	2,452
Brazil	2008	2,800	3,217	4,822	576	11,416
Brazil	2009	2,728	3,124	4,692	561	11,105
Brazil	2010	2,916	3,366	5,031	599	11,911
Burkina Faso	2008	276	244	1,508	60	2,087
Burkina Faso	2009	271	239	1,479	59	2,047
Burkina Faso	2010	279	246	1,524	60	2,110
Burundi	2008	114	91	600	25	832
Burundi	2009	128	103	674	28	933
Burundi	2010	129	104	680	28	941
Cambodia	2008	2,765	7,789	698	1,387	12,640
Cambodia	2009	2,761	7,785	688	1,386	12,620
Cambodia	2010	2,771	7,795	712	1,388	12,667
Cameroon	2008	442	412	2,470	95	3,419
Cameroon	2009	426	396	2,376	91	3,290
Cameroon	2010	441	411	2,461	95	3,407
Central African Republic	2008	149	123	791	33	1,095
Central African Republic	2009	148	122	788	33	1,092
Central African Republic	2010	154	127	818	34	1,132
China	2008	178	5,283	10,792	890	17,143
China	2009	186	5,534	11,273	927	17,920
China	2010	194	5,815	11,809	968	18,786
Congo, Democratic Republic of the	2008	323	291	1,779	70	2,462
Congo, Democratic Republic of the	2009	317	284	1,741	68	2,411
Congo, Democratic Republic of the	2010	331	299	1,826	72	2,527
Cote d'Ivoire	2008	441	410	2,459	94	3,404
Cote d'Ivoire	2009	436	405	2,430	93	3,364
Cote d'Ivoire	2010	451	421	2,518	97	3,486
Dominican Republic	2008	781	6,757	935	828	9,301
Dominican Republic	2009	783	6,758	938	828	9,307
Dominican Republic	2010	786	6,761	942	829	9,318

(Table 7. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Egypt	2008	1,032	1,058	1,161	217	3,468
Egypt	2009	1,100	1,136	1,241	231	3,708
Egypt	2010	1,151	1,195	1,302	241	3,889
Eritrea	2008	130	106	689	29	954
Eritrea	2009	138	113	733	30	1,015
Eritrea	2010	148	122	785	32	1,087
Ethiopia	2008	464	434	2,593	99	3,591
Ethiopia	2009	518	491	2,911	111	4,030
Ethiopia	2010	512	485	2,880	110	3,987
Gambia	2008	100	79	522	22	723
Gambia	2009	95	75	497	21	688
Gambia	2010	97	76	507	22	702
Ghana	2008	379	346	2,098	81	2,905
Ghana	2009	359	327	1,985	77	2,748
Ghana	2010	365	332	2,018	79	2,794
Guinea	2008	213	183	1,151	46	1,594
Guinea	2009	212	181	1,142	46	1,581
Guinea	2010	214	183	1,155	47	1,599
Haiti	2008	49	1,003	398	56	1,506
Haiti	2009	48	1,003	397	56	1,504
Haiti	2010	54	1,009	407	57	1,527
Honduras	2008	351	318	550	76	1,294
Honduras	2009	357	325	560	77	1,319
Honduras	2010	369	337	580	80	1,366
India	2008	2,492	2,826	5,998	514	11,829
India	2009	2,525	2,867	6,079	520	11,991
India	2010	2,609	2,974	6,293	537	12,413
Indonesia	2008	1,709	1,856	4,042	355	7,962
Indonesia	2009	1,713	1,862	4,054	356	7,985
Indonesia	2010	1,790	1,954	4,243	372	8,359
Iran, Islamic Republic of	2008	1,418	1,508	3,327	296	6,551
Iran, Islamic Republic of	2009	1,412	1,501	3,312	295	6,519
Iran, Islamic Republic of	2010	1,462	1,560	3,433	305	6,760
Jamaica	2008	351	319	550	76	1,295
Jamaica	2009	327	294	510	71	1,202
Jamaica	2010	332	299	519	72	1,222
Kenya	2008	8,103	14,509	2,732	1,656	27,000
Kenya	2009	8,107	14,514	2,760	1,657	27,038
Kenya	2010	8,137	14,545	2,932	1,663	27,277
Lesotho	2008	136	111	718	30	994
Lesotho	2009	136	111	719	30	996
Lesotho	2010	139	113	734	30	1,016
Madagascar	2008	295	263	1,618	64	2,240
Madagascar	2009	288	256	1,579	62	2,186
Madagascar	2010	289	257	1,584	63	2,193

