



U.S. GLOBAL HEALTH POLICY

THE U.S. GLOBAL HEALTH INITIATIVE: A COUNTRY ANALYSIS

February 2011



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Josh Michaud
Jen Kates
Kaiser Family Foundation

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INTRODUCTION

In May 2009, the Obama Administration announced a new “Global Health Initiative” (GHI), proposed as a six-year (FY 2009–FY 2014), \$63 billion effort, and described as the “next phase” of U.S. global health assistance.¹ The GHI brings together existing U.S. disease-specific initiatives as well as other health programs under one umbrella, encompassing most of the U.S. global health funding portfolio (more than 80%),² and including the following eight program areas: HIV/AIDS, tuberculosis (TB), malaria, NTDs, maternal, newborn, and child health (MNCH), family planning and reproductive health (FP/RH), nutrition, and health systems strengthening (HSS). These programs span activities in more than 80 countries.³

While the GHI aims to consider these programs as a unified whole, this has not historically been the case. Rather, U.S. global health programs have operated largely in overlapping but distinct sets of countries by program area, the selection of which has been driven by multiple factors over time. These factors have included disease burden (e.g., countries in sub-Saharan Africa hardest hit by HIV/AIDS and malaria), but also poverty, infrastructure limitations, and instability (e.g., Zimbabwe and Haiti), priorities of new initiatives (e.g., the 15 original focus countries of the President’s Emergency Plan for AIDS Relief), historical aid relationships, and broader strategic and foreign policy interests (e.g., reconstruction in Afghanistan and Pakistan), the political will and/or ability of a recipient country to fund its response, and the presence of other donors.⁴

This report provides an overview of the countries in which the GHI operates, looking at the presence of U.S. programs along with their economic, demographic, and disease and health burden characteristics. It includes a detailed analysis of funding by country and program based on enacted FY2010 appropriations data as reported by the U.S. government. Country-level funding data were available for six of the eight GHI program areas—HIV/AIDS, TB, malaria, MNCH, FP/RH, and nutrition—and these six form the basis of the analysis. A special spotlight on the eight “*GHI Plus*” countries is also provided; these countries have been selected by the Administration to serve as “learning laboratories” for accelerating the translation of the GHI principles into programming on the ground.

Key findings are as follows:

- In FY 2010, 73 countries and 12 regional programs received U.S. government support for GHI programs in the areas of HIV/AIDS, TB, malaria, MNCH, FP/RH, and nutrition, representing \$5.7 billion, or almost two-thirds (64%), of the \$8.9 billion appropriated for the GHI. By and large the GHI countries are low-income, have significant disease burdens, and demonstrate limited health capacity compared to global rates.
- On average, GHI countries received assistance in three of the six program areas in FY 2010—with 40 countries receiving assistance in three or more—although this varied by country. Twenty countries received assistance in only one area while 12, all in Africa, received assistance in all six.
- HIV/AIDS programs were by far the most common type of program across the 73 GHI countries in FY2010; 64 countries received HIV support. MNCH, TB, and FP/RH support were the next most common programs, with 43, 42, and 38 countries, respectively.
- The African region had the greatest number of GHI countries, and drew more than 80% of all GHI funding, along with the highest amount of funding of any region in every one of the six program areas examined. The South/Central Asia region accounted for next largest share of funding at almost 6 percent.

- Africa is home to nine of the top 10 GHI country aid recipients, with Haiti being the only non-African country among the top 10. African countries also comprised the 10 most heavily funded countries for HIV/AIDS and malaria, six of 10 FP/RH recipients, and five of 10 MNCH and nutrition recipients. Countries in South/Central Asia also received significant amounts of funding in multiple areas, particularly TB.
- The eight *GHI Plus* countries are a diverse group, representing a range of demographic, health, and other characteristics. There is a heavy U.S. program presence in the *Plus* countries, with six out of eight receiving U.S. support in at least five of the six program areas examined here. Together, they accounted for \$1.4 billion, or a quarter (25%), of the total amount of GHI country and regional funding in FY 2010.
- The funding picture looks different by other measures, including when standardized by population size, in which smaller countries that do not rank among the top 10 aid recipients in absolute dollars move into the top 10 per capita. There are also, however, wide ranges in funding based on these standardized rankings, including per person living with HIV/AIDS or per malaria death. Furthermore, standardizing funding per *disability-adjusted life years (DALYs)* indicates that some countries with relatively low disease burden by this measure receive high amounts of GHI funding.

Looking ahead, this analysis points to several potential opportunities as well as challenges for the GHI, as it seeks to better integrate and coordinate U.S. efforts across multiple programs and achieve efficiencies. First, considering GHI countries as a whole allows for a more comprehensive examination of funding distribution overall and by different program areas, disease burden, and other factors, and may offer a new lens through which to consider funding allocations; such an analysis would need to take into account the numerous factors that drive U.S., and other donor government, investments in countries. Second, making gains from integration may prove to be challenging where U.S. assistance has been limited to one or two program areas. At the same time, given that 40 GHI countries currently receive assistance in at least three different program areas, there are likely to be further opportunities for integration and efficiencies across U.S. global health program areas, and how this plays out in the *GHI Plus* countries, with their heavy U.S. program presence, will be important to watch. Finally, a more global look at the GHI countries and program presence not only helps to identify overlaps and potential areas for further integration, it may also identify areas in need of particular attention such as implementation of the GHI's focus on women, girls, and gender equality in those countries that do not currently receive GHI funding for MNCH and/or FP/RH.

METHODOLOGY

This report is based on an analysis of final FY 2010 enacted appropriations for GHI programs by country, as reported on the U.S. government’s foreign assistance information site (www.foreignassistance.gov). Only GHI-related accounts at the State Department and U.S. Agency for International Development (USAID) are included; additional funding provided for GHI programs through other agencies is either not available by country or not used for country-level activities.⁵

Table 1: Breakdown of GHI Funding, FY 2010⁶

	Amount (in millions)	Percent
Total GHI Appropriation	\$8,878.2	100%
Country/regional funding	\$5,692	64%
<i>Country-specified</i>	\$5,570	63%
<i>Regional-specified</i>	\$122	1%
Other funding	\$3,186	36%
<i>Global Fund & international partnerships</i>	\$1,292	15%
<i>Health Research</i>	\$566	6%
<i>Administrative, core, evaluation</i>	\$926	10%
<i>Other*</i>	\$401	5%
<i>* includes some country and regional funding that has not yet been identified by specific location such as funding for the NTD Initiative, HSS, as well as funding at CDC and DoD</i>		

Country and regional funding allocations are identified for six of the eight GHI program areas—HIV/AIDS, malariaⁱ, TB, MNCH, FP/RHⁱⁱ, and nutrition – and these amounts form the basis of this analysis. Data for HSS and NTDs are not available by country at this time.

Funding for these six programs is provided to 73 countries and 12 regions, totaling \$5.69 billion. As such, it represents almost two-thirds (64%) of the overall FY 2010 GHI appropriation of \$8.88 billion⁷ (see **Table 1**). The remaining 36% is comprised primarily of funding for multilateral organizations (15%), research (6%), and oversight, administration and evaluation (10%). Only a small share (less than 5%) includes some funding that will be provided to countries but has not yet been identified by specific locations.

Analysis by country, region, and program is provided below. Further detail is provided in Appendices.

ⁱ Additional GHI funding for HIV/AIDS and malaria, some of which will be allocated to countries, is also appropriated to CDC and DoD. In FY 2010, these amounts totaled \$129 million and \$34 million, respectively. Because these data were not identified by country or region, they were not included in this analysis.

ⁱⁱ USAID also receives funding for MNCH and FP/RH that is not currently counted as part of the GHI and therefore not analyzed here. In FY 2010, these amounts totaled \$380.6 million and \$123.5 million, respectively.

CHARACTERISTICS OF THE GHI COUNTRIES

Geographic Landscape

The GHI operates programs in all regions of the world, including the 73 countries receiving FY 2010 support and others that receive funding from regional budget allocations. The initiative's greatest presence is in Africa, with 32 countries, or almost half the total number of GHI countries, and four regional programs. The Western Hemisphere has the next greatest number of GHI countries (14) and regional programs (4). The regions of East Asia/Pacific and South/Central Asia each have 10 GHI countries, while Europe/Eurasia has six and the Near East region has one (Yemen).

Socio-Economic Status

As a group, the GHI countries are mostly low income. The majority (63, or 86% of GHI countries) are classified by the World Bank as low (33) or lower-middle (30) income; 10 GHI countries, however, are classified as upper middle income.⁸ GDP per capita in 2008 across the GHI countries ranged from a low of \$145 in Burundi to a high of \$11,748 in the Russian Federation, with all countries falling below the global average of \$15,222 and most (66 countries) at less than half the global average.⁹

Box 1. GHI Countries, by Regional Designation

<u>Africa</u>	<u>Europe and Eurasia</u>	<u>Western Hemisphere</u>
Angola	Armenia	Belize
Benin	Azerbaijan	Bolivia
Botswana	Belarus	Brazil
Burkina Faso	Georgia	Dominican Republic
Burundi	Russian Federation	El Salvador
Cameroon	Ukraine	*Guatemala*
Congo (Dem. Republic of)		Guyana
Cote d'Ivoire	<u>South and Central Asia</u>	Haiti
Djibouti	<u>Asia</u>	Honduras
Ethiopia	Afghanistan	Jamaica
Ghana	*Bangladesh*	Mexico
Guinea	India	Nicaragua
Kenya	Kazakhstan	Paraguay
Lesotho	Kyrgyzstan	Peru
Liberia	*Nepal*	
Madagascar	Pakistan	<u>Near East</u>
Malawi	Tajikistan	Yemen
Mali	Turkmenistan	
Mozambique	Uzbekistan	
Namibia		
Nigeria	<u>East Asia and Pacific</u>	
Rwanda	Cambodia	
Senegal	China	
Sierra Leone	Indonesia	
Somalia	Lao People's Democratic Rep.	
South Africa	Myanmar	
Sudan	Papua New Guinea	
Swaziland	Philippines	
Tanzania (United Rep. of)	Thailand	
Uganda	Timor Leste	
Zambia	Viet Nam	
Zimbabwe		

Bold = GHI
Plus designated country

Much of the population in GHI countries is impoverished. In 33 countries, more than a quarter of the population lives on less than \$1.25 per day, including more than eight in 10 people in Burundi, Liberia and Tanzania. At the other end of the spectrum, only small shares (less than 2%) live on so little in several countries including the Ukraine, Jamaica, and Kazakhstan.¹⁰ GHI countries are also primarily rural—in 46 GHI countries, including some of the most populous in the world, at least half of the population lives in rural areas. There are several exceptions, including Russia, Brazil, and Mexico, where more than 70% of the population lives in urban areas.¹¹

Disease and Health Burden

GHI countries face high burdens of disease and other health challenges. For example, GHI countries account for almost all maternal deaths that occur in the world (98%), with those in Africa alone accounting for more than half of all maternal deaths (52%). Maternal mortality rates are also high in many African countries, and well above the global rate of 260, although the country with the highest maternal mortality rate in the world is Afghanistan (1,400 maternal deaths per 100,000 live births). Maternal mortality rates are generally lowest in Europe/Eurasia.¹² GHI countries also have some of the highest child mortality rates in the world. For example, the under-5 mortality rates in Afghanistan (257 child deaths per 100,000), Angola (220) and Somalia (200) are far above the global average (65).¹³

Much of the HIV/AIDS burden is concentrated in GHI countries, particularly those in Africa. Of the estimated 33.4 million people living with HIV/AIDS, approximately 84%, or 28 million, live in GHI countries, with those in Africa alone accounting for 63%.¹⁴ About half of the GHI countries (37, or 51%) have “generalized HIV epidemics” meaning that their HIV prevalence rate exceeds 1 percent. TB and malaria have also had significant impacts on GHI countries. Forty-seven GHI countries (64%) have TB incidence rates that exceed the global average rate of 139 new TB cases per 100,000.¹⁵ Similarly, GHI countries account for most of the world’s global malaria burden, including 95% of malaria cases and 94% of deaths.¹⁶ Finally, malnutrition is prevalent in GHI countries, with 44 countries (60%) having a greater prevalence than the global average of 13 percent undernourished; in 23 GHI countries, at least a quarter of the population is undernourished.¹⁷

Health Workforce/Capacity

In addition to their high burden of disease and other health challenges, the GHI countries also face health system capacity and infrastructure limitations. All GHI countries had health expenditures per capita in 2007 that fell below the global average of \$863; almost half (32, or 44% of countries) had per capita expenditures less than \$100.¹⁸ Across GHI countries, the median number of physicians is 4 per 10,000 population, compared to a global average of 14; nine countries (all in Africa) have fewer than one physician per 10,000.¹⁹ Skilled birth attendance across the GHI countries is generally low, with over half of the countries (38, or 52%) falling below the global average of 66%, including 27 countries with less than 50% coverage.²⁰

GHI PROGRAM AREAS

GHI presence by country and program area was assessed for the six program areas where country-level budget allocation data were available. On average, GHI countries received assistance in three program areas in FY 2010, although this varied by country; 20 countries received assistance in only one program area while 12, all in Africa, received assistance in all six (see **Tables 2 & 3**). Looking by program area:

- **HIV/AIDS:** in FY 2010, 64 countries and 11 regional programs received GHI funding for HIV/AIDS activities through PEPFAR. Africa has the greatest presence of HIV/AIDS programs with 30 countries, followed by the Western Hemisphere (12), South/Central Asia (10), East Asia/Pacific (9), and Europe/Eurasia (3).

