

## JAPAN

### Global Health Investment

In JPY

Year (FY)	2000-2005 (Cumulative) (Optional)	2006 (Base)	2007
Total Amount	<u>821.2 billion</u> [Bilateral and Multilateral] 2000-2004 655.3 billion 2005 125.3 billion [GFATM] 40.6 billion	<u>228.9billion</u> [Bilateral and Multilateral] 215.0 billion  [GFATM] 13.9 billion	[Bilateral and Multilateral] About 100 billion (TBC)  [GFATM] 20.6 billion

\*Data is provided in Japanese Yen and based on the Japanese Government fiscal year which runs from April 1 – March 31

#### Short Description

- Under the Okinawa Infectious Disease Initiative (IDI), Japan provided JPY 655.3 billion in FY 2000 – 2004. Under the IDI, Japan carried out comprehensive measures to fight against infectious diseases through bilateral and multilateral assistance.

- Japan launched Health and Development Initiative (HDI) aiming to provide bilateral and multilateral comprehensive assistance amounting to approximately JPY 500 billion for the 5 years (FY 2005-2009) to contribute to achieving health-related MDGs. Assistance under the HDI includes measures against infectious diseases, maternal and child health, health system strengthening and cross-sectoral assistance such as basic education and water and sanitation. Japan provided JPY 125.3 billion in FY 2005 and JPY 215.0 billion in FY 2006.

- In 2005, Japan pledged to provide 10 million long lasting insecticide-treated bed nets (LLITN) for African countries with serious malaria prevalence. Under the HDI, 10.3 million LLITNs have been distributed by the end of 2007.

- Japan continues to have approximately 100 Japanese Overseas Cooperation Volunteers (JOCVs) deployed annually to promote prevention and education activities in HIV/AIDS sector, as pledged in 2005.

- Japan has been conducting HIV/AIDS prevention programs for construction workers through over 50 ODA loan infrastructure projects in 15 countries since 2001.

- From 2002 to 23 May 2008, Japan has provided approximately JPY 96.5 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria during 2002-2008. Japan has pledged additional contribution of USD 560 million to the GFATM for the coming years.

- In May 2008, on the occasion of the fourth Tokyo International Conference on African Development (TICAD IV) in Yokohama, Japan committed to double its ODA (without debt relief) to Africa by 2012. Under this commitment, Japan also pledged the following commitments for Africa: training 100,000 health workers, saving lives of 400,000 children, improving maternal health care and reproductive health and developing water facilities to provide safe drinking water to 6,500,000 people.

- In order to increase health workforce coverage and fulfill the pledge of training 100,000 health workers, Japan plans to help increase / enhance the quality and quantity of human resources for health for 26 countries in Africa.

JAPAN

Contribution to HIV/AIDS

In JPY

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009 -
<b>Bilateral and Multilateral</b>	<u>54.4 billion</u> 2000-04 50.4 billion 2005 4.0 billion	<u>3.9 billion</u>			
<b>Global Initiatives</b>					
--GF*:	40.6 billion	13.9 billion	20.6 billion	21.3 billion	USD 560 million
--Other:					
<b>Research</b>					
<b>Total</b>	95.0 billion	17.8 billion			

\*Figures are for HIV/AIDS, malaria and tuberculosis.

JAPAN

Contribution to Malaria

In JPY

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009 -
<b>Bilateral and Multilateral</b>	4.8 billion	<u>2.6 billion</u>	2.9 billion		
<b>Global Initiatives</b>					
--GF*:	40.6 billion	13.9 billion	20.6 billion	21.3 billion	USD 560 million
--Other:					
<b>Research</b>					
<b>Total</b>	45.4 billion	16.5 billion			

\*Figures are for HIV/AIDS, malaria and tuberculosis.

## JAPAN

### Contribution to Tuberculosis

In JPY

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009 -
<b>Bilateral and Multilateral</b>	8.5 billion	2.7 billion			
<b>Global Initiatives</b>					
--GF*:	40.6 billion	13.9 billion	20.6 billion	21.3 billion	USD 560 million
--Other:					
<b>Research</b>					
<b>Total</b>	41.9 billion	15.9 billion			

\*Figures are for HIV/AIDS, malaria and tuberculosis.

## ITALY

### Global Health Investment

In EUR

Year (FY)	2000-2005 (Cumulative) (Optional)	2006 (Base)	2007
Total Amount <i>Million of euro</i>	678.20	189,58	286,28

The table includes:

- the total disbursements for Bilateral and Multilateral ODA, including budget and earmarked contributions to GFATM, WHO, UNICEF, UNFPA, UNAIDS, ICRC, FICROSS, IFFIm
- the Italian commitment to IFFIm (473 million euro for the period 2006-2025) only for a portion of 1/20 of total commitment for the years 2006 and 2007

The table does not include:

- the Italian commitment to AMC (635 Million US \$ for the period 2008-2019)
- the contributions to the World Bank (not related to GFATM), Regional Development Banks, EU, EDF and other multilateral funds
- the contributions and investments made by Italian Local Administrations, Academic Institutions, NGOs and private sector

The Italian ODA is concentrated in Africa and focused on poverty, environment, health and education. Health ODA supporting health system and human resource development is provided to almost all African countries, mainly in collaboration with NGO, faith based organization and Italian local Administrations; major investments, often in the form of sector budget support, are made in 6 African Countries.