(Table 7. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Malawi	2008	208	178	1,122	45	1,553
Malawi	2009	221	190	1,196	48	1,656
Malawi	2010	234	202	1,266	51	1,753
Mauritania	2008	182	153	977	40	1,353
Mauritania	2009	184	155	988	40	1,368
Mauritania	2010	189	160	1,016	41	1,407
Mexico	2008	2,381	2,686	4,071	491	9,629
Mexico	2009	2,154	2,402	3,665	446	8,667
Mexico	2010	2,246	2,516	3,829	464	9,055
Morocco	2008	791	787	879	167	2,625
Morocco	2009	798	795	888	169	2,651
Morocco	2010	827	827	921	175	2,750
Mozambique	2008	301	268	1,652	65	2,286
Mozambique	2009	298	265	1,633	64	2,260
Mozambique	2010	297	265	1,629	64	2,255
Myanmar	2008	462	433	1,030	99	2,024
Myanmar	2009	465	435	1,036	100	2,035
Myanmar	2010	475	446	1,060	102	2,082
Namibia	2008	286	254	1,568	62	2,170
Namibia	2009	289	257	1,584	63	2,193
Namibia	2010	292	260	1,601	63	2,216
Nepal	2008	2,990	1,643	727	931	6,291
Nepal	2009	3,000	1,653	750	933	6,336
Nepal	2010	3,024	1,677	803	938	6,442
Niger	2008	230	199	1,248	50	1,728
Niger	2009	229	198	1,242	50	1,719
Niger	2010	239	208	1,300	52	1,799
Nigeria	2008	1,148	1,191	6,690	241	9,270
Nigeria	2009	1,040	1,067	6,034	219	8,359
Nigeria	2010	1,094	1,130	6,365	230	8,819
Pakistan	2008	4,882	3,952	2,399	0	11,233
Pakistan	2009	4,887	3,958	2,412	1	11,258
Pakistan	2010	4,920	3,996	2,491	8	11,416
Papua New Guinea	2008	276	243	600	60	1,179
Papua New Guinea	2009	277	245	604	60	1,186
Papua New Guinea	2010	280	248	610	61	1,198
Peru	2008	927	939	1,518	195	3,580
Peru	2009	927	939	1,517	195	3,578
Peru	2010	964	982	1,582	203	3,732
Philippines	2008	1,044	1,072	2,414	219	4,749
Philippines	2009	1,021	1,046	2,359	215	4,640
Philippines	2010	1,055	1,085	2,442	222	4,804
Poland	2008	196	156	1,298	41	1,691
Poland	2009	178	140	1,172	37	1,527
Poland	2010	179	142	1,184	37	1,543

