THE HENRY J. KAISER FAMILY FOUNDATION

REPORT

MAPPING THE DONOR LANDSCAPE IN GLOBAL HEALTH: TUBERCULOSIS

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OVERVIEW OF SERIES

Which donors are working in which countries and on what issues? How can country recipients of aid best identify those donors? Are donor governments themselves adequately aware of one another's presence and efforts on identical issues? These questions reflect key challenges facing donors of international assistance, country recipients of assistance, civil society, and other stakeholders working in the development field, and highlight issues that can make it difficult to effectively negotiate, coordinate, and deliver programs. In the health sector such issues are particularly relevant given the proliferation in the number of donors providing health aid to low- and middle-income countries, and the amount of that aid during the last decade.[1,2] Such issues carry a new significance in the current era of economic austerity, one that has led donors and recipients to seek more streamlined approaches to health assistance that achieve "value for money."[3]

To provide some perspective on the geographic presence of global health donors and to help stakeholders begin to answer some of the above questions, the Kaiser Family Foundation is undertaking a series of analyses to describe the global health "donor landscape." Using three years of data from the Organisation for Economic Co-operation and Development (OECD), we map the geographic landscape of global health donor assistance, looking both at donor presence and magnitude of donor assistance by issue area, region, and country. The effort is intended to shed new light on donor presence within and across recipient countries, and to produce a set of figures and tools that stakeholders can use in both donor and recipient countries.

From at least the early 2000s, there have been organized efforts to push for greater transparency and better coordination between donors, and between donors and recipients. These calls contributed to a series of international declarations on aid effectiveness such as the 2002 Monterrey Consensus on Financing for Development and the 2005 Paris Declaration on Aid Effectiveness, in which donors and recipient nations agreed to adhere to a code of good practice and a set of principles that would guide and improve donor assistance.[4,5] In part, the principles were designed to help alleviate some of the administrative burdens on countries from having multiple donors, and to increase the impact derived from donor funding.[6,7] They have also, more recently, focused on the importance of donor transparency for increasing "country ownership" by recipients of aid; that is, a country-led response to designing and implementing development programs.[4,8,9,10]

In global health, uncoordinated donor activities can reduce efficiency and result in missed opportunities to leverage partnerships, streamline processes, and share experiences.[11,12,13] While there have been several health-focused efforts aiming to improve donor coordination and donor transparency these challenges continue today and have gained new significance given the current economic environment.[14,15,16,17] Indeed, with signs that donor assistance is flattening, there has been an even higher premium placed on improving coordination and leveraging existing funding and programs.

This report focuses on international assistance for tuberculosis. Other analyses examine the areas of HIV/AIDS, malaria, and family planning/reproductive health.

TUBERCULOSIS DONOR LANDSCAPE: KEY FINDINGS

While the donor landscape for tuberculosis (TB) consists of multiple donors and recipients, the majority of funding is provided by a single donor –the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which accounts for 60% of TB funding; the next highest share is provided by the United States (21%). Thus together, they account for 81% of global TB assistance, and comprise more than 75% of the funding received in every region. Most TB funding is directed to those regions and countries with high TB burdens.

Looking at donors across the most recent three-year period with available data (2009-2011), we found:

» 22 different donors (including 19 bilateral donor governments and 3 multilateral organizations) reported providing TB assistance in at least one year examined. 17 donors reported giving assistance in all three years.

» Donors provided assistance to a total of 109 recipient countries, spanning nine regions, over the three-year period; 80 countries received assistance in all three years. On average, each of the 22 donors provided assistance to 3 different regions and 12 different countries over the period. The geographic diversity of assistance differed greatly by channel of assistance, with bilateral donors concentrating their assistance in a smaller number of countries (an average of 8 recipients over the three years) compared to multilateral donors (an average of 41 recipients over the three years).

» The five donors with the greatest *presence*, as measured by number of recipient countries, were: the Global Fund (103), the United States (48), Japan (31), the World Bank (20), and Belgium (12). However, when measured by *magnitude* of assistance provided (as a share of annual average funding between 2009 and 2011), the top five donors were: the Global Fund (60%), the U.S. (21%), Canada (6%), the World Bank (4%), and the U.K. (4%). Together, the top five donors accounted for more than 95% of all donor funding for TB; the 17 other donors accounted for less than 5% of TB assistance over the study period.