ITALY

Contribution to HIV/AIDS

In million EUR

<b>G8 member</b>	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009 Pledged
<b>Bilateral</b> (Project and Budget support)					
<b>Global Initiatives</b> --GF: 58% Tot. contribution --Other:	33,34	2,15	5,35		
<b>Multilaterals</b> (WB, UN, etc)	220,40	79,26	79,27	79,27	79,27
<b>Research</b>					
<b>Notes:</b>					
<b>Total</b>	253,74	81,41	81,42	79,27	79,27

ITALY

Contribution to Malaria

In million EUR

<b>G8 member</b>	2000-2005 (Cumulative ) (Optional)	2006 Base	2007 Actual	2008	2009 Pledged
<b>Bilateral</b> (Project and Budget support)					
<b>Global Initiatives</b> --GF: 24% Tot.contribution --Other:	12,74	0,04	----		
<b>Multilaterals</b> (WB, UN, etc)	91,20	32,80	32,80	32,80	32,80
<b>Research</b>					
<b>Notes:</b>					
<b>Total</b>	103,94	32,84	32,80	32,80	32,80

ITALY

Contribution to Tuberculosis

In Million EUR

<u>G8 member</u>	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009 Pledged
<b>Country Name</b>	<b>ITALY</b>				
<b>Bilateral</b> (Project and Budget support)	6,60	0,10	4,25		
<b>Global Initiatives</b> --GF: 18%Tot. contribution --Other:	68,40	24,60	24,60	24,60	24,60
<b>Multilaterals</b> (WB, UN, etc)					
<b>Research</b>					
<b>Notes:</b>					
<b>Total</b>	75,00	24,70	28,85	24,60	24,60

CANADA

Global Health Investment (Total ODA Funding)

(CAN \$)

Year (FY)	1999-2000 to 2004-05	2005- 2006 (Base)	2006- 2007	2007- 2008 Estimated	2009
Total Amount (CAD)	2,986 million*	620 million*	806 million*	790 million*	

*Canada's fiscal year runs from April 1 – March 31*

Achieving the health-related MDGs continues to be a major area of focus for Canada's international development assistance. Since the last G8 report on health, Canada has made a number of significant new commitments in health which include:

- o \$450 million over three years to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- o Canada's investment of up to \$60 million over three years toward the elimination of polio in Afghanistan;
- o Canada's contribution of \$105 million over five years to the Catalytic Initiative to Save a Million Lives.

Support to Human Resources for Health

Through bilateral funding, Canada is providing support to efforts to address issues related to the health workforce as part of overall health system strengthening through bilateral programming and/or the Catalytic Initiative in the following African countries: **Mozambique, Mali, Tanzania, Zambia, Nigeria, Ethiopia, Malawi, Niger and Ghana.**

In addition to bilateral programming, Canada also supports health system strengthening through international partnerships, such as the Global Fund to Fight AIDS, TB and Malaria, contributions to multilateral institutions such as the World Bank, and through support Canada provides to civil society.

Explanatory Note:

- The figures in the chart above indicate ODA funding through both bilateral and multilateral channels (e.g. WHO, UNFPA, UNICEF, Global Fund, International AIDS Vaccine Initiative (IAVI), etc.). Figures include funds to water, sanitation and food security. The figures above do not include non-ODA funding such as that provided

though annual assessed contributions to the WHO, International Research Agency on Cancer (IARC), etc, which amount to approximately \$27-\$30 million annually.

\* In 2004/2005 \$70M was disbursed to the Global Fund as an early payment for 2005/2006. In 2005/2006 \$250M was disbursed of which \$125M was applied against 2006/2007 and 2007/2008 respectively. Of the \$450 million pledge for 2008/2009-2010/2011, \$43M was disbursed to the Global Fund in 2007/2008.

**CANADA**

**Contribution to HIV/AIDS**

(Figures In CAD\$)

	1999/2000-2004/ 2005 (Cumulative) (Optional)	2005/2006 Base	2006/2007 Actual	2007/2008 Estimated
<b>Bilateral</b>	208,620,000	55,810,000	48,650,000	36,620,000
<b>Global Initiatives</b> --GF (56% to HIV/AIDS)	116,615,984.24*	39,200,000*	70,000,000*	94,940,000*
<b>Multilaterals</b>	97,150,000	60,400,000	36,330,000	33,470,000
<b>Research</b>	56,000,000	21,000,000	8,449,510	10,550,490
<b>Total</b>	<b>478,385,984.24</b>	<b>176,410,000</b>	<b>163,429,510</b>	<b>175,580,490</b>

\* In 2004/2005 \$70M was disbursed to the Global Fund as an early payment for 2005/2006. In 2005/2006 \$250M was disbursed of which \$125M was applied against 2006/2007 and 2007/2008 respectively. Of the \$450 million pledge for 2008/2009-2010/2011, \$43M was disbursed to the Global Fund in 2007/2008.

CANADA

Contribution to Malaria

In CAD

	2000/2001-2004/2005	2005/2006 Base	2006/2007 Actual	2007/2008 Estimated
<b>Bilateral</b> (Project and Budget Support)	27,880,000	185,000	4,550,000	9,085,000
<b>Global Initiatives</b> --GF (24% to Malaria)	49,978,278.96*	16,800,000*	30,000,000*	40,320,000*
<b>Multilaterals</b>		12,000,000		
<b>Research</b>				
<b>Total</b>	<b>77,858,278.96</b>	<b>28,985,000</b>	<b>34,550,000</b>	<b>49,405,000</b>

\* In 2004/2005 \$70M was disbursed to the Global Fund as an early payment for 2005/2006. In 2005/2006 \$250M was disbursed of which \$125M was applied against 2006/2007 and 2007/2008 respectively. Of the \$450 million pledge for 2008/2009-2010/2011, \$43M was disbursed to the Global Fund in 2007/2008.