(Table 7. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Romania	2008	128	97	831	27	1,083
Romania	2009	116	87	751	24	979
Romania	2010	118	89	763	25	994
Russian Federation	2008	326	275	2,209	67	2,877
Russian Federation	2009	287	239	1,933	59	2,518
Russian Federation	2010	297	249	2,009	61	2,616
Rwanda	2008	212	182	1,145	46	1,584
Rwanda	2009	223	192	1,208	49	1,672
Rwanda	2010	229	198	1,241	50	1,718
Senegal	2008	343	311	1,895	74	2,624
Senegal	2009	335	302	1,846	72	2,556
Senegal	2010	345	313	1,906	74	2,639
Sierra Leone	2008	147	121	783	32	1,084
Sierra Leone	2009	151	125	803	33	1,112
Sierra Leone	2010	155	128	825	34	1,142
South Africa	2008	1,304	1,373	7,645	273	10,595
South Africa	2009	1,305	1,375	7,653	273	10,606
South Africa	2010	1,323	1,396	7,766	277	10,762
Sudan	2008	656	639	723	139	2,157
Sudan	2009	637	618	701	135	2,091
Sudan	2010	689	675	761	146	2,272
Swaziland	2008	174	146	930	38	1,288
Swaziland	2009	176	148	943	39	1,306
Swaziland	2010	179	151	959	39	1,328
Tajikistan	2008	226	195	487	49	956
Tajikistan	2009	214	184	462	47	907
Tajikistan	2010	219	189	473	48	929
Tanzania, United Republic of	2008	416	2,106	2,318	469	5,309
Tanzania, United Republic of	2009	429	2,119	2,393	472	5,413
Tanzania, United Republic of	2010	442	2,132	2,466	474	5,515
Thailand	2008	1,297	1,365	3,029	271	5,962
Thailand	2009	1,282	1,348	2,994	268	5,892
Thailand	2010	1,315	1,387	3,075	275	6,052
Turkey	2008	1,998	2,209	2,317	414	6,937
Turkey	2009	1,824	1,996	2,106	379	6,305
Turkey	2010	1,820	1,991	2,102	378	6,291
Uganda	2008	357	324	1,973	77	2,731
Uganda	2009	368	336	2,040	79	2,824
Uganda	2010	379	347	2,103	82	2,912
Ukraine	2008	122	92	791	26	1,030
Ukraine	2009	100	74	646	21	842
Ukraine	2010	102	76	656	22	855

(Table 7. Continued)

	Year	Family Planning	Reproductive Health	STD/HIV/AIDS	Basic Research	Total NGO Expenditures
Viet Nam	2008	795	791	1,816	168	3,570
Viet Nam	2009	802	800	1,833	170	3,605
Viet Nam	2010	844	846	1,933	178	3,800
Zambia	2008	358	15	1,979	22	2,373
Zambia	2009	331	0	1,825	16	2,173
Zambia	2010	370	27	2,048	24	2,469
Zimbabwe	2008	182	153	975	40	1,349
Zimbabwe	2009	192	163	1,031	42	1,428
Zimbabwe	2010	207	177	1,116	45	1,545

Table A8. Projected total Government and NGO expenditures on population and AIDS activities for 61 selected core countries. 2008 - 2010 (in 1,000 current dollars)

Region	Year	Total		
		Government Expenditures	Total NGO Expenditures	Total Expenditures
Angola	2008	43,274	6,150	49,423
Angola	2009	42,269	5,615	47,884
Angola	2010	43,453	6,241	49,694
Bangladesh	2008	40,039	18,046	58,084
Bangladesh	2009	41,450	18,192	59,643
Bangladesh	2010	42,676	18,316	60,992
Bénin	2008	1,307	1,912	3,219
Bénin	2009	1,274	1,871	3,145
Bénin	2010	1,313	1,920	3,233
Botswana	2008	204,743	2,634	207,377
Botswana	2009	204,494	2,381	206,875
Botswana	2010	204,562	2,452	207,014
Brazil	2008	619,014	11,416	630,430
Brazil	2009	615,013	11,105	626,118
Brazil	2010	625,562	11,911	637,474
Burkina Faso	2008	11,209	2,087	13,296
Burkina Faso	2009	11,174	2,047	13,221
Burkina Faso	2010	11,228	2,110	13,338
Burundi	2008	159	832	990
Burundi	2009	205	933	1,138
Burundi	2010	209	941	1,150
Cambodia	2008	19,898	12,640	32,537
Cambodia	2009	19,811	12,620	32,431
Cambodia	2010	20,020	12,667	32,688
Cameroon	2008	11,150	3,419	14,569
Cameroon	2009	10,991	3,290	14,281
Cameroon	2010	11,136	3,407	14,543
Central African Republic	2008	864	1,095	1,959
Central African Republic	2009	862	1,092	1,954
Central African Republic	2010	884	1,132	2,016
China	2008	1,264,851	17,143	1,281,994
China	2009	1,403,301	17,920	1,421,221
China	2010	2,016,703	18,786	2,035,490
Congo, Democratic Republic of the	2008	1,376	2,462	3,838
Congo, Democratic Republic of the	2009	1,326	2,411	3,736
Congo, Democratic Republic of the	2010	1,439	2,527	3,966
Cote d'Ivoire	2008	6,240	3,404	9,644
Cote d'Ivoire	2009	6,191	3,364	9,555
Cote d'Ivoire	2010	6,342	3,486	9,828