» The Global Fund was by far the largest donor, providing 60% of all TB international assistance; the next largest donor, the U.S., provided one fifth of all assistance (21%). Together they accounted for 81% of global TB assistance, and comprised more than 75% of the funding received in every region.

Table 1. Key Findings

Donors	
Total Number of Donors	22
Bilateral Donors	19
Multilateral Donors	3
Average Recipients per Donor	12
Average Recipients per Bilateral	8
Average Recipients per Multilateral	41
U.S. & Global Fund % of Total Funding	81%
Recipients	
Total Number of Recipients	109
Average Donors per Recipient	3
Recipients with 5 or More Donors	14
Recipients Receiving >95% of Total Funding from U.S. & Global Fund	73

» Donors were most concentrated in three regions, generally reflecting the areas with the highest burden of disease from TB: South & Central Asia, which had the greatest number of donors of any region (17 of 22), followed by sub-Saharan Africa (16) and Far East Asia (12).

» In addition to having the greatest number of donors, South & Central Asia also received the greatest share of assistance of any region (27%); a similar share was provided to sub-Saharan Africa (26%). The next highest regional amount went to Far East Asia (23%). Donors provided approximately 9% of TB assistance without specifying any region or country.

Recipient countries typically received assistance for TB from multiple different donors (see Figure 1). Looking over the period 2009-2011, we found:

» The average number of donors present in each recipient country (i.e. with reported assistance in at least one of the years studied) was 3 [range: 1 donor to 7 donors]. Fourteen recipient countries had five or more donors over the study period: India (7), Mozambique (7), Cambodia (6), China (6), Ethiopia (6), Kenya (6), Pakistan (6), Tajikistan (6), Afghanistan (5), Bangladesh (5), Democratic Republic of the Congo (5), Malawi (5), Philippines (5), and Tanzania (5).

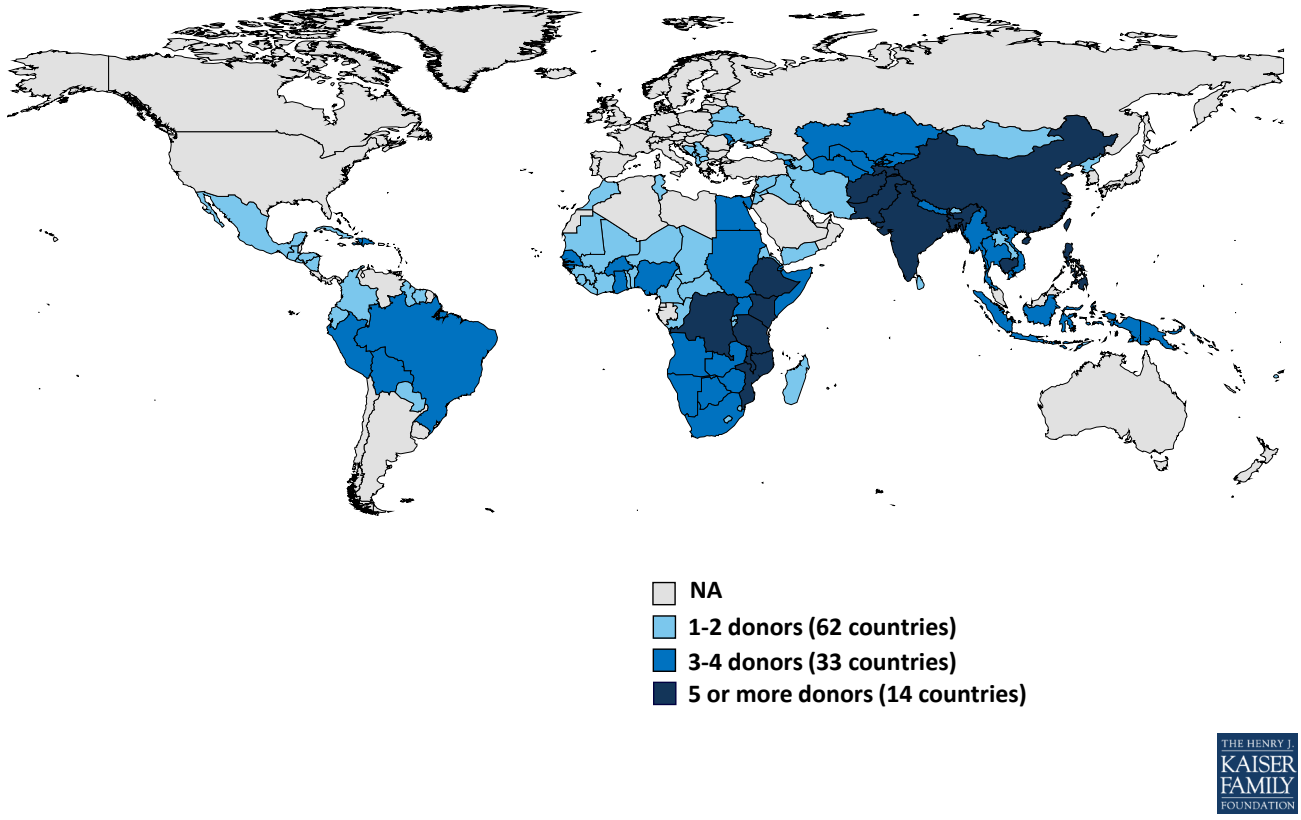
» When measured by magnitude of assistance received (the average share of total TB assistance received over the study period), the top 10 recipient countries, 8 of which are in Asia, accounted for 41% of total assistance: India (9%), China (8%), Indonesia (5%), Philippines (4%), Bangladesh (3%), Nigeria (3%), Pakistan (2%), Kazakhstan (2%), Ethiopia (2%), and Afghanistan (2%).