CANADA

Contribution to Tuberculosis

In CAD

	1999/2000-2004/2005 (Cumulative) (Optional)	2005/2006 Base	2006/2007 Actual	2007/2008 Estimated
<b>Bilateral</b> (Project and Budget Support)	72,600,000	8,200,000	5,720,000	600,000
<b>Global Initiatives</b> --GF (17% to TB)	35,401,280.93*	11,900,000*	21,250,000*	28,560,000*
<b>Multilaterals</b>	1112,900,000	10,900,000	27,380,000	14,450,000
<b>Research</b>				
<b>Total</b>	<b>220,901,280.93</b>	<b>31,000,000</b>	<b>54,350,000</b>	<b>43,610,000</b>

\* In 2004/2005 \$70M was disbursed to the Global Fund as an early payment for 2005/2006. In 2005/2006 \$250M was disbursed of which \$125M was applied against 2006/2007 and 2007/2008 respectively. Of the \$450 million pledge for 2008/2009-2010/2011, \$43M was disbursed to the Global Fund in 2007/2008.

## FRANCE

### Global Health Investment

Year (FY)	2000-2005 (Cumulative) (Optional)	2006 (Base)	2007	2008
Total Amount (EUR)	1,996 million	713 million	932.7 million	932.7 million
Total Amount (USD)		820*million	1,259**million	1,445***million

\* Exchange rate : 1 € = 1,15 USD

\*\* Exchange rate : 1€ = 1,35 USD

\*\*\*Exchange rate : 1€ = 1,55 USD

France works to promote global health in many areas, including:

**Maternal and child health; family planning; nutrition programs; research, prevention, care, and treatment of HIV/AIDS, malaria, and tuberculosis; avian influenza research, prevention and response; health system strengthening and human capacity development; disease surveillance and response; laboratory systems development; biomedical, behavioural, applied, and operational research.**

**These figures include total bilateral, multilateral and broader health sectors estimated expenditure for developing countries. They take into account the efforts of France in training people issued from developing countries in health, free health services and care for non resident foreigners in France, support to**

**specific research programs in health for the developing world ( Climate change and health in developing countries, health and agriculture, water and sanitation).**

Through partnerships with other countries, foundations, civil society and private sector, France participates in the financing of health in a wide range of initiatives. Most specifically, France contributes to various initiatives on global pandemics, vaccination, immunization and medicines and concentrates its efforts mainly on the Multilateral Funds (GFATM, GAVI, UNITAID).

The annual contribution of France to the Global Fund is 300 million euros, to GAVI, 100 million euros on average over a period of 20 years and 160 million euros to UNITAID.

France considers that strengthening the health system is based on two equivalent pillars: strengthening human resources capacities and financing social health protection and coverage.

**Specifically in human capacity development (health workforce coverage) France is currently working with 20 African countries (Benin, Burkina Faso, Burundi, Congo-Brazzaville, Côte d'Ivoire, Comoros, Djibouti, Gabon, Ghana, Morocco, Madagascar, Mozambique, Niger, Cameroon, Mali, Chad, Rwanda, Democratic Republic of Congo, Senegal and Togo), and 3 Asian countries ( Cambodia, Laos and Vietnam)**

FRANCE

Contribution to HIV/AIDS

In EUR

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b>Bilateral</b> (Project and Budget support)	102 million	24 million	21 million	10 million	NC
<b>Global Initiatives</b>					
--GF:	200 million	112.5 million	150 million	140 million	160 million
--Other:		20 million	93 million	93 million	93 million
<b>Multilaterals</b> (WB, UN, etc)	550 million	61 million	72 million	NC	NC
<b>Research</b>		18 million	23.5 million	23.5 million	
<b>Total</b>	852 million	235.5 million	359.5 million		

FRANCE

Contribution to Malaria

In EUR

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b>Bilateral</b> (Project and Budget support)	17 million	4.2 million	3.6 million	1 million	NC
<b>Global Initiatives</b>					
--GF:	120 million	67.5 million	90 million	84 million	96 million
--Other:		5 million	15 million	15 million	15 million
<b>Multilaterals</b> (WB, UN, etc)	1 million	0.15 million	10* million	0.15 million	NC
<b>Research</b>		8 million	9.4 million	9.4 million	
<b>Total</b>	138 million	84.85 million	128 million	109.55 mil.	

Notes: \*DNDI Initiative

FRANCE

Contribution to Tuberculosis

In EUR

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b>Bilateral</b> (Project and Budget support)	51 million	12.3 million	10 million	5 million	NC
<b>Global Initiatives</b>					
--GF:	80 million	45 million	60 million	56 million	64 million
--Other:					
<b>Multilaterals</b> (WB, UN, etc)	3 million	1 million	1 million	1 million	NC
<b>Research</b>		12 million	14.1 million	14.1 million	
<b>Total</b>	134 million	79.3 million	128.1 million	119.1 million	

US

Global Health Investment

In USD

Year (FY)	2006 <sup>1</sup>	2007	2008 <sup>2</sup>
<b>Total Amount (USD)</b>	5,100million	6,360 million	7,871 million

Short Description

In partnership with partner countries, public health officials, and faith-based and non-governmental organizations throughout the world, the U.S. Government works to protect and promote global health in many areas, including:

Prevention, care, and treatment of HIV/AIDS, malaria, and tuberculosis; maternal and child health; family planning; avian influenza prevention and response; nutrition programs; health system strengthening and human capacity development; disease surveillance and response; public health emergency response; laboratory systems development; injury prevention; biomedical, behavioral, applied, and operational research.

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Health systems strengthening

U.S. funding for health systems strengthening activities generally address one or more of the six components in the internationally-recognized World Health Organization (WHO) health-systems framework: service delivery, human resources for health, information, medicines and technologies, financing, and governance. Other examples include funding for health worker training, laboratory support, and surveillance system support. For example, the U.S. Agency for International Development works with

<sup>1</sup> Global Health appropriations to the Department of Health and Human Services (HHS) are not considered Official Development Assistance (ODA) by the Organization for Economic Co-Operation and Development (OECD), but are included here as part of the US Government total contributions to global health.