Box 2: Neglected Tropical Diseases (NTDs)

The GHI, through the U.S. Neglected Tropical Diseases (NTDs) Initiative, provides assistance to 12 countries to control and eliminate NTDs. Nine of the GHI’s NTD countries are in Africa, two in South/Central Asia, and one in the Western Hemisphere. Though \$65 million was provided to NTD programs in FY 2010, funding data are not available by country or region. Therefore, NTD funding is not included in this analysis.

- **TB:** U.S. TB assistance was provided to 42 countries and six regional programs in FY 2010. Africa was home to most of these countries (18), followed by South/Central Asia (9). The Western Hemisphere and Europe/Eurasia each received GHI TB assistance in six countries, and the East Asia/Pacific region received assistance in three.
- **Malaria:** GHI malaria programs are carried out through the PMI and other U.S. bilateral efforts in 20 countries, including the 15 original PMI focus countries and two new focus countries (Nigeria and the Democratic Republic of Congo) announced in FY 2011 but which received support in FY 2010, and three regional programs. The PMI was launched as an effort to address the burden of malaria in Africa and all 20 GHI malaria countries are in Africa (as is one regional program), while the East Asia/Pacific and Western Hemisphere regions each have malaria funding through a regional program.
- **MNCH:** Funding for MNCH efforts under the GHI was provided to 43 countries and six regions in FY 2010. Africa, with 23 countries and three regional programs, accounts for more than half of the countries receiving GHI MNCH assistance. The Western Hemisphere is home to eight GHI countries and one regional program, followed by South/Central Asia (6), East Asia/Pacific (4), and Europe/Eurasia and the Near East (1 each).
- **FP/RH:** Thirty-eight countries and six regional programs received assistance for FP/RH through the GHI in FY 2010. African countries account for the large majority of these, with 21 countries and three regional programs. Outside of Africa, the GHI operates FP/RH activities in eight countries and one regional program in the Western Hemisphere, five in South/Central Asia, three in East Asia/Pacific, and one in the Near East. Each country receiving FP/RH assistance under the GHI also receives MNCH assistance with the exceptions of South Africa and Paraguay; conversely, there are seven GHI countries that receive MNCH funding but not FP/RH support.
- **Nutrition:** Twenty-seven countries and three regional programs received nutrition assistance through the GHI in FY 2010. These nutrition programs are coordinated with the U.S. Global Hunger and Food Security Initiative (Feed the Future), which was first announced in July 2009 and seeks to establish a framework for coordinated action on food security and undernutrition, to reduce global hunger and poverty.²¹ The GHI carries out its nutrition efforts mostly through MNCH activities, and every GHI country with nutrition support also receives MNCH assistance under the GHI.

Table 2. Number of GHI Countries by Program Count, FY 2010

Number of Programs	Number of Countries
6	12
5	13
4	6
3	9
2	13
1	20
Total	73

Table 3. Number of GHI Countries by Program Area Count, FY 2010

Program Area	Number of Countries
HIV/AIDS	64
TB	42
Malaria	20
MNCH	43
FP/RH	38
Nutrition	27
Total	73

THE “GHI PLUS” COUNTRIES

The GHI Consultation Document calls for a subset of up to 20 countries to be selected as “*GHI Plus*” countries to receive additional technical and management assistance from the U.S. government to accelerate the impact of the GHI. The U.S. government views the *GHI Plus* countries as “learning laboratories” and opportunities to build upon existing U.S. global health programs, and work in close collaboration with partner governments. Selection of the *GHI Plus* countries was planned to occur in two phases based on established criteria that include partner country interest, presence of the major GHI health programs, burden of disease, geographic diversity, and potential to leverage bilateral, multilateral, and foundation investments, among others.²² The initial eight *GHI Plus* countries were announced in June 2010—Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda²³—representing five countries in Africa, two in South/Central Asia, and one (Guatemala) in the Western Hemisphere.

Table 4 presents selected characteristics of the *GHI Plus* countries (additional information is provided in Appendices). The eight countries are diverse, representing a range of demographic, health, and other characteristics. Guatemala has the highest GDP per capita (\$2,848 in current USD) among the eight *GHI Plus* countries; GDP per capita in all other *GHI Plus* countries falls far below \$1,000, with lowest figures found in Malawi (\$288) and Ethiopia (\$321).²⁴ Guatemala is also the most urbanized of these countries, with about half of its population residing in urban settings. Ethiopia, on the other hand, is primarily rural with only 17 percent of its population living in urban areas.²⁵ Adult HIV prevalence in the GHI countries varies from less than 1 percent in Nepal, Guatemala, and Bangladesh to a high of 11.9 percent in Malawi; all five *GHI Plus* countries in Africa have generalized epidemics.²⁶ Maternal mortality is highest in Mali (830 per 100,000 live births) and lowest in Guatemala (110) among the eight.²⁷ Ethiopia has the lowest coverage of skilled birth attendance (6%); the highest among the *Plus* countries is Malawi (54%).²⁸ The percent of the population undernourished ranged from a low of 12 percent in Mali to a high of 41 percent in Ethiopia.²⁹

Table 4. Selected Characteristics of the *GHI Plus* Countries

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal	Rwanda
<i>GDP per capita (Current USD)</i>	\$497	\$321	\$2,848	\$783	\$288	\$686	\$438	\$458
<i>Urban population (%)</i>	27.6%	17.3%	49.0%	21.9%	19.3%	32.7%	17.7%	18.6%
<i>HIV prevalence, adult (%)</i>	<0.1%	NA	0.8%	6.3%	11.0%	1.0%	0.4%	2.9%
<i>Maternal mortality ratio</i>	340	470	110	530	510	830	380	540
<i>Population undernourished</i>	27%	41%	21%	31%	28%	12%	16%	34%
<i>Skilled birth attendance</i>	18%	6%	41%	42%	54%	49%	19%	52%

NA= not available

The *GHI Plus* countries have a heavy USG program area presence. Three of the *Plus* countries (Ethiopia, Kenya, Malawi) had U.S.-supported programs in all six GHI program areas in FY2010 and three countries (Bangladesh, Mali, and Rwanda) had programs in five areas; two countries, Guatemala and Nepal, had programs in four (**Table 5**). All eight *GHI Plus* countries receive support for HIV/AIDS, MNCH, FP/RH, and nutrition. Five (Ethiopia, Kenya, Malawi, Mali and Rwanda) receive assistance for malaria programs and four (Ethiopia, Kenya, Malawi and Bangladesh) for TB.

Table 5. U.S. Global Health Program Presence in *GHI Plus* Countries, FY 2010

	HIV/AIDS	TB	Malaria	MNCH	FP/RH	Nutrition	TOTAL
Bangladesh	X	X		X	X	X	5
Ethiopia	X	X	X	X	X	X	6
Guatemala	X			X	X	X	4
Kenya	X	X	X	X	X	X	6
Malawi	X	X	X	X	X	X	6
Mali	X		X	X	X	X	5
Nepal	X			X	X	X	4
Rwanda	X		X	X	X	X	5
TOTAL	8	4	5	8	8	8	--

GHI FUNDING ANALYSIS

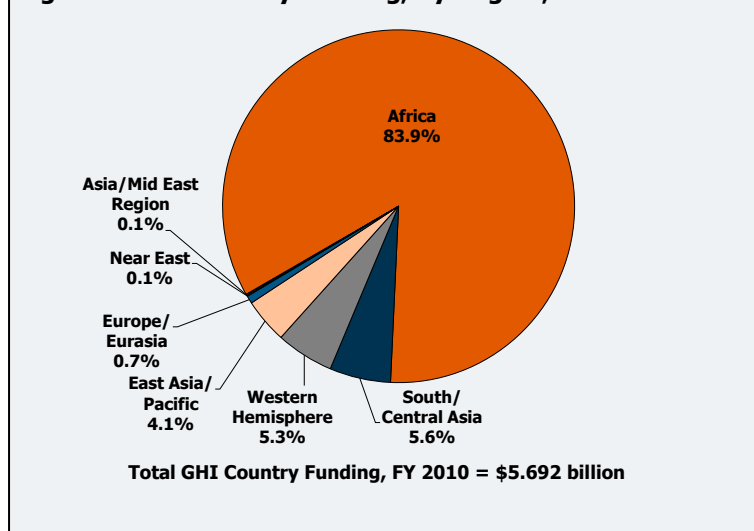
The following sections provide an analysis of GHI funding based on FY 2010 appropriations data, with key findings highlighted in the text and figures presented below. First, an analysis of the distribution of GHI funding by region and country is provided, looking specifically at the top 10 aid recipients overall and by program area. Then, funding allocations standardized according to different measures, including population size and disease burden, are examined.

Distribution of Funding by Country & Region

Of the total \$5.692 billion provided to GHI countries and regions in FY 2010, more than 80 percent was provided to Africa (Figure 1). In addition, Africa is home to nine of the 10 countries that received the highest total funding amounts through the GHI, with Haiti being the only non-African country in the top 10 (Figure 2). The South/Central Asia region (with 10 GHI countries) accounts for 5.6 percent of total GHI funding, while the Western Hemisphere (with 14 GHI countries) and East Asia/Pacific regions receive

approximately 5 percent and 4 percent, respectively, of total funding. The other regions receive less than 1 percent of total GHI funding.

Figure 1. GHI Country Funding, by Region, FY 2010



Together, the eight *GHI Plus* countries accounted for \$1.42 billion, or a quarter (25%) of the total \$5.692 billion for GHI country and regional programs in FY 2010, though overall funding amounts across these eight countries varied considerably (**Figure 3**). Three of the *GHI Plus* countries (Kenya, Ethiopia, and Rwanda) are among the top 10 recipients of total GHI assistance with Kenya being the largest recipient of any GHI country in FY 2010, receiving over \$600 million. The top four *GHI Plus* recipients are in Africa and have received significant funding for HIV/AIDS programs. Conversely, Nepal and Guatemala received the least GHI funding among *GHI Plus* countries across the six program areas, with \$25.0 million, and \$14.6 million in funding respectively.

Distribution of Funding by Program Area

HIV/AIDS funding comprised almost three-quarters (73%) of the total \$5.692 billion provided to GHI countries and regions in FY 2010. The remaining GHI program areas received less than 10 percent each ranging from 1 percent for nutrition programs to 9 percent for malaria (**Figure 4**).

Africa received the greatest amount of GHI funding of any region in each of the GHI program areas; for HIV/AIDS, Malaria, FP/RH, and nutrition, African countries received more than the other regions combined (**Figure 5**). Home to most of the world’s HIV burden, Africa received approximately 90 percent of GHI funding targeted to HIV/AIDS programs. The global burden of malaria deaths is also concentrated in Africa, the focus of the U.S. PMI effort, and correspondingly Africa received nearly all GHI funding for malaria (98%); the original 15 PMI countries collectively received approximately 89 percent of the malaria total. The African region also received about 60 percent of funding in both the FP/RH and nutrition program areas, and half of all GHI funding for MNCH. African countries received the greatest proportion of TB funding of any region (40%), though countries in South/Central Asia, the second hardest hit region by TB, accounted for almost 30 percent of the GHI TB total.