(Table 8. Continued)

Region	Year	Total Government Expenditures	Total NGO Expenditures	Total Expenditures
Dominican Republic	2008	51,001	9,301	60,302
Dominican Republic	2009	51,025	9,307	60,332
Dominican Republic	2010	51,068	9,318	60,387
Egypt	2008	11,170	3,468	14,638
Egypt	2009	14,053	3,708	17,760
Egypt	2010	16,338	3,889	20,227
Eritrea	2008	931	954	1,885
Eritrea	2009	961	1,015	1,976
Eritrea	2010	998	1,087	2,085
Ethiopia	2008	2,653	3,591	6,244
Ethiopia	2009	3,246	4,030	7,276
Ethiopia	2010	3,186	3,987	7,174
Gambia	2008	15,805	723	16,528
Gambia	2009	15,791	688	16,479
Gambia	2010	15,797	702	16,499
Ghana	2008	6,134	2,905	9,039
Ghana	2009	5,999	2,748	8,747
Ghana	2010	6,036	2,794	8,830
Guinea	2008	647	1,594	2,241
Guinea	2009	638	1,581	2,218
Guinea	2010	650	1,599	2,249
Haiti	2008	1,198	1,506	2,704
Haiti	2009	1,194	1,504	2,698
Haiti	2010	1,240	1,527	2,766
Honduras	2008	6,393	1,294	7,687
Honduras	2009	6,456	1,319	7,775
Honduras	2010	6,582	1,366	7,948
India	2008	2,051,197	11,829	2,063,026
India	2009	2,055,534	11,991	2,067,524
India	2010	2,067,127	12,413	2,079,540
Indonesia	2008	86,480	7,962	94,442
Indonesia	2009	86,913	7,985	94,898
Indonesia	2010	94,192	8,359	102,551
Iran, Islamic Republic of	2008	79,585	6,551	86,135
Iran, Islamic Republic of	2009	79,078	6,519	85,597
Iran, Islamic Republic of	2010	83,009	6,760	89,769
Jamaica	2008	10,561	1,295	11,856
Jamaica	2009	10,328	1,202	11,530
Jamaica	2010	10,377	1,222	11,599
Kenya	2008	26,767	27,000	53,767
Kenya	2009	26,818	27,038	53,856
Kenya	2010	27,149	27,277	54,426
Lesotho	2008	4,757	994	5,751
Lesotho	2009	4,758	996	5,754
Lesotho	2010	4,768	1,016	5,783

(Table 8. Continued)

Region	Year	Total		
		Government Expenditures	Total NGO Expenditures	Total Expenditures
Madagascar	2008	3,986	2,240	6,226
Madagascar	2009	3,938	2,186	6,123
Madagascar	2010	3,944	2,193	6,137
Malawi	2008	21,849	1,553	23,402
Malawi	2009	21,922	1,656	23,578
Malawi	2010	21,993	1,753	23,746
Mauritania	2008	487	1,353	1,840
Mauritania	2009	497	1,368	1,865
Mauritania	2010	521	1,407	1,929
Mexico	2008	311,293	9,629	320,922
Mexico	2009	300,733	8,667	309,401
Mexico	2010	304,893	9,055	313,948
Morocco	2008	13,766	2,625	16,391
Morocco	2009	14,007	2,651	16,658
Morocco	2010	14,957	2,750	17,707
Mozambique	2008	15,154	2,286	17,440
Mozambique	2009	15,130	2,260	17,390
Mozambique	2010	15,125	2,255	17,380
Myanmar	2008	6,775	2,024	8,799
Myanmar	2009	6,844	2,035	8,879
Myanmar	2010	7,129	2,082	9,211
Namibia	2008	67,001	2,170	69,171
Namibia	2009	67,021	2,193	69,214
Namibia	2010	67,042	2,216	69,259
Nepal	2008	2,856	6,291	9,148
Nepal	2009	3,064	6,336	9,400
Nepal	2010	3,570	6,442	10,012
Niger	2008	11,814	1,728	13,542
Niger	2009	11,808	1,719	13,527
Niger	2010	11,868	1,799	13,667
Nigeria	2008	199,107	9,270	208,378
Nigeria	2009	196,772	8,359	205,131
Nigeria	2010	197,927	8,819	206,746
Pakistan	2008	191,665	11,233	202,898
Pakistan	2009	191,982	11,258	203,240
Pakistan	2010	193,945	11,416	205,360
Papua New Guinea	2008	2,553	1,179	3,732
Papua New Guinea	2009	2,581	1,186	3,767
Papua New Guinea	2010	2,630	1,198	3,829
Peru	2008	22,202	3,580	25,781
Peru	2009	22,195	3,578	25,774
Peru	2010	23,038	3,732	26,769
Philippines	2008	25,330	4,749	30,079
Philippines	2009	23,998	4,640	28,639
Philippines	2010	26,002	4,804	30,806