<sup>2</sup> FY 2008 budget levels are estimates.

governments to expand the reach and improve the quality of care of community-based health insurance schemes in five countries and supports the development of pharmaceutical management systems in over 20 countries. Working with Ministries of Health, Education and Labor, where appropriate, the President's Emergency Plan for AIDS Relief supports training of new health workers, in-service training for the current workforce, development and revision of curricula, rehabilitation of training institutions and clinical facilities, retention strategies, support for salaries, and health workforce information systems in its 15 focus countries. In Ethiopia, Kenya, Mozambique, and Zambia, the United States will work with the United Kingdom to assess the workforce gaps in order to identify how we can best maximize our support to strengthen the human resources and health systems in alignment with the countries' national health strategies.

US

Contribution to HIV/AIDS

In USD

	2000-2005 (Cumulative) (Optional)	2006 Base	2007	2008
<b>Bilateral<sup>3</sup></b> (Project and Budget support)	Bilateral: 5,073 million	Bilateral: 2,183 million	Bilateral: 3,239 million	Bilateral: 4,506 million
<b>Global Initiatives<sup>4</sup></b> --GF: --Other:	GFATM: 879 million	GFATM: 316 million	GFATM: 419 million	GFATM: 487 million
<b>Multilaterals</b> (WB, UN, etc) <sup>5</sup>	UNAIDS: 53 million	UNAIDS: 30 million	UNAIDS: 30 million	UNAIDS: 35 million
<b>Research</b>	Research: 1,456 million	Research: 373 million	Research: 362 million	Research: 364 million
	IAVI: 53 million	IAVI: 29 mil.	IAVI: 29mil.	IAVI: 28 mil.
	Microbicides:	Microbicides 40	Microbicides40	Microbicides:

<sup>3</sup> Includes funds for TB/HIV.

<sup>4</sup> Global Fund figures represent the HIV/AIDS portion of the USG funding to the Global Fund (based on approximate grant distribution of 58% Global Fund grants for HIV/AIDS).

<sup>5</sup> Additional funds for other multilaterals – WHO, UNICEF, etc – are included in the overall “bilateral” figure for each year

	52 million	million	mil	45 million
	Other: TB: 406 million	Other: TB: 91 million	Other: TB: 95 million	Other: TB: 162 million
<b>Total</b>	<b>\$7,972 million</b>	<b>\$3,062 million</b>	<b>\$4,214 million</b>	<b>\$5,627 million</b>

The U.S. Government supports the global fight against HIV/AIDS through the U.S. President's Emergency Plan for AIDS Relief.

With an original commitment of \$15 billion across 5 years, and a final funding level of \$18.8 billion, the Emergency Plan went beyond a commitment to allocating resources to a commitment to achieving results, with ambitious goals to support prevention of 7 million new infections, treatment of 2 million and care for 10 million, including orphans and vulnerable children. In scope, it is the first large-scale effort to tackle a chronic disease in the developing world with a focus on integrated prevention, treatment and care.

The success of the Emergency Plan is firmly rooted in partnerships. We are building systems and empowering individuals, communities and nations to tackle HIV/AIDS. Five years ago, only 50,000 people living with HIV in all of sub-Saharan Africa were receiving antiretroviral treatment. Below are a few examples of the latest Emergency Plan results through March 31, 2008:

- Supported for life-saving antiretroviral treatment for approximately **1.73 million men, women and children.**
- Prevention of mother-to-child HIV transmission interventions for women during nearly **12.7 million pregnancies.**
- Antiretroviral prophylaxis for women in more than **1 million pregnancies.**
- Prevention of an estimated **194,000 infant infections.**

US

### Contribution to Malaria

In USD

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008
<b>Bilateral<sup>6</sup></b> (Project and Budget support)	350 million	86 million (PMI + non-PMI)	233 million (PMI + non-PMI)	344 million (PMI + non-PMI)
<b>Global Initiatives</b> --GF <sup>7</sup> : --Other:		GF 136 million	GF 181 million	GF 210 million
<b>Multilaterals<sup>8</sup></b> (WB, UN, etc)	multilateral 39.7 million	multilateral 8.0 million	multilateral 9.4 million	multilateral TBD
<b>Research<sup>9</sup></b>	research 555 million	research 139 million	research 142 million	Research 142 million
<b>Total</b>	<b>\$944.7 million</b>	<b>\$369 million</b>	<b>\$565.4 million</b>	<b>\$696 million</b>

The U.S. Government supports the global fight against malaria through various programs.

<sup>6</sup> Includes non-research bilateral funding channeled through USAID as well as some non research funding channeled through the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services (HHS)

<sup>7</sup> Global Fund calculation reflects the malaria portion of the U.S. Government contribution to the Global Fund, based on the 25% average of Global Fund grants to malaria.

<sup>8</sup> Funding indicated directed contributions to WHO for malaria. In addition, the USG as part of its annual contribution provides a total of over \$400 million each year combined to UNICEF, WHO, and the World Bank, a proportion of which is used for malaria.

<sup>9</sup> Research includes funding through HHS (HHS/NIH and HHS/CDC), the Department of Defense, and USAID.

To combat malaria in the most-affected countries in Africa, President Bush in 2005 established the President's Malaria Initiative (PMI), a five-year \$1.2 billion initiative with the goal of reducing malaria-related deaths by 50 percent in 15 focus countries [1]. This will be achieved by expanding coverage of highly effective malaria prevention and treatment measures to 85% of the most vulnerable populations – children under five years of age and pregnant women. In its second year of operation, PMI supported anti-malaria interventions for more than 25 million people. This package of high-impact interventions includes insecticide-treated mosquito nets, indoor residual spraying with insecticides, intermittent preventive treatment for pregnant women, and artemisinin-based combination therapy. In addition, the U.S. Government invests approximately \$8-10 annually in malaria prevention and control activities in Nigeria, South Sudan, and the Democratic Republic of Congo. Outside Africa, the U.S. Government supports malaria initiatives in the Amazon basin and the Mekong delta regions to strengthen national capacities and to help reduce the threat of drug resistance. We also support basic, programmatic, and operational research to develop new tools and program approaches to fight malaria, including the development of candidate malaria vaccines and new malaria drugs. Finally, the U.S. Government supports malaria control through its annual contributions to the Global Fund and the Roll Back Malaria partnership.