Figure 2. Top 10 GHI Countries by Total FY 2010 Funding (in millions)

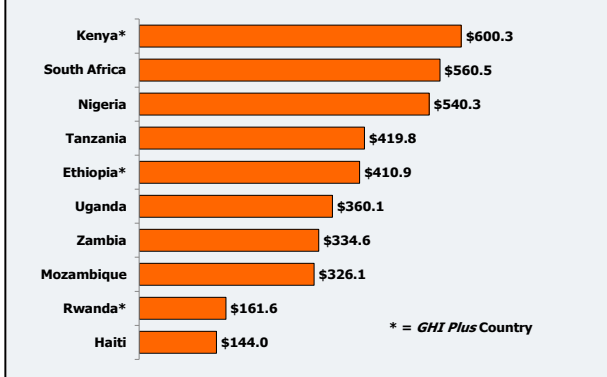


Figure 3. GHI Funding Amounts for GHI Plus Countries, FY 2010 (in millions)

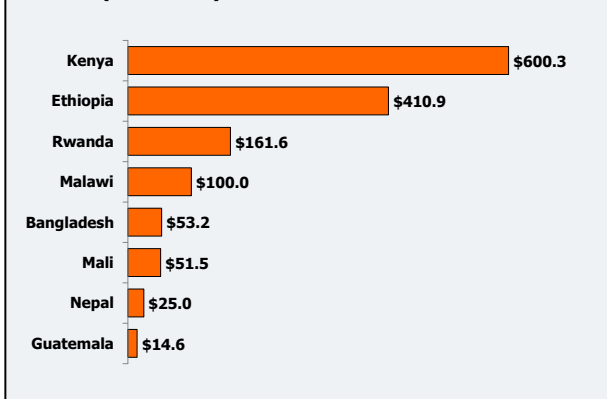


Figure 4. GHI Country Funding, by Program Area, FY 2010

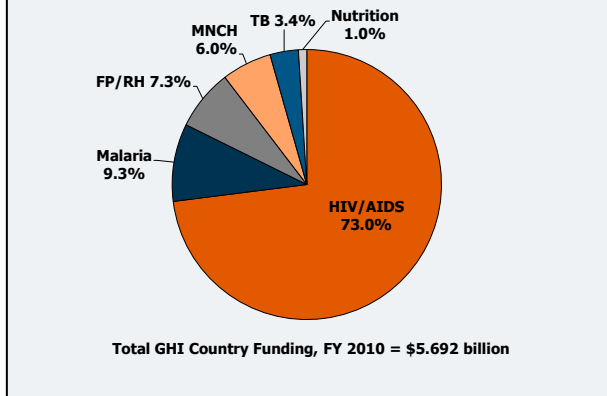
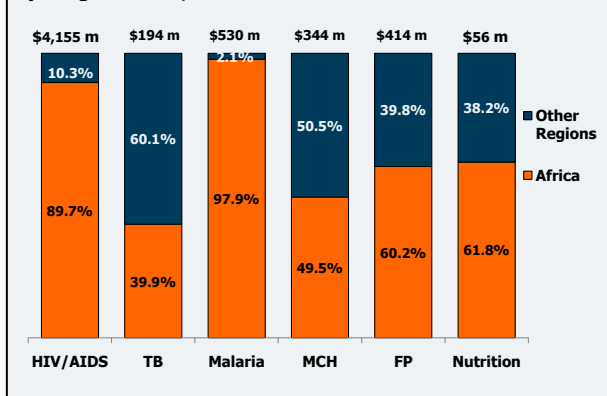
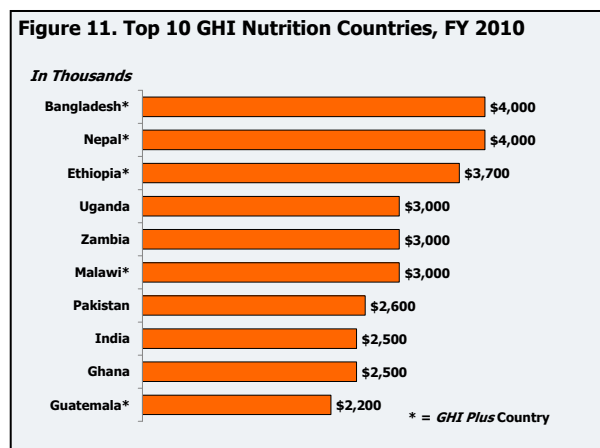
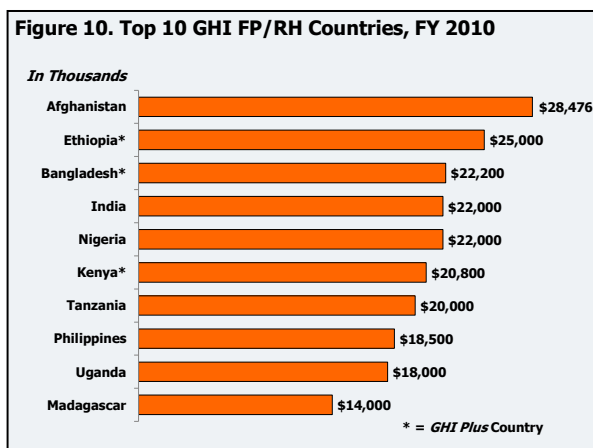
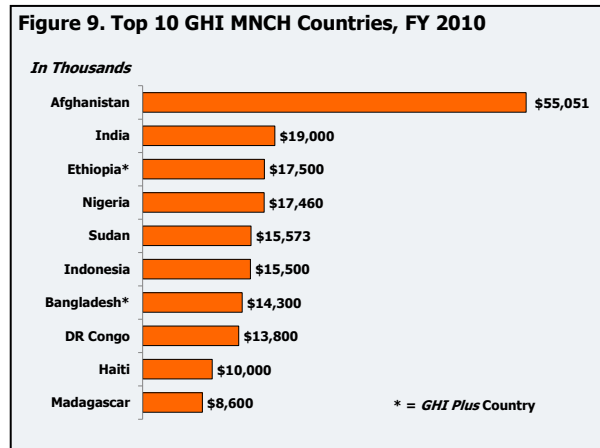
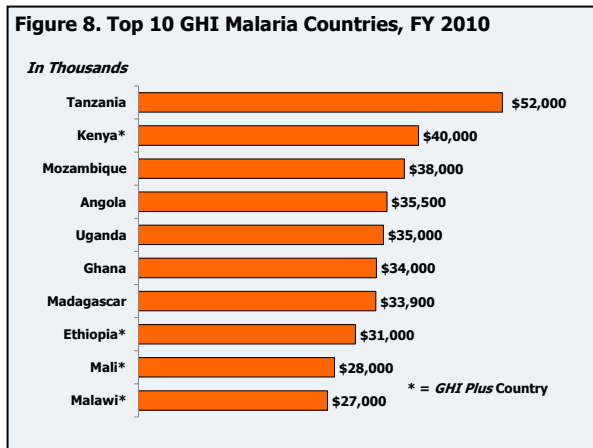
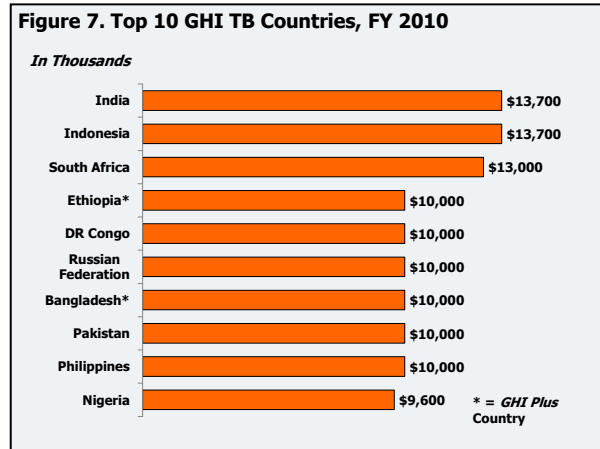
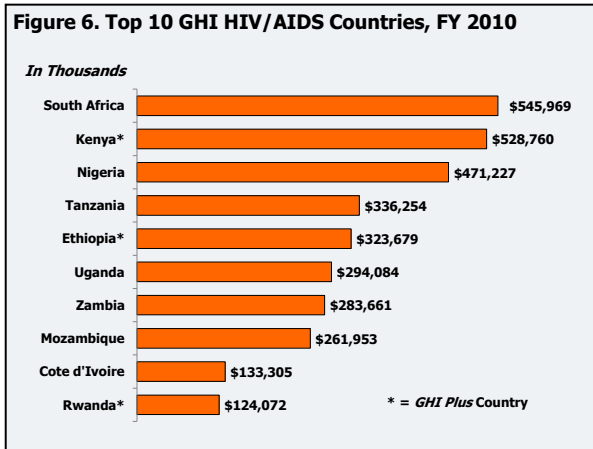
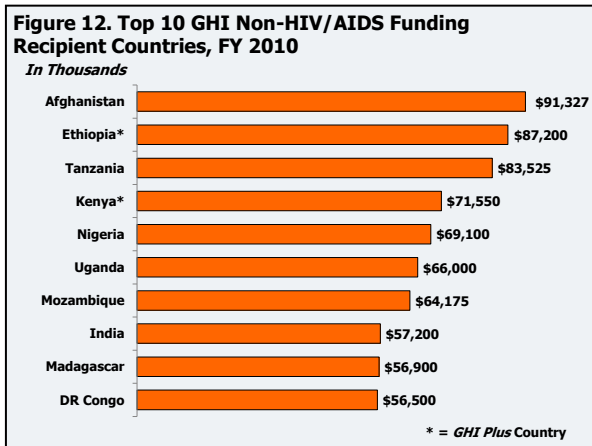


Figure 5. GHI Funding for Africa and Other Regions, by Program Area, FY 2010



African countries comprised all of the top 10 recipients of HIV/AIDS and malaria funding through the GHI, and also figured prominently in the other program areas including: six of the top 10 FP/RH recipients, five of the top 10 MNCH recipients, and five of the top 10 nutrition recipients. Countries in South/Central Asia, including Bangladesh, India, and Pakistan, though, also received significant amounts in multiple program areas and for TB, six of the top 10 recipient countries were not in Africa—India, Indonesia, and Russia were the non-African countries receiving the highest amounts for TB (see **Figures 6 – 11**).





Because HIV/AIDS represents the bulk of GHI funding, **Figure 12** shows the top 10 GHI recipient countries without HIV/AIDS funding (i.e. summing amounts for TB, Malaria, MNCH, FP/RH and Nutrition together). As the chart indicates, many of the countries that received large amounts of HIV/AIDS funding also received significant amounts of non-HIV/AIDS support (for example, Ethiopia, Tanzania, Kenya, Nigeria and Uganda), though countries such as Afghanistan and India moved into the top recipients with HIV/AIDS amounts excluded. Interestingly South Africa (one of the top GHI recipients) does not appear on the non-HIV/AIDS funding list, because U.S. support

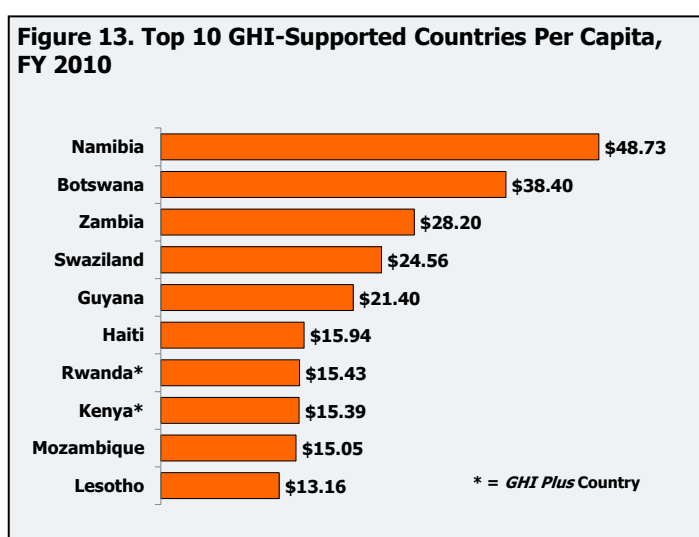
there was almost entirely comprised of HIV funding in FY 2010.