» In each region, the Global Fund provided more than 50% of TB assistance, ranging from 57% in sub-Saharan Africa to nearly 100% in the Middle East, North Africa, and Oceania. The U.S. was the second most prominent donor in six of the nine regions. Together the Global Fund and the U.S. provided more than 50% of TB assistance in 105 out of 109 countries, and more than 95% in 73 countries.

While fewer donors reported providing TB assistance compared with both HIV/AIDS and malaria assistance over this time period, the number of donors and the geographic breadth of their assistance suggest that ensuring adequate communication with and coordination among multiple donors may be important in reducing administrative and opportunity costs faced by recipient countries, achieving additional efficiencies, and helping to foster country ownership by partner countries.[18,19] At the same time, even more so than with HIV/AIDS, donor funding for TB is highly concentrated among a small number of donors, with the Global Fund alone providing more than half of all TB assistance worldwide and the top five donors together providing over 95%. This suggests potential vulnerabilities should the scope and/or magnitude of funding commitments from these key donors change in the future.[16,20,21]

As donors and recipient countries look forward to the future, and seek the ambitious goal laid out in the Global Plan to Stop TB[22] it will be more important than ever to ensure there is adequate and fruitful coordination between donors and recipients in order to achieve the greatest return possible on the global investments being made in the TB response.

Figure 1: Number of TB Donors in Each Recipient Country, 2009-2011



INTRODUCTION

Tuberculosis, an airborne infectious disease caused by bacteria which primarily affects the lungs is both preventable and curable, and is a major cause of illness and death worldwide.[23] Cases of tuberculosis, a disease which had seen declines in incidence following the advent of chemotherapy and new approaches to control such as "Directly Observed Therapy-Short Course," or DOTS, began to increase in the 1980s and 1990s for a number of reasons, such as less emphasis and lower budgets for control, increasing drug resistance, and the growth in TB infections in persons with immune systems compromised by HIV/AIDS.[24,25,26] Following a series of concerning outbreaks and sensing that complacency had set in on global TB control, a number of stakeholders formed the Stop TB partnership in 2001. Led by the World Health Organization but incorporating a broad set of public and private partners, Stop TB was created as part of an effort to reinvigorate support to combat TB around the world.[27]

This increased emphasis and attention was reflected in growing donor assistance for TB control programs over the last decade, in large part driven by the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002 and the U.S. President's Emergency Plan or AIDS Relief (PEPFAR) in 2003. According to an analysis by the Kaiser Family Foundation, international TB assistance grew from $57 million in 2003 to $785 million in 2011.[28]

As donor assistance for global health programs increased over the last decade, concerns grew about issues of coordination, duplication of effort, and burdensome requirements on recipient countries, and these concerns have extended to TB programs as well.[29,30,31,32] These issues of coordination, communication, and alignment are seen as even more important now, as donors and recipients seek to streamline approaches to health assistance and achieve greater "value for money," as well as foster greater transparency to support country ownership by partner countries.[33,34,35,36]

This report maps the geographic donor landscape of TB assistance based on analysis of the most recent available data, looking both at donor presence and magnitude of donor assistance. It is intended to serve as an easy-to-use information source and tool for policymakers and other stakeholders in both donor and recipient countries.