10[1] Angola, Benin, Ethiopia (Oromiya region), Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Rwanda, Senegal, Tanzania, Uganda, and Zambia

11[2] Brazil, Bolivia, Peru, Ecuador, Colombia, Venezuela, Guyana, and Suriname

US

### Contribution to Tuberculosis

In USD

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008
<b>Bilateral (non research)<sup>12</sup></b> (Project and Budget support)	400 million	75.5 million	72.4 million	152.1 million
<b>Global Initiatives</b> --GF <sup>13</sup> : --Other:		93 million	123 million	143 million
<b>Multilaterals<sup>14</sup></b> (WB, UN, etc)	64.3 million (WHO)	14.4 million (WHO)	14.4 million (WHO)	TBD
<b>Research</b>	685.5 million	155 million	175.6 million	175.6 million
<b>Total</b>	\$1,149.8 million	\$337.9 million	\$385.4 million	\$470.7 million

In TB, the U.S. Government supports bilateral TB programs, works extensively with and through multi-lateral partners, particularly WHO, supports early and late stage research, and invests in TB/HIV programs primarily through the President's Emergency Plan for HIV/AIDS. The U.S. Government also contributes to the Global Fund to Fight AIDS, TB and Malaria and provides extensive technical support to countries in developing Global Fund programs

<sup>12</sup> Does not include funding for TB/HIV through PEPFAR. TB/HIV funding included in the HIV matrix.

<sup>13</sup> Global Fund calculations reflects average of 17% Global Fund grants to TB.

<sup>14</sup> Multilateral funding reflects direct contributions to WHO for specific activities. It does not include the general contribution made by the USG to WHO and the World Bank, a portion of which supports TB.

and in implementing grants. U.S. Government agencies are active members of the Stop TB Partnership. USAID is the lead U.S. Government agency for international TB efforts, including bilateral support and work with multilateral partners. USAID supports the international goal to reduce by 2015 fifty percent of the TB prevalence and deaths, with a particular focus in 20 high priority countries, supplemented by targeted activities in about 18 other countries. USAID TB efforts are focused on countries with: the highest number of cases and prevalence of TB, high HIV /TB co-infection rates, prevalence or potential for drug resistance (multi-drug resistant –MDR or extensively drug resistant TB – XDR TB), and lagging case detection and/or treatment success rates. USAID's goals and objectives are consistent with the targets and goals set by the international Stop TB (STB) Partnership's *Global Plan to Stop TB, 2006-2015*. USAID assistance supports implementation of national TB program plans and is fully consistent with the Stop TB Strategy, which builds on Directly Observed Treatment Shortcourse (DOTS) and also includes support for TB/HIV, MDR/TB, health systems strengthening, active engagement of the private sector, support for patients, and targeted research.

Health Expenditure<sup>15</sup>

In £millions

	2003/04	2004/05	2005/06	2006/07	Future Commitments
<b>TOTAL HEALTH EXPENDITURE</b>	424.40	519.20	642.50	756.70	At least £6bn over 7 years
<b>Bilateral</b>	311.10	369.00	443.80	494.00	
<i>of which</i> Direct HIV/AIDS (i)	63.50	96.80	130.50	122.20	
Other Diseases	57.10	77.00	64.60	79.50	
<i>Malaria</i>	-	-	-	-	
<i>TB</i>	-	-	-	-	
<i>Polio (ii)</i>	-	-	-	-	
Budget Support (not incl. above) (iii)	54.60	60.40	117.50	119.20	
Other Health Expenditure (iv)	135.90	134.90	131.30	173.10	- £1.38bn over 20 years to IFFIm - 20-year commitment to UNITAID, of up to €60m per year by 2010 subject to performance - \$485m to pilot AMC
<b>Multilateral</b>	113.10	150.20	198.70	262.60	
<i>Of which</i> GFATM	25.00	33.00	51.00	100.00	Up to £1bn to 2015, subject to demand, performance and results.
WHO	24.2	23.4	25.6	24.4	

<sup>15</sup> DFID supports the broader health sector plans of developing countries through sector wide programming and budget support so is not always able to break down expenditure into specific, disease categories.

UNFPA	18.10	20.00	20.00	20.00	£100m over 5 years
UNAIDS	3.00	8.10	16.00	10.00	
Other multilateral (v)	42.80	65.60	86.10	108.20	
<b>Research</b>	n/a	n/a	n/a	n/a	Health research spending to increase in 2008-13 (from £50m in 2007/08)

#### Notes

- (i) Only covers directly targeted elements of HIV and AIDS spending. Total UK HIV and AIDS expenditure from 2005-2008 is expected to be over £1.5 billion.
- (ii) GPEI figures indicate that the UK is the second largest contributor to polio eradication. The UK spent \$254.63m on polio from 2003-05, \$59.74m in 2006 and 57.46m in 2007.  
(<http://www.polioeradication.org/content/general/HistContributionWebMay08.pdf>)
- (iii) Includes Sector Budget Support and notional allocation to health of General Budget Support.
- (iv) Includes contributions to the GAVI Alliance.
- (v) Includes DFID share of multilateral net ODA (incl. UNICEF).