Distribution of Funding by Population and Disease Burden

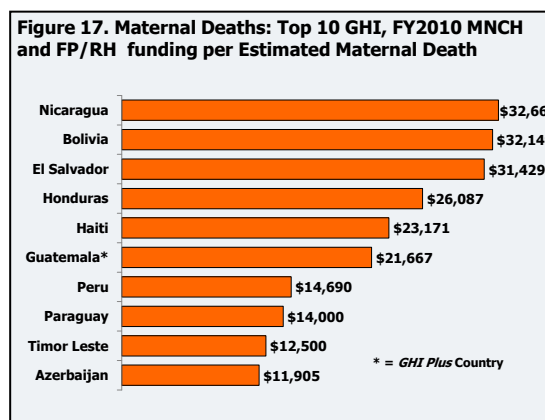
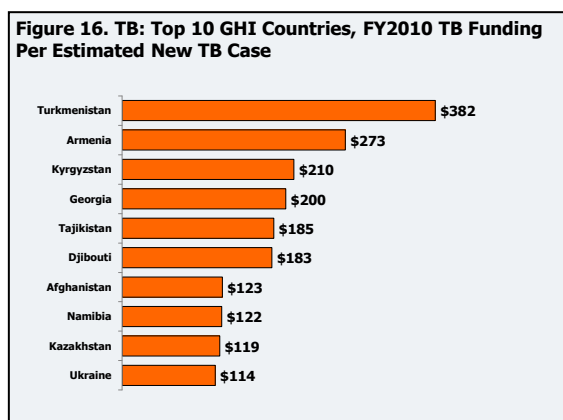
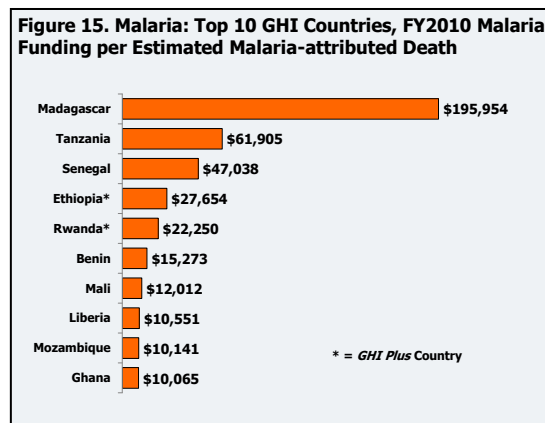
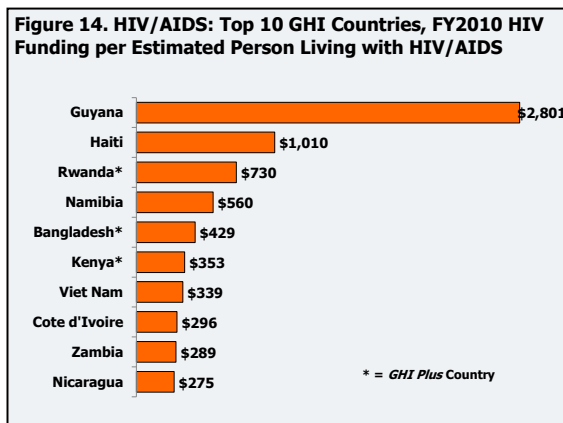
Examining absolute amounts of aid is one way to look at funding trends and major recipients of U.S. global health assistance, but it does not necessarily shed light on the relationship between funding and need. There is no single agreed-upon method for analyzing this relationship, however, and limitations to doing so. Three different approaches for measuring GHI assistance by burden were examined here and as illustrated below, each yields different results:

- *Funding per capita*: standardizes funding levels by population size of recipient country;
- *Funding by program area per estimated case or death*: standardizes country funding in program areas (i.e. HIV/AIDS, Malaria, etc.) by the number cases or deaths from that condition in each country;^{30 31 32 33}
- *Funding per “disability-adjusted life years”, or DALYs*: standardizes funding levels by burden of disease using the DALY metric. The DALY, a summary measure of health burden is meant to reflect the total morbidity and mortality caused by different health conditions by country. It is calculated by taking the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. DALYs can be used to report on burden of disease from all causes or the burden due to specific diseases and health conditions.³⁴

Figure 13 shows the top 10 country recipients of total GHI funding per capita. This allows for comparison between those GHI countries with relatively large populations, such as Nigeria, Ethiopia, and South Africa that rank in the top 10 by absolute funding amounts, and those with smaller populations, such as Namibia, Botswana, and Swaziland that do not rank in the top 10 by absolute funding but are in the top 10 per capita. Overall, five of the top 10 recipients per capita are also among the top 10 recipients of absolute aid amounts (as shown in **Figure 2**). As with funding



amounts overall, African countries still account for the greatest share of funding by this measure, with eight countries in the top 10 coming from Africa; two Western Hemisphere countries (Guyana and Haiti) are also in the top 10. Among these top 10 countries, GHI funding per capita ranged from just over \$13 per person in Lesotho to almost \$50 per person in Namibia. Two of the top 10 are *GHI Plus* countries—Kenya and Rwanda.



Standardizing funding by disease burden (e.g., persons living with HIV/AIDS, maternal deaths, TB cases, etc.) also yields a different funding picture compared to absolute funding amounts, and, as with per capita GHI funding, there are wide ranges per burden here as well. For example, whereas African countries represent all top 10 recipients of GHI HIV/AIDS funding when measured by absolute amount, they represent five of the top 10 when standardized per person living with HIV/AIDS³⁵; the top two recipients as measured by funding per person living with HIV/AIDS are actually Guyana and Haiti. Funding per person living with HIV/AIDS among the top 10 ranges markedly, from \$275 to \$2,801 (see **Figure 14**).

Standardizing GHI country malaria funding by malaria-attributed deaths for 2009³⁶, large differences are apparent among the top 10 recipients. Madagascar received by far the highest amount by this measure with almost \$200,000 per malaria-attributed death in that country, while Ghana (still within the top 10) received just over \$10,000 per death (**Figure 15**). Likewise, among the top 10 countries as measured by GHI TB funding per estimated new TB case³⁷, amounts varied from a high of \$382 in Turkmenistan to \$114 in Ukraine, with Namibia and Djibouti being the only African countries among these ten (**Figure 16**). No country on this standardized list is among the top 10 absolute GHI TB funding recipients.

None of the top 10 recipients per number of maternal deaths³⁸ were in Africa; the top eight countries are from the Western Hemisphere (see **Figure 17**). Funding per maternal death among the top 10 recipients ranged from \$11,905 in Azerbaijan to a high of \$32,667 in Nicaragua.

Table 6.
Top Ten Countries by Total GHI Funding per All-Cause DALY, FY2010

1. Namibia	\$171,049
2. Botswana	\$85,519
3. Guyana	\$80,828
4. Swaziland	\$48,708
5. Zambia	\$47,499
6. Haiti	\$42,652
7. Kenya*	\$40,781
8. Djibouti	\$39,000
9. Lesotho	\$34,664
10. Mozambique	\$33,776
*GHI Plus Country	

Finally, an analysis of GHI funding per DALY provides yet a different picture. **Table 6** lists the top 10 GHI countries by GHI funding received per all-cause DALY. By this measure, Namibia, Botswana, and Guyana received the most GHI funding compared to their overall burdens of disease. This list tracks very closely with the top 10 recipients as measured by GHI funding per person (shown in **Figure 13**). One *GHI Plus* country, Kenya, appears on this list.

Table 7 shows countries that received the greatest amounts of program-specific funding per related DALY in the areas of HIV/AIDS, TB, malaria, MNCH/FP/RH, and nutrition, and yields a different snapshot of top recipients compared to the previous measures. By this measure, some countries with relatively low disease burden receive high amounts of GHI funding. For example, in the case of HIV/AIDS, only a few countries with the highest HIV/AIDS

burdens (as measured by the number of infected persons) were among the top 10. Afghanistan received the highest amount of HIV/AIDS funding per HIV/AIDS DALY of any country, four times the next highest country, Georgia. Only one African country is on this top 10 list, Namibia, which is also the only country on the list with a generalized HIV epidemic. One *GHI Plus* country (Bangladesh) appears on the list. None of the top 10 absolute recipients of HIV/AIDS funding (see **Figure 6**) appear.

The highest relative amounts of TB funding per related DALY went primarily to Central and Eastern European states such as Turkmenistan, Armenia, Georgia, and Kazakhstan. No *GHI Plus* countries appear in the top 10 TB countries per DALY, and only one of the countries on the list comes from Africa (Namibia, ranked number one). Again, none of the countries which received highest absolute amounts of funding (see **Figure 7**) appear on the list of top recipients as measured by funding per DALY.

In the case of malaria funding per related DALY, four countries (Mali, Mozambique, Malawi, and Angola) in the top ten here also are among the top ten absolute recipients of GHI malaria aid (see **Figure 8**). Three *GHI Plus* countries are among the top 10. In terms of the top 10 MNCH and FP/RH country funding amounts combined per DALY associated with maternal conditions, Timor L'este comes in at number one, and six of the other countries are located in the Western Hemisphere region. Two African countries appear on this top 10 list (Madagascar and Zambia), and one *GHI Plus* country (Guatemala). Many of the top recipients of absolute levels of aid in the areas of MNCH and FP/RH (see **Figures 9** and **10**) such as Afghanistan, India, and Nigeria do not appear on this list. Finally, in the area of nutrition funding, six of the top 10 recipients per related DALY are also among the top 10 receiving the largest absolute amounts of nutrition funding (see **Figure 11**), and four are *GHI Plus* countries. Several highly populated countries with significant undernutrition problems that are among the largest absolute recipients (Bangladesh, India, Ethiopia, and Pakistan) do not appear in the table measuring funding by DALYs.

Table 7. Top Ten GHI Country Funding Recipients by Program Area-Specific Funding per Related DALY

HIV/AIDS		TB		MALARIA		MATERNAL CONDITIONS		NUTRITIONAL DEFICIENCIES	
1. Afghanistan	\$4,460,680	1. Namibia	\$110,604	1. Madagascar	\$370,420	1. Timor L'este	\$207,039	1. Guatemala*	\$17,581
2. Georgia	\$996,113	2. Turkmenistan	\$101,212	2. Liberia	\$78,746	2. Bolivia	\$189,149	2. Senegal	\$16,822
3. Guyana	\$937,946	3. Armenia	\$80,634	3. Senegal	\$73,855	3. Nicaragua	\$166,237	3. Ghana	\$15,986
4. Haiti	\$525,437	4. Kyrgyzstan	\$79,643	4. Rwanda*	\$64,659	4. Haiti	\$154,945	4. Zambia	\$14,600
5. Laos	\$417,052	5. Georgia	\$72,216	5. Angola	\$45,303	5. El Salvador	\$150,785	5. Nepal*	\$10,642
6. Kyrgyzstan	\$415,405	6. Tajikistan	\$56,823	6. Zambia	\$44,905	6. Liberia	\$142,804	6. Haiti	\$10,570
7. Namibia	\$355,295	7. Dominican Republic	\$48,419	7. Benin	\$43,653	7. Madagascar	\$100,333	7. Malawi*	\$8,664
8. Bangladesh*	\$345,331	8. Kazakhstan	\$44,976	8. Malawi*	\$43,543	8. Honduras	\$96,191	8. Rwanda*	\$8,559
9. Indonesia	\$319,013	9. Uzbekistan	\$29,171	9. Mozambique	\$41,995	9. Guatemala*	\$80,898	9. Uganda	\$6,225
10. Philippines	\$278,832	10. Azerbaijan	\$23,912	10. Mali*	\$38,591	10. Zambia	\$76,410	10. Mozambique	\$6,145

*GHI Plus Country

DISCUSSION AND POLICY ISSUES GOING FORWARD

Described by U.S. officials as “the next chapter in America’s work in health worldwide”³⁹, the GHI is designed to serve as an umbrella across several global health programs which historically, have not been considered together and have operated in largely overlapping but distinct sets of countries. By examining the GHI countries as a whole, this report has attempted to give some perspective on the current scope and level of U.S. engagement in global health, as well as implications for the GHI going forward. Such an analysis may allow for a more comprehensive examination of funding distribution overall and by different program areas, disease burden, and other factors, and may offer a new lens through which to consider funding allocations. It also may help to identify overlaps and potential areas for further integration, as well as potential gaps in coverage.

As this analysis has shown, the complexity and diversity of programming across countries and regions could present policymakers with challenges in achieving the GHI’s intention to operate as a “whole-of-government umbrella”.⁴⁰ At the same time, there may be unrealized opportunities for coordination and integration across U.S. government health programs. The analysis indicates that most of the countries that received FY 2010 funding through the GHI are poor, have significant burdens of disease, and limited capacity for health delivery. A large majority of GHI funding is directed to African countries, particularly those with the most serious HIV/AIDS epidemics. The presence of GHI programs in target countries and the levels of assistance (whether measured by absolute amounts, population, or burden of disease) vary greatly; some countries operate just one GHI program (20 countries) while others operate programs in all GHI focus areas (12 countries).

Making gains from integration may prove to be challenging where U.S. assistance has been limited to one or two program areas. At the same time, given that 40 GHI countries currently receive assistance in at least three different program areas, there are likely to be further opportunities for integration and efficiencies, and how this plays out in the *GHI Plus* countries, with their heavy U.S. program presence, will be important to watch.

The analysis of the distribution of GHI funding across countries finds variance between absolute aid levels and those standardized according to different measures such as population size and disease burden. For example, there are wide ranges in GHI funding per capita across countries, as well as in funding per person living with HIV/AIDS and per malaria death. Furthermore, when funding is standardized per *disability-adjusted life years (DALYs)*, this analysis finds that some countries with relatively low disease burden receive high amounts of GHI funding. While such a finding may indicate a need to further assess the relationship between funding distribution and disease burden, it could also be due to several other factors that drive donor government investment decisions, including poverty levels and infrastructure challenges of recipient countries, historical aid relationships, the political will and/or ability of a recipient country to fund its response, and the presence of other donors and funding mechanisms.