METHODS

This analysis uses data from the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) database, the main source for comparable data across all major donors of international assistance. The data represents development assistance disbursements as reported to the OECD by donors for 2009, 2010, and 2011. Three consecutive years of data were used in order to smooth out potential reporting inconsistencies and to address the fact that, while a donor may report assistance in one year but not the subsequent year, it does not necessarily mean that the donor no longer has a presence in that recipient country (e.g. programs funded by a disbursement in one year may still be active several years after the disbursement is reported.) Data were extracted on August 14, 2013.

To measure the landscape of donor presence, we used two principal measures:

- ***Presence:*** To measure the extent of donor geographic presence we calculated the *cumulative number of donors*, by identifying how many donors reported assistance in at least one of the three years studied. We also calculated the *cumulative number of recipients* by identifying the number of countries to which assistance was directed in at least one of the three years studied. We used cumulative presence rather than presence in any single year to smooth out reporting inconsistencies and to garner a more comprehensive view of donor provision of international assistance.
- ***Magnitude:*** To measure the magnitude of donor assistance, we calculated an average annual disbursement for each donor over the three years studied (i.e. total disbursements over the period, divided by three). Using a three-year average reduces the influence of possible one-time fluctuations in funding and reporting. Data used to calculate average disbursements over the three year period are in real dollars in order to take into account inflation and exchange rate fluctuations.

The appendix tables at the end of the report provide summaries of both measures. “Heat maps” are used to present a visual representation of the scale of funding, in addition to donor presence.

Data represent “official development assistance” (ODA) as reported by donors to the OECD. The OECD defines ODA as assistance provided to low- and middle-income countries, as determined by per capita Gross National Income (GNI), excluding any assistance to countries that are members of the Group of Eight (G8) or the European Union (EU), including those with a firm date for EU admission. Assistance includes direct financial support as well as the provision of goods and services (e.g. technical assistance, in-kind contributions, etc.) and may be reported as ODA to the OECD if it is concessional in nature (i.e. includes a grant element).

Donors report both commitment and disbursement ODA data to the OECD. Disbursements reflect the actual transfer of funds or purchase of goods or services for a recipient country whereas a commitment represents a budgetary decision that funding will be provided regardless of the time at which the disbursement occurs. For the purposes of this analysis, disbursement rather than commitment data were used reflecting the actual available resources for TB in a recipient country in a given year.

The CRS database includes data on ODA from 28 bilateral donor governments, including the 26 members of the OECD Development Assistance Committee (DAC) and 2 non-DAC members (Kuwait and the United Arab Emirates), as well as 31 multilateral organizations.* Data for the European Commission (EC) represent funds from the European Union's budget, as distinct from funding from its member state budgets (which are attributed to individual member assistance). The CRS database includes EC funding as part of the multilateral sector; for the purposes of this paper, the EC is considered a donor government rather than a multilateral organization.

Data in the CRS database include donor government bilateral disbursements only and do not include disbursements to multilateral organizations; disbursements by multilateral institutions are attributed to those institutions, not the originating donor government (where donor governments do specify such contributions for health and account for them as part of their bilateral budgets, they are included in their bilateral assistance totals). As such, TB funding levels presented in this analysis may not match those reported by donor governments who include multilateral contributions in their totals.

This analysis uses data derived from the following OECD CRS subsector to capture "tuberculosis" assistance:

Table 2. OECD Credit Reporting System (CRS) Database Sector and Sub-Sector Used In This Report

DAC CODE	CRS CODE	DESCRIPTION	CLARIFICATIONS / ADDITIONAL NOTES ON COVERAGE
122		Basic health	
	12263	Tuberculosis control	Immunisation, prevention and control of tuberculosis.

The Africa, America, and Asia regions each have "regional funding" amounts reported in the DAC separate from the country-specific funding amounts; these regional funds are included in the totals where appropriate.