#### COUNTRY SCALE-UP

As set out in the US/UK Announcement on Health and Health Workers, in Ethiopia, Kenya, Mozambique and Zambia, the UK is planning to spend at least \$420million on health, including the health workforce, over the next three years.

(<http://www.whitehouse.gov/news/releases/2008/04/20080417-5.html>)

In addition, based on current, aggregate projections for the 2008-2011 period, DFID is planning to increase its bilateral aid for health, including where appropriate, to support the health workforce, in the other African IHP countries where it is currently engaged: Burundi and Nigeria (as well as the non-African IHP countries: Cambodia and Nepal). We will also be increasing bilateral aid for health in a number of other African and South Asian countries.

## RUSSIA

### Global Health Investment

Year (FY)	2000-2005 (Cumulative) (Optional)	2006 (Base)	2007
<b>Total Amount (US\$)</b>	\$52.93 mln.	\$29,85 mln.	\$108,35 mln.

#### Short Description (maximum half page)

-The Russian global figures represent the total disbursements for Bilateral and Multilateral ODA, including budget and earmarked contributions to GFATM, WHO, UNICEF, UNFPA.

- The Russian commitment to AMC (\$80 Million for the period 2010-2018) is not included.

- Total Global Health Commitments of the RF beginning from 2006 exceeds \$500 mln. This includes contributions to the HIV/AIDS, TB, malaria, polio, and other through bilateral and multilateral programs and initiatives, such as GFATM, AMC etc.

- Set aside about US\$60 millions for the years 2007-2010 to strengthen existing networks aimed at mitigating health consequences of natural and man-made disasters, including through effective use of rapid response teams

- Providing assistance to CIS countries in the field of HIV-prevention and surveillance. Organizing biannual biggest regional HIV/AIDS forum – Eastern Europe and Central Asia AIDS Conference (EECAAC)

- Measures against the health workforce crises are a part of Russian assistance programs in health and include trainings and education. Currently the Russian Federation works in this area in 4 African countries under the program to support strategies to control malaria

and in framework of debt-relief initiative.

**RUSSIA**

**Contribution to HIV/AIDS**

In USD

<b><u>G8 member</u></b>	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b><u>Country Name</u></b> <b><u>The Russian Federation</u></b> <b><i>Bilateral</i></b> (Project and Budget support)		0.0	0.0	\$3.0 mln	\$10.0 mln
<b><i>Global Initiatives</i></b> --GF:	\$11.6 mln	\$5.8 mln	\$43.62 mln	\$39.32 mln	\$30.75 mln
--Other:					
<b><i>Multilaterals</i></b> (WB, UN, etc)	\$2.5 mln	\$0.5 mln.	\$0.5 mln.	\$1.1 mln.	\$0.5 mln.
<b><i>Research</i></b>		0,0	0,0	\$16.69 mln	\$17.92 mln
<b><i>Notes: The yearly RF contribution to the GFATM in 2008-2009 will be according to the schedule agreed with the GFATM</i></b>					
<b>Total</b>	\$14.1 mln	\$6.3 mln	\$44.12 mln	\$60.11 mln.	\$59.17 mln.

RUSSIA

Contribution to Malaria

In USD

<u>G8 member</u>	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b><u>Country Name</u></b> <b><u>The Russian Federation</u></b> <b><i>Bilateral</i></b> (Project and Budget support)	0.0	0.0	0.0	0.0	0.0
<b><i>Global Initiatives</i></b> --GF: --Other:	\$4,8 mln	\$2,4 mln.	\$18.05 mln	\$16.27 mln	\$12.72 mln
<b><i>Multilaterals</i></b> (WB, UN, etc)	0.0	0.0	\$5,0 mln.	\$9.65 mln.	\$5.35 mln.
<b><i>Research</i></b>					
<b><i>Notes:</i></b>					
<b>Total</b>	\$4,8 mln	\$2,4 mln.	\$23,05 mln.	\$25,92 mln.	\$18.07 mln.

RUSSIA

Contribution to Tuberculosis

In USD

<u>G8 member</u>	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b><u>Country Name</u></b> <b><u>The Russian Federation</u></b> <b><i>Bilateral</i></b> (Project and Budget support)	0.0	0.0	0.0		
<b><i>Global Initiatives</i></b> --GF: --Other:	\$3.6 mln.	\$1.8 mln.	\$13.54 mln.	\$12.2 mln.	\$9.54 mln
<b><i>Multilaterals</i></b> (WB, UN, etc)					
<b><i>Research</i></b>					
<b><i>Notes: The Russian Federation contribution to the GFATM calculated as follows: 58% - HIV/AIDS, 24% - malaria and 18% - TB</i></b>					
<b>Total</b>	\$3.6 mln.	\$1.8 mln.	\$13.54 mln.	\$12.2 mln.	\$9.54 mln

## GERMANY

### Global Health data

Germany has increased annual spending for combating HIV/AIDS, TB and Malaria and for supporting related HSS-programmes from 300 Mio. € in 2006 till 500 Mio. € (committed) in 2008.

Also expenditures for other health issues have increased over the last years.

### Follow-up Heiligendamm

#### 1. Global Fund. Gender

Since its establishment Germany has supported the GF with increasing contributions.

At the GF replenishment conference in September 2007 in Berlin Germany pledged a total of 600 million EUR for 2008-2010. With a disbursement of 200 million EUR in 2008 Germany more than doubles its contribution of 87 million in 2007.

Furthermore Germany developed the Debt2Health instrument together with the Global Fund. In return for forgoing debt related payments beneficiary countries allocate part of the counter value to the GF for health programmes. The first memorandum was signed at the replenishment conference with Indonesia.