Finally, this analysis finds that many GHI countries do not currently receive MNCH and/or FP/RH program funding; given the GHI's emphasis on addressing the needs of women and girls, this may signal the need to pay particular attention to these countries moving forward.

Endnotes

- ¹ Secretary of State Hillary Rodham Clinton. "The Global Health Initiative: The Next Phase of American Leadership in Health." [Speech], Aug 16, 2010. <http://www.state.gov/secretary/rm/2010/08/146002.htm>.
- ² KFF. "The U.S. Global Health Initiative: Overview and Budget Analysis," December 2009: <http://www.kff.org/globalhealth/8009.cfm>.
- ³ USAID, State Department, and HHS. "U.S. Government Support for Global Health Efforts", June 18, 2010; [Press Release] <http://www.state.gov/r/pa/prs/ps/2010/06/143307.htm>.
- ⁴ USAID. "USAID Primer: What We Do And How We Do It." 2006, January 2006, available at: http://www.usaid.gov/about_usaid/PDACG100.pdf; and Department of State FY2011 Congressional Budget Request, February 2010, available at: <http://www.state.gov/documents/organization/137936.pdf>.
- ⁵ These accounts include the Global Health and Child Survival (GHCS) account, the largest budget vehicle for GHI programs, and the some funding through the Economic Support Fund (ESF) and the Eastern Europe, Eurasia, and Central Asia (AEECA) accounts, which provide additional amounts for TB through the GHI.
- ⁶ KFF analysis of data from www.foreignassistance.gov
- ⁷ KFF. "The U.S. Global Health Initiative: Overview and Budget Analysis," December 2009: <http://www.kff.org/globalhealth/8009.cfm>.
- ⁸ World Bank. "How We Classify Countries", available at: <http://go.worldbank.org/K2CKM78CC0>
- ⁹ World Bank. GDP per Capita (Current USD), available at: <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>
- ¹⁰ World Bank. Poverty headcount ratio at \$1.25 a day (PPP) (% of population), available at: <http://data.worldbank.org/indicator/SI.POV.DDAY>
- ¹¹ Population Reference Bureau. "2009 World Population Data Sheet", available at: <http://www.prb.org/Publications/Datasheets/2009/2009wpds.aspx>
- ¹² WHO, UNICEF, UNFPA and the World Bank. "Trends in Maternal Mortality: 1990 to 2008," September 2010, available at: <http://www.who.int/reproductivehealth/publications/monitoring/9789241500265/en/index.html>
- ¹³ WHO, World Health Statistics 2010, available at: <http://www.who.int/whosis/whostat/2010/en/index.html>.
- ¹⁴ UNAIDS, Report on the Global AIDS Epidemic, 2010, available at: http://www.unaids.org/GlobalReport/Global_report.htm
- ¹⁵ WHO. Global Tuberculosis Control Report, 2010, available at: http://www.who.int/tb/publications/global_report/2010/en/index.html.
- ¹⁶ WHO. World Malaria Report 2010, available at: http://www.who.int/malaria/world_malaria_report_2010/en/index.html
- ¹⁷ Food and Agricultural Organization of the United Nations (FAO), Food Security Statistics, Prevalence of Undernourishment in Total Population [online database], available at: <http://www.fao.org/economic/ess/food-security-statistics/en/>.
- ¹⁸ WHO, World Health Statistics 2010, available at: <http://www.who.int/whosis/whostat/2010/en/index.html>.
- ¹⁹ WHO, World Health Statistics 2010, available at: <http://www.who.int/whosis/whostat/2010/en/index.html>.
- ²⁰ WHO, World Health Statistics 2010, available at: <http://www.who.int/whosis/whostat/2010/en/index.html>.
- ²¹ Feed The Future. "Feed the Future At a Glance", available at: http://www.feedthefuture.gov/gh_factsheet.html
- ²² KFF. "The U.S. Global Health Initiative: Overview and Budget Analysis," December 2009, available at: <http://www.kff.org/globalhealth/8009.cfm>.
- ²³ USAID, State Department, and HHS. "U.S. Government Support for Global Health Efforts", June 18, 2010 [Press Release], available at: <http://www.state.gov/r/pa/prs/ps/2010/06/143307.htm>.
- ²⁴ World Bank. GDP per Capita (Current USD) available at: <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>
- ²⁵ Population Reference Bureau, 2009 World Population Data Sheet, available at: <http://www.prb.org/Publications/Datasheets/2009/2009wpds.aspx>

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- ²⁶ UNAIDS, Report on the Global AIDS Epidemic, 2010:
http://www.unaids.org/GlobalReport/Global_report.htm
- ²⁷ WHO, UNICEF, UNFPA and the World Bank. "Trends in Maternal Mortality: 1990 to 2008," September 2010, available at:
<http://www.who.int/reproductivehealth/publications/monitoring/9789241500265/en/index.html>
- ²⁸ WHO, World Health Statistics 2010, available at:
<http://www.who.int/whosis/whostat/2010/en/index.html>.
- ²⁹ Food and Agricultural Organization of the United Nations (FAO), Food Security Statistics, Prevalence of Undernourishment in Total Population [online database], available at:
<http://www.fao.org/economic/ess/food-security-statistics/en/>.
- ³⁰ Country data on Persons Living With HIV/AIDS taken from UNAIDS, *Report on the Global AIDS Epidemic, 2010*, available at: http://www.unaids.org/GlobalReport/Global_report.htm.
- ³¹ Country data on malaria-attributed deaths taken from World Health Organization, *World Malaria Report 2010*, available at: http://www.who.int/malaria/world_malaria_report_2010/en/index.html.
- ³² Country data on new TB cases taken from World Health Organization, *Global Tuberculosis Control, 2010*, available at: http://www.who.int/tb/publications/global_report/2010/en/index.html and its TB database, available at: <http://www.who.int/tb/country/data/download/en/index.html>.
- ³³ World Health Organization, UNICEF, UNFPA and The World Bank. "Trends in maternal mortality: 1990-2008", September 2010, available at:
http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf
- ³⁴ World Health Organization, Global Burden of Disease, available at:
http://www.who.int/healthinfo/global_burden_disease/en/index.html
- ³⁵ Country data on Persons Living With HIV/AIDS taken from UNAIDS, *Report on the Global AIDS Epidemic, 2010*, available at: http://www.unaids.org/GlobalReport/Global_report.htm.
- ³⁶ Country data on malaria-attributed deaths taken from World Health Organization, *World Malaria Report 2010*, available at: http://www.who.int/malaria/world_malaria_report_2010/en/index.html. Estimated malaria deaths, report annex 7d.
- ³⁷ Country data on new TB cases taken from World Health Organization, *Global Tuberculosis Control, 2010*, available at: http://www.who.int/tb/publications/global_report/2010/en/index.html and its TB database, available at: <http://www.who.int/tb/country/data/download/en/index.html>.
- ³⁸ Country data on maternal deaths taken from World Health Organization, UNICEF, UNFPA and The World Bank. "Trends in maternal mortality: 1990-2008". September, 2010, available at:
http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf
- ³⁹ Secretary of State Hillary Rodham Clinton. "The Global Health Initiative: The Next Phase of American Leadership in Health." [Speech], Aug 16, 2010, available at:
<http://www.state.gov/secretary/rm/2010/08/146002.htm>.
- ⁴⁰ USAID. "Fact Sheet: The U.S. Government's Global Health Initiative", available at:
<http://www.usaid.gov/ghi/factsheet.html>

APPENDIX I. The U.S. Global Health Initiative (GHI): Program Areas by Country & Region, FY 2010 ¹

Countries and Regions	PEPFAR (HIV/AIDS)	TB	PMI and Other Malaria Programs ²	MNCH	FPIRH	Nutrition ³	Total GHI Programs
Africa (32 countries + 4 regional)	64 Countries + 11 Regional	42 Countries + 6 Regional	20 Countries + 3 Regional	43 Countries + 6 Regional	38 Countries + 6 Regional	27 Countries + 3 Regional	73 Countries + 12 Regional
Angola	30 countries + 4 regional	18 countries + 2 regional	20 countries + 1 regional	23 countries + 3 regional	21 countries + 3 regional	16 countries + 3 regional	
Benin	X	X	X	X	X		5
Botswana	X		X	X	X		4
Burkina Faso	X		X				1
Burundi	X		X	X		X	1
Cameroon	X		X	X		X	4
Congo (Dem. Republic of)	X	X	X	X	X	X	1
Cote d'Ivoire	X						6
Djibouti	X	X	X	X			1
Ethiopia*	X	X	X	X	X	X	3
Ghana	X	X	X	X	X	X	6
Guinea	X	X	X	X	X	X	6
Kenya*	X	X	X	X	X	X	3
Lesotho	X	X	X	X	X	X	6
Liberia	X	X	X	X	X	X	1
Madagascar	X	X	X	X	X	X	5
Malawi*	X	X	X	X	X	X	5
Mali*	X	X	X	X	X	X	6
Mozambique	X	X	X	X	X	X	5
Namibia	X	X	X	X	X	X	6
Nigeria	X	X	X	X	X	X	2
Rwanda*	X	X	X	X	X	X	6
Senegal	X	X	X	X	X	X	5
Sierra Leone	X	X	X	X	X	X	6
Somalia	X						1
South Africa	X	X	X	X	X	X	1
Sudan	X	X	X	X	X	X	3
Swaziland	X	X	X	X	X	X	6
Tanzania (United Rep. of)	X	X	X	X	X	X	1
Uganda	X	X	X	X	X	X	6
Zambia	X	X	X	X	X	X	6
Zimbabwe	X	X	X	X	X	X	4
USAID Africa Regional Programs (4 Total)	X	X	X	X	X	X	4
East Asia and Pacific (10 countries + 1 regional)	9 countries + 1 regional	3 countries + 1 regional	0 countries + 1 regional	4 countries	3 countries	2 countries	
Cambodia	X	X		X	X	X	5
China	X			X			1
Indonesia	X	X		X			3
Myanmar	X						1
Lao People's Democratic Rep.	X						1
Papua New Guinea	X			X	X	X	1
Philippines	X	X		X			5
Thailand	X						1
Timor Leste	X			X	X		2
Viet Nam	X			X			1
USAID Regional Development Mission Asia	X	X	X				1
Europe and Eurasia (6 countries + 1 regional)	3 countries + 1 regional	6 countries + 1 regional	0 countries	1 country + 1 regional	0 countries + 1 regional	0 countries	
Armenia		X					1
Azerbaijan		X		X			2
Belarus		X					1
Georgia	X	X					2
Russian Federation	X	X					2
Ukraine	X	X					2
Eurasia Regional	X	X		X	X		2

APPENDIX I. The U.S. Global Health Initiative (GHI): Program Areas by Country & Region, FY 2010¹

Countries and Regions	PEPFAR (HIV/AIDS) 64 Countries + 11 Regional	TB 42 Countries + 6 Regional	PMI and Other Malaria Programs ² 20 Countries + 3 Regional	MNCH 43 Countries + 6 Regional	FPI/RH 38 Countries + 6 Regional	Nutrition ³ 27 Countries + 3 Regional	Total GHI Programs 73 Countries + 12 Regional
Near East (1 country)	(0 countries)	(0 countries)	(0 countries)	(1 country)	(1 country)	(0 countries)	
Yemen				X	X		2
South and Central Asia (10 countries + 1 regional)	(10 countries + 1 regional)	(9 countries)	(0 countries)	(6 countries)	(5 countries)	(5 countries)	
Afghanistan	X	X		X	X	X	5
Bangladesh*	X	X		X	X	X	5
India	X	X		X	X	X	5
Kazakhstan	X	X					2
Kyrgyzstan	X	X					2
Nepal*	X	X		X	X	X	4
Pakistan	X	X		X	X	X	5
Tajikistan	X	X		X			3
Turkmenistan	X	X					2
Uzbekistan	X	X					2
Central Asia Regional	X						
Western Hemisphere (14 Countries + 4 regional)	(12 countries + 3 regional)	(6 countries + 2 regional)	(0 countries + 1 regional)	(8 countries + 1 regional)	(8 countries + 1 regional)	(4 countries)	
Belize	X						1
Bolivia		X		X	X	X	4
Brazil	X	X					2
Dominican Republic	X	X					3
El Salvador	X			X	X		3
Guatemala*	X			X	X	X	4
Guyana	X						1
Haiti	X	X		X	X	X	5
Honduras	X			X	X		3
Jamaica	X						1
Mexico	X	X					2
Nicaragua	X			X	X		3
Paraguay	X	X		X	X		1
Peru	X	X		X	X	X	5
USAID Western Hemisphere Regional (4 Total)	X	X	X	X	X		
Asia Middle East Regional	X			X	X		

NOTES:

* indicates a GHI-Plus Designated Country

¹ Neglected Tropical Diseases (NTDs) and Health Systems Strengthening (HSS) programs are not included in this table, as country and regional-specific allocations for these two areas are not available.