It is important to note that there are inherent limitations associated with using the OECD CRS database. First, the database does not include all countries that receive international assistance. Additionally, the CRS database reflects donor reported ODA commitments and disbursements categorized in DAC defined sectors and sub-sectors, and therefore, depends on each member government's interpretation of these sector and sub-sector codes. Due to this donor-driven method of data reporting, the CRS database may not include funding for TB programs provided under a larger funding envelope (e.g. where TB is a component of a broader program listed under a different CRS sector or sub-sector). This report, however, is not meant to be an analysis of specific donor activities and is not an assessment of the use of these funds; it provides an analysis of the "presence" and "magnitude" of donor assistance for TB as reported by the DAC members based on the CRS sector and subsector codes.

* DAC members: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, European Union (EU), Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and United States.

Multilateral donors reporting to the DAC: African Development Bank (AfDB), African Development Fund (AfDF), Arab Fund for Economic and Social Development (AFESD), Asian Development Bank (AsDB), ASDB Special Funds, Arab Bank for Economic Development in Africa (BADEA), European Bank for Reconstruction and Development (EBRD), Global Alliance for Vaccines and Immunisation (GAVI), Global Environment Facility (GEF), Global Fund, International Bank for Reconstruction and Development (IBRD), International Development Association (IDA), Inter-American Development Bank (IDB), IDB Sp. Fund, International Fund for Agricultural Development (IFAD), International Monetary Fund (IMF), Isl. Development Bank, Nordic Development Bank, OPEC Fund for International Development (OFID), OSCE, UNAIDS, UNDP, UNEP, UNECE, UNFPA, UNHCR, UNICEF, UNPBF, UNRWA, WFP, and WHO.

FINDINGS

DONORS

While the donor landscape for TB consists of multiple donors and recipients, the majority of funding is provided by a single donor – the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which accounts for 60% of TB funding; the next highest share is provided by the United States (21%). Looking at donors across the most recent three-year period with available data (2009-2011), we found that 22 donors (19 bilateral and 3 multilateral) provided assistance for TB to 109 low- and middle-income countries in 9 different regions in at least one of the three years (see Boxes 1 and 2). These donors averaged $715 million in TB assistance per year over this time period (see Table 4; additional details on donors and recipients are provided in Appendices 1-9).‡ Most TB funding is directed to regions and countries with high TB burdens.

BOX 1. DONORS IN DAC DATABASE REPORTING TB ASSISTANCE IN 2009, 2010, AND/OR 2011

BILATERAL	MULTILATERAL
Australia	Global Fund
Belgium	World Bank
Canada	UN Development Programme (UNDP)
European Union (EU)	
Finland	
France	
Germany	
Ireland	
Italy	
Japan	
Korea	
Luxembourg	
Netherlands	
New Zealand	
Norway	
Portugal	
Spain	
United Kingdom	
United States	

BOX 2. OECD REGIONAL DESIGNATIONS

This report uses nine regional designations as defined by the OECD.

NOTE: Some donor funding is provided to regional funds only, or is uncategorized by region or recipient country. Regional and uncategorized amounts are included in global totals, but are not included in country-specific figures.

REGIONS
North Sahara
South Sahara
Africa Regional

North & Central America
South America
America, regional

Middle East
Far East Asia
South & Central Asia
Asia, regional

Europe
Europe, regional

Oceania
Oceania, regional

‡ Note: 19 of the 26 DAC members provided ODA for TB at some point between 2009 and 2011; there are 31 multilateral donors that report to the DAC, but only 3 reported providing ODA for TB between 2009 and 2011; there were 2 non-DAC donors (Kuwait and the United Arab Emirates) that reported providing ODA at some point between 2009 and 2011, but neither reported providing ODA for TB during that period.

Donors provided assistance to an average of 12 recipient countries (i.e. number of recipients receiving assistance in at least one of the three years studied). Multilateral donors provided assistance to a higher average number of recipient countries (41) than bilateral donors (8), due to the role played by the Global Fund, which reached the greatest number of countries of any donor.

The five donors with the greatest presence, as measured by number of recipient countries, were: the Global Fund (103), the United States (48), Japan (31), the World Bank (20), and Belgium (12). However, when measured by magnitude of assistance provided (as a share of annual average funding between 2009 and 2011), the five donors providing the greatest amount of assistance were: the Global Fund (60%), the U.S. (21%), Canada (6%), the World Bank (4%), and the U.K. (4%). Together, the top five donors accounted for more than 95% of all donor funding for TB; the 17 other donors accounted for less than 5% of TB assistance over the three year study period.