At the Heiligendamm Summit the G8 in cooperation with other partner governments committed to support a gender-sensitive response of the GF. Based on this decision Germany, in cooperation with other partners, drafted an initiative to integrate gender issues more substantially into the GF's policies and operations, which was presented during the GF Second Replenishment Conference in September 2007 in Berlin. The approach received broad-based support. At the 16<sup>th</sup> Board meeting of the GF in November 2007 a decision was made to bring this initiative forward and integrate gender into the structures and the operations of the GF. To support this approach at national level, Germany is currently conducting an exploratory project on how to make global finances actually work for women and girls based on the BACKUP initiative. It is planned to broaden this support as a gender component under the BACKUP Initiative. Germany has also focussed in this context of linking HIV/AIDS programmes with measures related to sexual and reproductive health and rights.

#### 2. Universal Access

With regard to universal access, Germany has recently committed to spend € 500 Mio. annually starting in 2008 for fighting HIV/AIDS, Malaria, Tuberculosis and respective health system strengthening.

Since 2007, twinning arrangements between organisations and hospitals in Germany and developing countries are being supported with funding from the German Federal Ministry for Economic Cooperation and Development (BMZ) within the "ESTHER<sup>16</sup>" alliance, the European network of partnerships between hospitals and organisations in the South and in the North.

#### 3. Polio

Germany has raised the issue at several diplomatic and political occasions to support WHO-led activities in order to improve efficiency of measures, especially in Nigeria, Pakistan and Afghanistan. High level contacts with GPEI in 2007 have been organized.

In 2007 and 2008, Germany committed another 90 million € for GPEI

#### 4. Health Architecture

Following up on the "Scaling Up for Better Health" process which was referred to at the G8 summit in Heiligendamm, Germany supports the International Health Partnership (IHP) between developing countries, donors, international health agencies and foundations as an important step towards better bilateral and multilateral coordination in global health. IHP is successful in mobilizing collective support for the development of holistic ambitious country-owned health sector development strategies and their implementation.

The "Providing for Health" initiative which aims at helping countries develop systems of social protection in health is closely linked to the International Health Partnership in order to enhancing sustainable structures for accessible and pro-poor health systems.

#### 5. Health System Strengthening

Germany and France were the driving forces to start off the Providing for Health (P4H) - Initiative which was welcomed by the G8 Summit in Heiligendamm. The principal objective of the initiative is to expand social health protection (universal coverage) in partner countries - in particular in Sub-Saharan Africa. The initiative will support partner countries in their efforts to incorporate social health protection into national health plans and programmes, including those programmes which are being financed in the framework of internationally agreed health sector support. Through this, the initiative will also contribute towards harmonizing international health sector support in accordance

<sup>16</sup> ESTHER = *Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau*.

with the Paris Agenda. The core group of the initiative is currently made up of Germany, France, Norway, WHO, ILO and the World Bank. The group is now preparing the implementation phase of the initiative.

In November 2007 an international workshop was organized in Bonn to establish the working principles of the Initiative.

## 6. Health workforce

Capacity development strategies are core elements of most supported activities in the health sector within the framework of German development aid. The German Implementing Agencies like GTZ, CIM, InWent or DED are strongly focussing on Capacity Development, TA-aspects and knowledge transfer.

Measures against the shortage of health workers in developing countries are a key component of health system strengthening in general and are therefore an integral part of all health programmes supported by German development cooperation. In Africa, in 7 partner countries<sup>17</sup> health system strengthening, including health worker related programmes is a priority area of development cooperation. Moreover, Germany offers professionals who were trained in Germany help with their reintegration upon return to their home country.

Germany has strongly supported the implementation of the European Programme of Action to address the Health workforce crisis, has participated in the compilation of a report of EU member states concerning their Health workforce related activities and strategies and is an active member of a European taskforce to establish a common policy framework. Furthermore, Germany participates in the different European working groups on migration and related issues in order to establish guidelines and principles for workforce recruitment and migration.

Within the task force and the health expert group of the EC, Germany strongly supports the collaboration between the EC and the WHO / GHWA on these issues.

Germany has participated actively in different international discussions and processes, namely the "task shifting" approach and the GHWA Kampala meeting.

Germany has undertaken different evaluations and studies in 2007 and 2008 on the scope and the effectiveness of different interventions – supported by Germany - in the field of Health Workforce. In cooperation with WHO and GHWA multi-country

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<sup>17</sup> These countries include DR Congo, Guinea, Cameroon, Kenya, Malawi, Rwanda and Tanzania.

assessments were undertaken on the needs of Capacity Building in health management skills and on the challenges for countries to improve capacities in order to coordinate effectively external support and involvement (country led coordination).

On the basis the results of these assessments Germany will work on scaling up health worker related programmes,

## 7. MDG 5/SRGR

Germany has developed a new strategy on SRGR – also aiming at extending support for SRGR esp. in the context of HSS-programmes, the p4h initiative and pursuing a stronger interlinkage with HIV/AIDS programmes.

GERMANY

HIV/AIDS, Malaria, TB and related HSS

In million EUR

	2000-2005 (Cumulative) (Optional)	2006 Base	2007 Actual	2008	2009
<b>Bilateral</b> <sup>18</sup> (Project and Budget support)		131.9	195 m	200	
<b>Global Initiatives</b>					
--GF:	164.5	72	87	200	
--Other: IPPF (25%)	6.0	0.9	0.9	0.9	
<b>Multilaterals</b> (WB, UN, etc)					
UNAIDS	7.8	1.05	1.15	1.75	
UNFPA (25%)	24	4.2 m	5.0	4.4	
WHO/GTB	1.4	...	...	...	
WHO/CDS	2.6	0.28			
Dev. Banks, EU (estimated share)	(100)	(100)	(100)	(90)	
<b>Research</b>					
IPM	1.5	0.25	1, 0	1,0	
TDR			0.75	0.75	

<sup>18</sup> Bilateral contributions include financial, technical cooperation, as cooperation with civil society, NGO and others as counterpart financing related to the debt2health program.