² U.S. malaria efforts include PMI as well as the Centers for Disease Control and Prevention (CDC).

³ Nutrition activities are linked with the Global Hunger and Food Security Initiative.

APPENDIX II. The U.S. Global Health Initiative (GHI): Funding by Country & Region, FY 2010 (in thousands) ¹

Countries and Regions	PEPFAR (HIV/AIDS)	TB ²	PMI and Other Malaria Programs ³	MNCH	FPI/RH	Nutrition ⁴	Total Programs
TOTAL	\$4,154,602	\$193,650	\$530,000	\$344,078	\$414,476	\$55,978	\$5,692,784
Africa	\$3,727,960	\$77,305	\$519,000	\$170,298	\$249,600	\$34,592	\$4,778,755
Angola	\$14,700	\$500	\$35,500	\$1,350	\$4,000		\$56,050
Benin	\$2,000		\$21,000	\$4,900	\$3,000		\$30,900
Botswana	\$76,443		\$6,000				\$76,443
Burkina Faso			\$6,000				\$6,000
Burundi	\$3,500		\$6,000	\$2,060		\$500	\$12,060
Cameroon	\$2,750						\$2,750
Congo (Dem. Republic of)	\$28,835	\$10,000	\$18,000	\$13,800	\$13,500	\$1,200	\$85,335
Cote d'Ivoire	\$133,305						\$133,305
Djibouti	\$150	\$250		\$146			\$546
Ethiopia*	\$323,679	\$10,000	\$31,000	\$17,500	\$25,000	\$3,700	\$410,879
Ghana	\$12,500	\$600	\$34,000	\$4,500	\$12,000	\$2,500	\$66,100
Guinea	\$2,000			\$2,500	\$3,000		\$7,500
Kenya*	\$528,760	\$4,000	\$40,000	\$5,500	\$20,800	\$1,250	\$600,310
Lesotho	\$28,050						\$28,050
Liberia	\$3,500	\$400	\$18,000	\$6,750	\$7,000		\$35,650
Madagascar	\$2,000		\$33,900	\$8,600	\$14,000	\$400	\$58,900
Malawi*	\$51,948	\$1,400	\$27,000	\$6,000	\$10,700	\$3,000	\$100,048
Mal*	\$4,500		\$28,000	\$8,500	\$8,300	\$2,150	\$51,450
Mozambique	\$261,953	\$5,000	\$38,000	\$9,500	\$10,500	\$2,175	\$326,128
Namibia	\$100,809	\$1,950					\$102,759
Nigeria	\$471,227	\$9,600	\$18,000	\$17,460	\$22,000	\$2,040	\$540,327
Rwanda*	\$124,072		\$18,000	\$6,500	\$11,000	\$2,000	\$161,572
Senegal	\$4,535	\$850	\$27,000	\$5,000	\$10,500	\$2,000	\$49,885
Sierra Leone	\$500						\$500
Somalia				\$1,550			\$1,550
South Africa	\$545,969	\$13,000			\$1,500		\$560,469
Sudan	\$9,046	\$1,000	\$4,500	\$15,573	\$6,000	\$927	\$37,046
Swaziland	\$27,600						\$27,600
Tanzania (United Rep. of)	\$336,254	\$4,000	\$52,000	\$5,775	\$20,000	\$1,750	\$419,779
Uganda	\$294,084	\$4,000	\$35,000	\$6,000	\$18,000	\$3,000	\$360,084
Zambia	\$283,661	\$3,300	\$25,600	\$7,000	\$12,000	\$3,000	\$334,561
Zimbabwe	\$40,830	\$3,000		\$3,000	\$2,000		\$48,830
<i>USAID Regional Programs</i>							
<i>Africa Regional</i>	\$1,000	\$2,670	\$2,500	\$9,904	\$2,300	\$1,400	\$19,774
<i>East Africa Regional</i>	\$2,800	\$1,785		\$1,100	\$3,000	\$900	\$9,585
<i>Southern Africa Regional</i>	\$2,000						\$2,000
<i>West Africa Regional</i>	\$3,000			\$830	\$9,500	\$700	\$14,030
<i>East Asia and Pacific</i>	\$141,318	\$34,450	\$6,000	\$27,520	\$24,500	\$1,700	\$235,488
Cambodia	\$15,500	\$5,000		\$8,000	\$5,000	\$1,000	\$34,500
China	\$7,000						\$7,000
Indonesia	\$13,000	\$13,700		\$15,500			\$42,200
Lao People's Democratic Rep.	\$1,000						\$1,000
Myanmar	\$2,100						\$2,100
Papua New Guinea	\$2,500						\$2,500
Philippines	\$1,000	\$10,000		\$3,020	\$18,500	\$700	\$33,220
Thailand	\$1,500						\$1,500
Timor Leste				\$1,000	\$1,000		\$2,000
Viet Nam	\$94,978						\$94,978
<i>USAID Regional Development Mission Asia</i>	\$2,740	\$5,750	\$6,000				\$14,490

APPENDIX II. The U.S. Global Health Initiative (GHI): Funding by Country & Region, FY 2010 (in thousands) ¹

Countries and Regions	PEPFAR (HIV/AIDS)	TB ²	PMI and Other Malaria Programs ³	MNCH	FP/HRH	Nutrition ⁴	Total Programs
Europe and Eurasia	\$23,978	\$17,475	\$0	\$750	\$0	\$0	\$42,203
Armenia		\$600					\$600
Azerbaijan		\$500		\$750			\$1,250
Belarus		\$200					\$200
Georgia	\$850	\$900					\$1,750
Russian Federation	\$5,500	\$10,000					\$15,500
Ukraine	\$17,178	\$5,233					\$22,411
<i>Eurasia Regional</i>	\$450	\$42					\$492
<i>Near East</i>	\$0	\$0	\$0	\$4,500	\$3,500	\$0	\$8,000
Yemen				\$4,500	\$3,500		\$8,000
<i>South and Central Asia</i>	\$56,364	\$52,062	\$0	\$103,936	\$92,276	\$14,400	\$319,038
Afghanistan	\$1,000	\$6,500		\$55,051	\$28,476	\$1,300	\$92,327
Bangladesh*	\$2,700	\$10,000		\$14,300	\$22,200	\$4,000	\$53,200
India	\$30,000	\$13,700		\$19,000	\$22,000	\$2,500	\$87,200
Kazakhstan	\$800	\$3,100					\$3,900
Kyrgyzstan	\$675	\$1,826					\$2,501
Nepal*	\$5,000			\$6,400	\$9,600	\$4,000	\$25,000
Pakistan	\$2,000	\$10,000		\$8,435	\$10,000	\$2,600	\$33,035
Tajikistan	\$724	\$2,596		\$750			\$4,070
Turkmenistan	\$275	\$1,300					\$1,575
Uzbekistan	\$790	\$3,040					\$3,830
<i>Central Asia Regional</i>	\$12,400						\$12,400
<i>Western Hemisphere</i>	\$203,682	\$12,358	\$5,000	\$34,524	\$42,300	\$5,286	\$303,150
Belize	\$20						\$20
Bolivia		\$1,300		\$6,010	\$9,100	\$500	\$16,910
Brazil	\$1,300	\$5,000					\$6,300
Dominican Republic	\$15,000	\$1,300		\$2,000			\$18,300
El Salvador	\$1,110			\$2,000	\$2,400		\$5,510
Guatemala*	\$2,000			\$3,800	\$6,600	\$2,200	\$14,600
Guyana	\$16,525						\$16,525
Haiti	\$121,240	\$1,800		\$10,000	\$9,000	\$2,000	\$144,040
Honduras	\$6,000			\$2,500	\$3,500		\$12,000
Jamaica	\$1,500						\$1,500
Mexico	\$2,200	\$1,258					\$3,458
Nicaragua	\$1,897			\$2,200	\$2,700		\$6,797
Paraguay					\$2,100		\$2,100
Peru	\$1,290	\$600		\$3,414	\$5,400	\$586	\$11,290
<i>USAID Regional Programs</i>							
<i>Barbados & Eastern Caribbean</i>	\$20,450						\$20,450
<i>Central America Regional</i>	\$11,562						\$11,562
<i>Latin America and Caribbean Regional</i>	\$1,588	\$800	\$5,000	\$2,600	\$1,500		\$6,488
<i>South America Regional</i>		\$300					\$5,300
<i>Asia Middle East Regional</i>	\$1,300			\$2,550	\$2,300		\$6,150

NOTES:

- * Indicates a GHI-Plus Designated Country
- ¹ Table includes country- and region-specific funding requests for global health as specified in the FY2010 budget figures provided on www.foreignassistance.gov. Proposed funding by country was not available for Neglected Tropical Diseases (NTDs), Health Systems Strengthening (HSS). In addition to country- and regional-level funding and assistance, the U.S. government supports sub-regional activities which are not included in the table.
- ² TB totals include the proposed country- and regional specific TB funding through the GHCS, ESF, and AEECA accounts that are designated as GHI amounts.
- ³ U.S. malaria efforts include PMI as well as the Centers for Disease Control and Prevention (CDC).
- ⁴ Nutrition activities are linked with the Global Hunger and Food Security Initiative.