(Table 8. Continued)

Region	Year	Total Government Expenditures	Total NGO Expenditures	Total Expenditures
Poland	2008	56,661	1,691	58,352
Poland	2009	52,532	1,527	54,059
Poland	2010	52,903	1,543	54,446
Romania	2008	76,587	1,083	77,670
Romania	2009	74,772	979	75,750
Romania	2010	75,021	994	76,015
Russian Federation	2008	289,355	2,877	292,232
Russian Federation	2009	275,467	2,518	277,985
Russian Federation	2010	279,128	2,616	281,744
Rwanda	2008	4,857	1,584	6,441
Rwanda	2009	4,919	1,672	6,591
Rwanda	2010	4,954	1,718	6,672
Senegal	2008	9,494	2,624	12,118
Senegal	2009	9,425	2,556	11,981
Senegal	2010	9,509	2,639	12,148
Sierra Leone	2008	453	1,084	1,537
Sierra Leone	2009	468	1,112	1,580
Sierra Leone	2010	484	1,142	1,627
South Africa	2008	512,008	10,595	522,603
South Africa	2009	512,040	10,606	522,646
South Africa	2010	512,506	10,762	523,269
Sudan	2008	1,507	2,157	3,663
Sudan	2009	1,308	2,091	3,399
Sudan	2010	2,447	2,272	4,719
Swaziland	2008	19,838	1,288	21,125
Swaziland	2009	19,849	1,306	21,155
Swaziland	2010	19,862	1,328	21,190
Tajikistan	2008	1,795	956	2,752
Tajikistan	2009	1,637	907	2,544
Tajikistan	2010	1,707	929	2,635
Tanzania, United Republic of	2008	35,666	5,309	40,974
Tanzania, United Republic of	2009	35,791	5,413	41,204
Tanzania, United Republic of	2010	35,916	5,515	41,431
Thailand	2008	206,990	5,962	212,952
Thailand	2009	205,956	5,892	211,848
Thailand	2010	208,343	6,052	214,395
Turkey	2008	114,808	6,937	121,745
Turkey	2009	102,283	6,305	108,588
Turkey	2010	102,019	6,291	108,310
Uganda	2008	13,396	2,731	16,127
Uganda	2009	13,494	2,824	16,318
Uganda	2010	13,590	2,912	16,502

(Table 8. Continued)

Region	Year	Total Government Expenditures	Total NGO Expenditures	Total Expenditures
Ukraine	2008	33,563	1,030	34,593
Ukraine	2009	30,517	842	31,359
Ukraine	2010	30,715	855	31,570
Viet Nam	2008	43,945	3,570	47,514
Viet Nam	2009	44,288	3,605	47,893
Viet Nam	2010	46,243	3,800	50,043
Zambia	2008	30,227	2,373	32,600
Zambia	2009	30,010	2,173	32,183
Zambia	2010	30,329	2,469	32,798
Zimbabwe	2008	65,601	1,349	66,950
Zimbabwe	2009	65,651	1,428	67,078
Zimbabwe	2010	65,729	1,545	67,273