EC

Programmed ODA Financing for Health

Year (FY)	2000-2005	2006 (Base)	2007-2010 <sup>1</sup>
Direct Financing for Health (EUR)	2947 million	578 million	2400 million
General Budget Support (EUR)	1712 million	285 million	2259 million

Short Description

This table shows the evolution of direct programmed ODA financing for health from the European Commission 2000-2010, which is estimated to reach a total of €2400 million for the period of 2007-2010. This financing includes financing for health sectors at country level, regional activities, capacity building for research and development on poverty-related diseases in partner countries, humanitarian assistance related to health etc. For information about expenditures 2000-2006, we refer to the data available in the OECD-DAC database.

Implementing the principles of the Paris Declaration on Aid Effectiveness, the European Commission is moving from earmarked project support to general budget support modalities based on results-management, reaching an estimated total of €2259 millions for 2007-2010. This modality provides predictable financing in support of national policies and strategies, allows countries to cover re-current costs of health personnel, and links in most countries disbursement of parts of the funds directly to progress in health. The European Commission is introducing a new aid modality, the MDG contract, which will expand the programming cycle from 3 to 6 years, aiming to ensure predictable and long term financing.

The EC support for health should also be assessed in the context of the EU division of labour, which allow Member States and the Commission to focus on areas of strengths and work in coordination

and complementarity. According to OECD DAC total EU financing for health in 2000-2005 amounted to US\$ 7 billion, and in 2006 to US\$ 2.2 billion.

The health-related MDGs are central pillars in the EU Consensus on Development, which guide Community and Member State development cooperation activities. In 2007 European Union contributions represented 60% of all DAC ODA. EU Member States have made joint targets of increasing ODA to 56% of GNI by 2010, and 0.7 of GNI by 2015, 50% of this aid should go to Africa. EU focus its support in areas considered prerequisites for attaining the MDGs (peace and security and good governance), areas that create the economic environment necessary for achieving the MDGs (economic growth, trade and interconnection) and areas directly targeting the MDGs.

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<sup>1</sup> Indicative programmed figures.

## Contributions to HIV/AIDS, Malaria and Tuberculosis

### 1. Specific financing

It is not possible to provide a breakdown of financing for each of the three diseases, as the European Commission from 2007 and onwards does no longer provide earmarked financing related to projects related to AIDS, malaria and tuberculosis. Specific financing for the three diseases is channelled through the Global Fund to Fight AIDS, TB and Malaria. It is not earmarked per disease, as the Global Fund allocates financing based on country demand. The EC Seventh Framework Programme for Research is expected to provide a similar level of financing for research in the three diseases, but there are no breakdowns available at this stage for research financing for each of the three diseases.

All in € million	2000-2005 (Cumulative)	2006 Base	2007*	2008*	2009*
<b>Bilateral</b> (Project support)	201	37			
<b>Global Initiatives</b>					
--GF:					
--Other: NGO co-financing, innovative action	429 235	97 58	96	100	100
<b>Research</b>					
	369	100	100	100	100
<b>Total</b>	1234	292	196	200	200

\* Indicative programmed figures

## 2. Financing through health sector support and general budget support

European Commission support for confronting the three diseases is also provided through focal sector support to health, which in many partner countries will include major components on the three diseases as well as critical support for strengthening health systems - essential for effective responses to HIV/AIDS, malaria and tuberculosis. Similarly, financing is made available through general budget support aligned to partner country priorities and processes. In many countries there are specific indicators for the three diseases included in the set of progress indicators, which forms the basis of policy dialogue and disbursement of funds.

Indicative (All in € million)	2000-2005 (Cumulative)	2006 Base	2007*	2008*	2009*
<b>Health sector support</b>	1557	260	238	271	271
<b>General budget support</b>	712	285	299	653	653

\* Indicative programmed figures

## 3. HIV/AIDS addressed as a cross-sectoral issue

In recognition of the need for a multisectoral response to HIV/AIDS, the European Commission has made a commitment to implement a strengthened approach to mainstreaming of HIV/AIDS in all relevant sectors of development cooperation. In addition to the health sector mentioned above, specific HIV/AIDS prevention, care and support activities are integrated in focal sectors such as education, human resource development, transport, rural development and governance, and the impact of the sector on the HIV/AIDS epidemic is assessed and addressed.

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## G8 Contributions to the Polio Eradication Initiative 2003-2009

As at 7 July 2008  
All figures USD millions

Country	Total Contributions 1988-2008	2003-2005 Contributions	2006 Contributions	2007 Contributions	2008 Contributions	2006-2008 Contributions	2009 Contributions (Planned)
<b>US</b>	1,451.43	396.18	132.40	133.05	129.75	395.20	
<b>UK</b>	726.71	254.63	59.74	57.46	To be announced (likely to be multi-year)	117.20	
<b>Japan</b>	350.69	90.05	14.09	20.32	16.85	51.26	
<b>Germany</b>	199.40	55.67	13.61	26.20	65.37	105.18	
<b>Canada</b>	234.78*	106.97	44.38	11.16	50.14	105.68	
<b>France</b>	36.62	23.82	12.80	0.00	0.00	12.80	
<b>Italy</b>	43.60	18.93	5.85	0.00	12.62	18.47	
<b>Russia</b>	23.00	8.00	3.00	3.00	9.00	15.00	5.00
<b>EC</b>	192.17	89.98	28.18	37.27	9.00	74.45	
<b>Total G8 Contributions</b>	3,258.4	1,044.23	314.05	288.46	292.73	895.24	

The figure for 2008 is calculation by the Government of Japan as of June 1<sup>st</sup>, 2008.

\*Canada's total contributions include funding only from 2000-2008.