APPENDIX III: The U.S. Global Health Initiative (GHI): Key Health and Other Indicators by Country & Region																
Countries (73 Countries)	Country Income Classification, 2009	GDP Per Capita (Current USD), 2008	Percent Living on <\$1.25 per day 2000-2005 (latest year available)	Percent Urban Population, 2009	Maternal Deaths, 2008	Maternal Mortality Ratio (per 100,000 live births), 2008	Child Mortality (per 1,000 live births), 2007	Persons Living with HIV/AIDS, 2009	HIV Prevalence Rate (15-49), 2009	New TB Cases per 100,000 population, 2009	Malaria Cases, 2006-2008	Malaria-Attributed Deaths, 2009	Percent of Population Undernourished, 2005-2007	Health Expenditure per Capita, 2007	Percent of Births Attended by Skilled Health Personnel, 2000-2009	Physicians (per 10,000 population), 2000-2009
Global	NA	\$15,222	NA	50.3%	358,000	260	65	33,300,000	0.8%	139	2,430,000,000	117,704	13%	\$863	66%	14
Africa (32 countries)																
Angola	Lower middle income	\$4,714	54.3%	57.6%	4,800	610	220	200,000	2.0%	298	3,554,903	10,530	41%	\$131	47%	1
Benin	Low income	\$771	47.3%	41.6%	1,400	121	121	60,000	1.2%	93	3,238,973	1,375	12%	\$70	78%	1
Botswana	Upper middle income	\$6,988	NA	60.3%	91	190	31	320,000	24.8%	684	6,722	6	25%	\$762	94%	4
Burkina Faso	Low income	\$528	56.5%	20.0%	4,000	560	169	110,000	1.2%	215	6,226,667	7,982	9%	\$72	54%	1
Burundi	Low income	\$145	81.3%	10.7%	2,700	970	348	180,000	3.3%	348	2,270,872	714	62%	\$51	34%	<1
Cameroon	Lower middle income	\$1,278	32.8%	57.6%	4,200	600	131	610,000	5.3%	182	5,091,300	4,943	21%	\$104	63%	2
Cape Verde	Low income	\$1,137	59.2%	49.4%	19,000	670	189	NA	1.2%-1.6%	372	23,619,960	21,188	69%	\$17	74%	2
Cote d'Ivoire	Lower middle income	\$1,137	23.3%	49.4%	3,400	470	114	460,000	3.4%	369	7,028,960	18,156	14%	\$67	57%	1
DRC	Lower middle income	\$1,137	18.8%	87.7%	73	300	95	NA	2.5%	620	38,673	NA	28%	\$148	93%	2
Ethiopia*	Low income	\$321	39.0%	17.3%	14,000	470	109	14,000	NA	359	13,405,134	1,121	41%	\$30	6%	<1
Ghana	Low income	\$713	30.8%	50.6%	2,600	350	76	260,000	1.8%	201	7,282,377	3,378	5%	\$113	57%	1
Guinea	Low income	\$386	70.3%	34.9%	2,700	680	146	79,000	1.3	318	3,766,476	586	17%	\$62	35%	1
Kenya*	Low income	\$783	19.7%	21.9%	7,900	530	128	1,900,000	6.3%	305	11,341,750	NA	31%	\$72	42%	1
Lesotho	Low income	\$222	43.7%	26.2%	310	530	79	290,000	23.6%	634	NA	NA	14%	\$92	55%	1
Liberia	Low income	\$495	67.6%	60.8%	1,400	990	144	37,000	1.5%	288	1,459,884	1,706	33%	\$39	46%	<1
Madagascar	Low income	\$288	73.9%	29.9%	3,000	440	106	24,000	0.2%	261	642,957	173	25%	\$41	51%	2
Malawi*	Low income	\$686	73.9%	19.3%	3,000	510	100	920,000	11.0%	304	4,527,651	6,527	28%	\$50	54%	<1
Malawi*	Low income	\$686	73.9%	32.7%	4,500	830	194	76,000	1.0%	324	4,317,487	2,331	12%	\$67	49%	1
Mozambique	Low income	\$441	74.7%	37.6%	4,800	550	130	1,400,000	11.5%	409	7,432,539	3,747	38%	\$39	48%	<1
Namibia	Lower middle income	\$4,144	NA	37.4%	100	180	42	180,000	13.1%	727	34,761	46	19%	\$467	81%	3
Nigeria	Lower middle income	\$1,370	64.4%	49.1%	50,000	840	186	3,300,000	3.6%	295	57,506,430	7,522	16%	\$131	39%	4
Rwanda*	Low income	\$458	76.6%	17.0%	2,200	540	112	170,000	2.9%	376	3,251,156	809	17%	\$95	52%	<1
Senegal	Low income	\$1,087	33.3%	42.6%	1,900	410	108	59,000	0.9%	282	1,456,336	574	17%	\$99	52%	1
Sierra Leone	Low income	\$352	53.4%	38.1%	2,200	970	194	49,000	1.6%	644	2,272,651	1,734	35%	\$32	42%	<1
Somalia	Low income	NA	NA	37.0%	4,800	1,200	200	34,000	0.7%	285	608,831	45	NA	NA	33%	<1
South Africa	Upper middle income	\$5,666	26.2%	64.2%	4,500	410	67	5,600,000	17.8%	971	32,530	45	NA	\$919	91%	8
Sudan	Lower middle income	\$1,404	NA	44.3%	9,700	750	109	260,000	1.1%	119	5,022,809	NA	22%	\$71	49%	3
Swaziland	Lower middle income	\$2,429	62.9%	25.2%	150	420	83	180,000	25.9%	1,257	198	13	18%	\$287	74%	2
Tanzania (United Rep. of)	Low income	\$503	88.5%	26.0%	14,000	790	103	1,400,000	5.6%	183	11,539,867	840	34%	\$63	46%	<1
Uganda	Low income	\$456	51.5%	13.1%	6,300	430	136	1,200,000	6.5%	293	10,626,930	6,296	21%	\$74	42%	1
Zambia	Low income	\$1,165	64.3%	35.6%	2,600	470	148	980,000	13.5%	433	3,655,203	3,862	43%	\$79	47%	1
Zimbabwe	Low income	NA	NA	37.8%	3,000	790	96	1,200,000	14.3%	742	2,694,304	14	30%	\$20	69%	2
East Asia and Pacific (10 countries)																
Cambodia	Low income	\$710	25.5%	22.2%	1,100	290	89	63,000	0.5%	442	261,966	279	22%	\$108	44%	2
China	Lower middle income	\$3,422	NA	NA	6,900	38	21	740,000	0.1%	96	99,938	12	10%	\$233	98%	14
Indonesia	Lower middle income	\$2,246	29.4%	52.6%	10,000	240	41	310,000	0.2%	189	2,518,046	900	13%	\$81	73%	1
Lao People's Democratic Rep.	Low income	\$882	44.0%	32.0%	980	580	61	8,500	0.2%	89	21,809	5	23%	\$94	20%	3
Myanmar	Low income	NA	NA	33.2%	2,400	240	122	240,000	0.6%	404	4,208,818	972	16%	\$21	57%	4
Papua New Guinea	Lower middle income	\$1,218	NA	12.5%	530	250	69	34,000	0.9%	280	1,508,013	604	NA	\$65	39%	1
Philippines	Lower middle income	\$1,854	22.6%	65.7%	2,100	94	32	8,700	<0.1%	280	124,152	24	15%	\$130	62%	12
Thailand	Lower middle income	\$4,043	<2%	33.7%	470	48	14	530,000	1.3%	137	257,020	70	16%	\$286	98%	3
Timor-Leste	Low income	\$453	37.2%	27.7%	160	370	93	NA	NA	488	528,810	53	31%	\$116	19%	1
Viet Nam	Low income	\$1,051	21.5%	28.3%	840	56	14	280,000	0.4%	200	70,324	26	11%	\$183	88%	6
Europe and Eurasia (6 countries)																
Armenia	Lower middle income	\$3,873	3.7%	63.8%	14	29	23	1,900	0.1%	73	0	0	22%	\$246	98%	37
Azerbaijan	Lower middle income	\$5,329	<2%	52.1%	63	38	36	3,600	0.1%	110	200	0	NA	\$284	89%	38
Belarus	Upper middle income	\$6,277	<2%	73.9%	15	15	30	17,000	0.3%	39	NA	NA	NA	\$704	100%	49
Georgia	Lower middle income	\$2,918	13.4%	52.8%	25	48	30	3,900	0.1%	107	83	0	NA	\$384	98%	45
Russian Federation	Upper middle income	\$11,748	<2%	72.8%	600	39	11	980,000	1.0%	106	0	1	NA	\$797	100%	43
Ukraine	Lower middle income	\$3,891	<2%	68.0%	120	26	15	350,000	1.1%	101	NA	NA	NA	\$475	96%	31

APPENDIX III: The U.S. Global Health Initiative (GHI): Key Health and Other Indicators by Country & Region

Countries (73 Countries)	Country Income Classification, 2009	GDP Per Capita (Current USD), 2008	Percent Living on <\$1.25 per day 2000-2008 (latest year available)	Percent Urban Population, 2009	Maternal Deaths, 2008	Maternal Mortality Ratio (per 100,000 live births), 2008	Child Mortality (per 1,000 live births), 2007	Persons Living with HIV/AIDS, 2009	HIV Prevalence Rate (15-49), 2009	New TB Cases per 100,000 population, 2009	Malaria Cases, 2006-2008	Malaria-Attributed Deaths, 2009	Percent of Population Undernourished, 2005-2007	Health Expenditure per Capita, 2007	Percent of Births Attended by Skilled Health Personnel, 2000-2008	Physicians (per 10,000 population), 2000-2009
Yemen (1 Country)	Low income	\$1,175	17.5%	31.2%	1,800	210	69	NA	NA	54	287,584	38	31%	\$104	36%	3
South and Central Asia (10 Countries)																
Afghanistan	Low income	\$366	NA	24.4%	18,000	1400	257	NA	NA	189	555,933	32	NA	\$83	14%	2
Bangladesh*	Low income	\$497	49.6%	27.6%	12,000	340	54	6,300	<0.1%	225	2,974,592	47	27%	\$42	18%	3
India	Lower middle income	\$1,065	41.6%	29.8%	63,000	230	69	2,400,000	0.3%	168	10,649,554	1,133	21%	\$109	47%	6
Kazakhstan	Upper middle income	\$8,514	-2%	58.2%	140	45	30	13,000	0.1%	163	NA	NA	NA	\$405	100%	39
Kyrgyzstan	Low income	\$974	3.4%	36.4%	97	81	38	9,800	0.3%	159	376	0	10%	\$130	98%	23
Nepal*	Low income	\$438	55.1%	17.7%	2,800	380	51	64,000	0.4%	163	30,985	8	16%	\$53	19%	2
Pakistan	Lower middle income	\$994	22.6%	36.6%	14,000	260	89	98,000	0.1%	231	1,498,882	NA	26%	\$64	39%	8
Tajikistan	Low income	\$751	21.5%	26.5%	120	64	64	9,100	0.2%	202	2,372	0	30%	\$93	83%	20
Turkmenistan	Lower middle income	\$3,374	NA	49.1%	85	77	48	NA	NA	67	0	0	6%	\$153	100%	24
Uzbekistan	Low income	\$1,022	46.3%	36.9%	170	30	38	28,000	0.1%	128	105	0	11%	\$121	100%	26
Western Hemisphere (14 Countries)																
Belize	Lower middle income	\$4,218	NA	52.2%	7	94	19	4,800	2.3%	40	2,698	0	5%	\$279	96%	11
Bolivia	Lower middle income	\$1,720	11.9%	66.0%	470	180	54	12,000	0.2%	140	73,796	0	27%	\$200	66%	12
Brazil	Upper middle income	\$8,536	5.2%	86.0%	1,800	58	22	NA	0.3%-0.6%	45	1,378,697	79	6%	\$637	97%	17
Dominican Republic	Upper middle income	\$4,576	4.4%	69.8%	240	100	33	57,000	0.9%	70	8,545	14	24%	\$411	98%	19
El Salvador	Lower middle income	\$3,605	6.4%	61.0%	140	110	18	34,000	0.8%	30	86	0	9%	\$402	84%	12
Guatemala*	Lower middle income	\$2,848	11.7%	49.0%	480	110	34	62,000	0.8%	62	140,541	0	21%	\$334	41%	NA
Guyana	Lower middle income	\$1,518	NA	28.4%	37	270	61	5,900	1.2%	112	59,003	NA	7%	\$197	83%	5
Haiti	Low income	\$649	54.9%	48.2%	820	300	72	120,000	1.9%	238	164,590	NA	57%	\$58	28%	NA
Honduras	Lower middle income	\$1,919	18.2%	48.3%	230	110	31	39,000	0.8%	58	33,750	1	12%	\$235	67%	6
Jamaica	Upper middle income	\$5,438	-2%	53.5%	47	89	31	32,000	1.7%	6	NA	0	5%	\$357	94%	9
Mexico	Upper middle income	\$10,249	4.0%	77.5%	1,700	85	17	220,000	0.3%	17	9,483	0	NA	\$919	94%	29
Nicaragua	Lower middle income	\$1,123	15.6%	57.0%	150	100	27	6,900	0.2%	44	5,821	0	19%	\$232	74%	4
Paraguay	Lower middle income	\$2,705	NA	NA	150	95	28	13,000	0.3%	47	1,972	0	11%	\$253	77%	11
Peru	Upper middle income	\$4,477	7.7%	71.5%	600	98	24	75,000	0.4%	113	221,808	2	15%	\$327	73%	NA

NOTES:
 * Indicates a GHI-Plus Designated Country
 NA=Not Available

APPENDIX IV: GHI Funding per Measures of Population, HIV, TB, Malaria, and Maternal Mortality, by Country