SPOTLIGHT ON THE GLOBAL FUND AND THE U.S.

The Global Fund was the single largest donor providing 60% of international TB assistance, followed by the U.S. which contributed 21%. Together the Global Fund and the U.S. provided approximately 81% of the average total of donor TB assistance from 2009-2011. The next highest average amount was provided by Canada (6%).

The Global Fund and the U.S. were present in 105 of the 109 countries that received TB donor assistance (in at least one of the 3 years). At the same time, these two donors overlapped in less than half of the recipient countries (46 of 105), a much smaller overlap than for HIV assistance. There were only four recipient countries that did not receive assistance from either the Global Fund or the U.S. (see appendix tables for details).

The Global Fund and the U.S. accounted for more than 50% of funding in all 105 recipient countries where they provided assistance, more than 95% in 73 countries, and 100% of funding in 41 countries. Of the countries that received 100% of funding from the Global Fund and the U.S., 12 were in sub-Saharan Africa, 7 were in Europe, 6 in North & Central America, 4 in the Middle East, 4 in South & Central Asia, 3 in Far East Asia, 2 in North Africa, 2 in South America, and 1 in Oceania. The Global Fund alone accounted for 100% of funding in 34 countries.

The Global Fund and the U.S. were also the dominant donors by region (see Table 3) providing more than 75% of TB assistance in every region and providing more than 90% of funding in every region with the exception of sub-Saharan Africa (81%) and South & Central Asia (76%). The Global Fund alone provided more than 50% of funding in every region and more than 75% of TB assistance in six of the nine regions.

Table 3. Snapshot of U.S. and Global Fund Assistance for TB, by Region, 2009-2011

Regions	United States		Global Fund		Total U.S. & Global Fund Contribution
	# of Recipients	% of Total Donor Funding	# of Recipients	% of Total Donor Funding	
Europe	**3**	**13%**	**9**	**84%**	**98%**
Africa	**20**	**24%**	**45**	**58%**	**81%**
North Africa	-	-	3	99%	99%
Sub-Saharan	20	24%	42	57%	81%
America	**6**	**23%**	**15**	**74%**	**97%**
North & Central America	3	26%	7	69%	95%
South America	3	19%	8	79%	98%
Asia	**19**	**12%**	**31**	**68%**	**81%**
Far East Asia	6	11%	10	83%	94%
South & Central Asia	13	13%	16	63%	76%
Middle East	-	-	5	99.8%	100%
Oceania	**-**	**-**	**3**	**99.7%**	**100%**
Total	**48**	**21%**	**103**	**60%**	**81%**

RECIPIENTS

Recipient countries typically received TB assistance from multiple different donors. Looking at recipients of TB assistance over the period 2009-2011, we found that the average number of donors providing TB assistance in each recipient country was 3 (range: 1 donor to 7 donors). Of the 109 countries receiving assistance, fourteen had five or more donors over the study period: India (7), Mozambique (7), Cambodia (6), China (6), Ethiopia (6), Kenya (6), Pakistan (6), Tajikistan (6), Afghanistan (5), Bangladesh (5), Democratic Republic of the Congo (5), Malawi (5), Philippines (5), and Tanzania (5).

When measured by magnitude, the top 10 recipient countries, 8 of which are in Asia, accounted for 41% of total assistance: India (9%), China (8%), Indonesia (5%), Philippines (4%), Bangladesh (3%), Nigeria (3%), Pakistan (2%), Kazakhstan (2%), Ethiopia (2%), and Afghanistan (2%).

Looking regionally, on average, each donor gave assistance to three of the nine regions. Only one donor, the Global Fund, was present in all nine regions.

Donor presence was concentrated in three regions over the study period. South & Central Asia received assistance from 17 of the 22 donors, followed by Sub-Saharan Africa (16) and Far East Asia (12). Together, these three regions accounted for more than 75% of all TB assistance: South & Central Asia (27%), Sub-Saharan Africa (26%), and Far East Asia (23%). 9% of donor funding was not specified by recipient country or region (See Figure 3 and Table 4).