Country	GHI Funding Per Capita (2009 population)	GHI HIV/AIDS Funding per Person Living with HIV (2009)	GHI Malaria Funding per Malaria-attributed Death, 2009	GHI TB Funding Per New TB Case, 2009	GHI MNCH and FP/RH Funding per Maternal Death, 2008
Afghanistan	\$2.75	NA	\$0	\$123	\$4,640
Angola	\$4.38	\$74	\$3,371	\$9	\$1,115
Armenia	\$0.20	\$0	NA*	\$273	\$0
Azerbaijan	\$0.15	\$0	NA*	\$52	\$11,905
Bangladesh*	\$0.34	\$429	\$0	\$28	\$3,042
Belarus	\$0.02	\$0	NA*	\$53	\$0
Belize	\$0.06	NA	NA*	\$0	\$0
Benin	\$3.51	\$33	\$15,273	\$0	\$5,643
Bolivia	\$1.73	\$0	NA*	\$93	\$32,149
Botswana	\$38.40	\$239	\$0	\$0	\$0
Brazil	\$0.03	NA	\$0	\$57	\$0
Burkina Faso	\$0.38	\$0	\$752	\$0	\$0
Burundi	\$1.34	\$19	\$8,403	\$0	\$763
Cambodia	\$2.38	\$246	\$0	\$77	\$11,818
Cameroon	\$0.15	NA	\$0	\$0	\$0
China	\$0.01	\$9	\$0	\$0	\$0
Congo (Dem. Republic of)	\$1.24	NA	\$850	\$0	\$1,670
Cote d'Ivoire	\$6.47	\$296	\$0	\$46	\$0
Djibouti	\$1.06	\$11	NA	\$183	\$2,000
Dominican Republic	\$1.90	\$263	\$0	\$40	\$8,330
El Salvador	\$0.77	\$33	NA*	\$0	\$31,429
Ethiopia*	\$4.82	NA	\$27,654	\$33	\$3,036
Georgia	\$0.38	\$243	NA*	\$200	\$0
Ghana	\$2.77	\$48	\$10,065	\$13	\$6,346
Guatemala*	\$1.10	\$32	NA*	\$0	\$21,667
Guinea	\$0.75	\$25	\$0	\$0	\$2,037
Guyana	\$21.40	\$2,801	NA	\$0	\$0
Haiti	\$15.94	\$1,010	NA	\$75	\$23,171
Honduras	\$1.54	\$154	\$0	\$0	\$26,087
India	\$0.07	\$13	\$0	\$7	\$651
Indonesia	\$0.18	\$42	\$0	\$32	\$1,550
Jamaica	\$0.53	\$47	NA*	\$0	\$0
Kazakhstan	\$0.25	\$62	NA*	\$119	\$0
Kenya*	\$15.39	\$353	NA	\$33	\$3,329
Kyrgyzstan	\$0.46	\$69	NA*	\$210	\$0
Lao People's Democratic Rep.	\$0.15	\$118	\$0	\$0	\$0
Lesotho	\$13.16	\$97	NA	\$0	\$0
Liberia	\$10.36	\$95	\$10,551	\$36	\$9,821
Madagascar	\$2.85	\$83	\$195,954	\$0	\$7,533
Malawi*	\$7.01	\$56	\$4,137	\$30	\$5,567
Mali*	\$4.06	\$59	\$12,012	\$0	\$3,733
Mexico	\$0.03	\$10	NA*	\$66	\$0
Mozambique	\$15.05	\$187	\$10,141	\$53	\$3,958
Myanmar	\$0.04	\$9	\$0	\$0	\$0
Namibia	\$48.73	\$560	\$0	\$122	\$0
Nepal*	\$0.88	\$78	\$0	\$0	\$5,714
Nicaragua	\$1.15	\$275	NA*	\$0	\$32,667
Nigeria	\$3.62	\$143	\$2,393	\$21	\$789
Pakistan	\$0.19	\$20	NA	\$24	\$1,317
Papua New Guinea	\$0.41	\$74	\$0	\$0	\$0
Paraguay	\$0.30	\$0	NA*	\$0	\$14,000
Peru	\$0.38	\$17	\$0	\$18	\$14,690
Philippines	\$0.34	\$115	\$0	\$38	\$10,248
Russian Federation	\$0.11	\$6	NA*	\$67	\$0
Rwanda*	\$15.43	\$730	\$22,250	\$0	\$7,955
Senegal	\$3.64	\$77	\$47,038	\$24	\$8,158
Sierra Leone	\$0.08	\$10	\$0	\$0	\$0
Somalia	\$0.16	\$0	\$0	\$0	\$323
South Africa	\$11.43	\$97	\$0	\$27	\$333
Sudan	\$0.90	\$35	NA	\$20	\$2,224
Swaziland	\$24.56	\$153	\$0	\$0	\$0
Tajikistan	\$0.55	\$80	NA*	\$185	\$6,250
Tanzania	\$10.23	\$240	\$61,905	\$50	\$1,841
Thailand	\$0.02	\$3	\$0	\$0	\$0
Timor Leste	\$1.77	NA	\$0	\$0	\$12,500
Turkmenistan	\$0.32	NA	NA*	\$382	\$0
Uganda	\$11.12	\$245	\$5,559	\$42	\$3,810
Ukraine	\$0.49	\$49	NA*	\$114	\$0
Uzbekistan	\$0.14	\$28	NA*	\$87	\$0
Viet Nam	\$1.09	\$339	\$0	\$0	\$0
Yemen	\$0.34	NA	\$0	\$0	\$4,444
Zambia	\$28.20	\$289	\$6,629	\$59	\$7,308
Zimbabwe	\$4.29	\$34	\$0	\$32	\$1,667

NOTES:

* Indicates a GHI-Plus Designated Country

NA = No Data on Disease Burden Measure Available

NA* = No Malaria-Attributed Deaths Reported in 2009

APPENDIX V: GHI Funding per Disability-Adjusted Life-Year (DALY) Related to Different Conditions, by Country

Country	GHI Funding per All-Cause DALY	GHI HIV/AIDS Funding per HIV/AIDS-related DALY	GHI TB Funding per TB-related DALY	GHI Malaria Funding per Malaria-related DALY	GHI MNCH and FP/RH Funding per Maternal Conditions-related DALY	GHI Nutrition Funding per Nutritional Deficiencies-related DALY
Afghanistan	\$5,008	\$4,460,680	\$23,622	\$0	\$61,285	\$1,932
Angola	\$4,495	\$47,680	\$4,272	\$45,303	\$10,384	\$0
Armenia	\$1,052	\$0	\$80,634	\$0	\$0	\$0
Azerbaijan	\$794	\$0	\$23,912	\$0	\$39,402	\$0
Bangladesh*	\$1,330	\$345,331	\$5,809	\$0	\$23,648	\$3,238
Belarus	\$92	\$0	\$8,272	NA*	\$0	\$0
Belize	\$370	\$9,422	\$0	\$0	\$0	\$0
Benin	\$8,752	\$18,968	\$0	\$43,653	\$54,816	\$0
Bolivia	\$7,348	\$0	\$20,809	\$0	\$189,149	\$5,101
Botswana	\$85,519	\$169,342	\$0	\$0	\$0	\$0
Brazil	\$176	\$2,679	\$19,168	\$0	\$0	\$0
Burkina Faso	\$811	\$0	\$0	\$6,538	\$0	\$0
Burundi	\$2,629	\$10,476	\$0	\$20,596	\$8,598	\$3,086
Cambodia	\$6,896	\$57,777	\$21,285	\$0	\$69,437	\$4,646
Cameroon	\$345	\$2,388	\$0	\$0	\$0	\$0
China	\$35	\$10,428	\$0	\$0	\$0	\$0
Congo (Dem. Republic of)	\$2,287	\$13,417	\$11,871	\$4,890	\$15,103	\$1,217
Cote d'Ivoire	\$11,998	\$104,631	\$0	\$0	\$0	\$0
Djibouti	\$39,000	\$5,818	\$11,028	\$0	\$13,040	\$0
Dominican Republic	\$9,213	\$127,822	\$48,419	\$0	\$32,978	\$0
El Salvador	\$4,441	\$25,150	\$0	NA*	\$150,785	\$0
Ethiopia*	\$11,228	\$127,922	\$7,964	\$17,154	\$28,961	\$1,967
Georgia	\$2,465	\$996,113	\$72,216	\$0	\$0	\$0
Ghana	\$8,778	\$21,867	\$2,494	\$36,829	\$62,718	\$15,986
Guatemala*	\$5,347	\$32,625	\$0	\$0	\$80,988	\$17,581
Guinea	\$1,909	\$17,928	\$0	\$0	\$30,915	\$0
Guyana	\$80,828	\$937,946	\$0	\$0	\$0	\$0
Haiti	\$42,652	\$525,437	\$17,488	\$0	\$154,945	\$10,570
Honduras	\$8,948	\$98,418	\$0	\$0	\$96,191	\$0
India	\$286	\$7,788	\$1,880	\$0	\$4,989	\$254
Indonesia	\$793	\$319,013	\$5,348	\$0	\$8,097	\$0
Jamaica	\$3,450	\$44,201	\$0	NA*	\$0	\$0
Kazakhstan	\$936	\$77,291	\$44,976	\$0	\$0	\$0
Kenya*	\$40,781	\$148,218	\$5,649	\$37,876	\$58,271	\$3,744
Kyrgyzstan	\$2,104	\$415,405	\$79,643	\$0	\$0	\$0
Lao People's Democratic Rep.	\$614	\$417,052	\$0	\$0	\$0	\$0
Lesotho	\$34,664	\$61,014	\$0	\$0	\$0	\$0
Liberia	\$15,157	\$61,573	\$8,554	\$78,746	\$142,804	\$0
Madagascar	\$9,109	\$129,157	\$0	\$370,420	\$100,333	\$1,442
Malawi*	\$13,208	\$27,896	\$8,874	\$43,543	\$42,295	\$8,664
Mali*	\$7,281	\$29,502	\$0	\$38,591	\$62,401	\$5,896
Mexico	\$228	\$15,388	\$23,319	\$0	\$0	\$0
Mozambique	\$33,776	\$120,893	\$15,815	\$41,995	\$59,439	\$6,145
Myanmar	\$153	\$3,562	\$0	\$0	\$0	\$0
Namibia	\$171,049	\$355,295	\$110,604	\$0	\$0	\$0
Nepal*	\$3,190	\$254,488	\$0	\$0	\$39,051	\$10,642
Nicaragua	\$7,221	\$247,076	\$0	\$0	\$166,237	\$0
Nigeria	\$6,955	\$96,955	\$4,366	\$2,064	\$12,264	\$1,274
Pakistan	\$814	\$19,691	\$6,915	\$0	\$13,067	\$2,369
Papua New Guinea	\$1,471	\$94,992	\$0	\$0	\$0	\$0
Paraguay	\$2,154	\$0	\$0	\$0	\$71,315	\$0
Peru	\$2,370	\$10,416	\$5,711	\$0	\$57,958	\$3,936
Philippines	\$2,053	\$278,832	\$10,180	\$0	\$42,799	\$1,382
Russian Federation	\$384	\$10,322	\$10,688	\$0	\$0	\$0
Rwanda*	\$29,896	\$222,556	\$0	\$64,957	\$62,885	\$8,559
Senegal	\$11,130	\$90,377	\$5,404	\$73,855	\$62,339	\$16,822
Sierra Leone	\$113	\$5,786	\$0	\$0	\$0	\$0
Somalia	\$283	\$0	\$0	\$0	\$6,195	\$0
South Africa	\$26,704	\$63,890	\$11,376	\$0	\$4,081	\$0
Sudan	\$2,643	\$14,434	\$1,912	\$3,954	\$56,079	\$2,488
Swaziland	\$48,708	\$102,772	\$0	\$0	\$0	\$0
Tajikistan	\$2,517	\$140,579	\$56,823	\$0	\$16,311	\$0
Tanzania	\$23,078	\$102,649	\$8,113	\$31,632	\$34,558	\$2,391
Thailand	\$117	\$950	\$0	\$0	\$0	\$0
Timor Leste	\$7,026	\$0	\$0	\$0	\$207,039	\$0
Turkmenistan	\$1,256	\$207,104	\$101,212	\$0	\$0	\$0
Uganda	\$25,455	\$111,036	\$9,321	\$23,111	\$46,646	\$6,225
Ukraine	\$2,001	\$47,476	\$20,704	\$0	\$0	\$0
Uzbekistan	\$743	\$101,608	\$29,171	\$0	\$0	\$0
Viet Nam	\$7,391	\$238,870	\$0	\$0	\$0	\$0
Yemen	\$1,100	\$0	\$0	\$0	\$28,701	\$0
Zambia	\$47,499	\$133,130	\$19,267	\$44,905	\$76,410	\$14,600
Zimbabwe	\$5,516	\$8,150	\$14,852	\$0	\$29,348	\$0

NOTES:

All DALY estimates are from 2004

* Indicates a GHI-Plus Designated Country

NA* = No Malaria-Attributed DALYs Reported

SOURCES:

Appendices I & II

U.S. Foreign Assistance Website, www.foreignassistance.gov

Appendix III

UNAIDS, Report on the Global AIDS Epidemic, 2010: http://www.unaids.org/GlobalReport/Global_report.htm

World Health Organization, Global Tuberculosis Control, 2010: http://www.who.int/tb/publications/global_report/2010/en/index.html

World Health Organization, World Malaria Report 2010: http://www.who.int/malaria/world_malaria_report_2010/en/index.html

WHO, UNICEF, UNFPA and the World Bank. "Trends in Maternal Mortality: 1990 to 2008," September 2010.

WHO, World Health Statistics 2010: <http://www.who.int/whosis/whostat/2010/en/index.html>.

World Bank, World Development Indicators: <http://data.worldbank.org>

Population Reference Bureau, 2010 World Population Data Sheet: <http://www.prb.org/Publications/Datasheets/2010/2010wpds.aspx>.

Appendix IV

U.S. Foreign Assistance Website, www.foreignassistance.gov

CIA, The World Factbook: <https://www.cia.gov/library/publications/the-world-factbook/>.

UNAIDS, Report on the Global AIDS Epidemic, 2010: http://www.unaids.org/GlobalReport/Global_report.htm

World Health Organization, Global Tuberculosis Control, 2010: http://www.who.int/tb/publications/global_report/2010/en/index.html

World Health Organization, World Malaria Report 2010: http://www.who.int/malaria/world_malaria_report_2010/en/index.html.

WHO, UNICEF, UNFPA and the World Bank. "Trends in Maternal Mortality: 1990 to 2008," September 2010.

Appendix V

U.S. Foreign Assistance Website, www.foreignassistance.gov

World Health Organization, Global Burden of Disease. http://www.who.int/healthinfo/global_burden_disease/en/index.html



THE HENRY J. KAISER FAMILY FOUNDATION

Headquarters
2400 Sand Hill Road
Menlo Park, CA 94025
Phone 650-854-9400 Fax 650-854-4800

Washington Offices and
Barbara Jordan Conference Center
1330 G Street, NW
Washington, DC 20005
Phone 202-347-5270 Fax 202-347-5274

www.kff.org

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