FIGURE 2: COUNTRIES WITH 5 OR MORE DONORS, 2009-2011

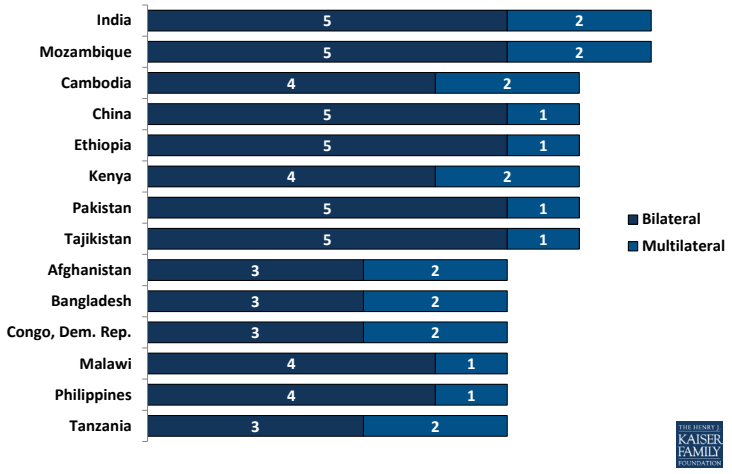


FIGURE 3: SHARE OF DONOR FUNDING FOR TB, BY REGION, 2009-2011

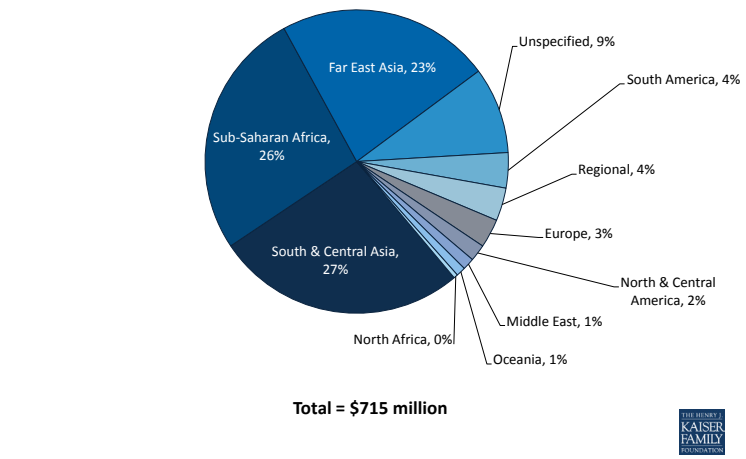
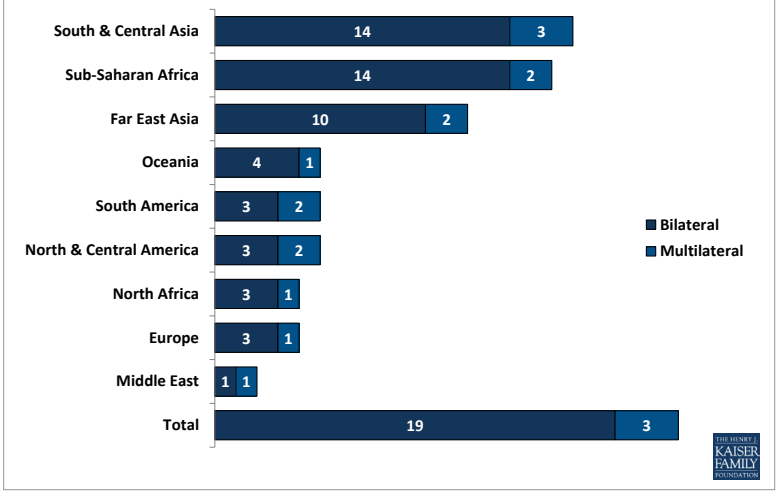


FIGURE 4: TOTAL NUMBER OF DONORS, BY REGION, 2009-2011



In each region, the majority of assistance (60% or more) was provided through multilateral channels (Figure 5). Three regions—North Africa, Oceania, and the Middle East—received more than 98% of assistance through multilateral channels. The Global Fund and the U.S. were the predominant donors, providing more than 75% of total assistance in each region.

A full listing of funding amounts by country, and the percent of a country's funds contributed by each donor, is presented in the appendix tables at the end of this report.

Figure 5: Bilateral & Multilateral Breakdown, by Region, 2009-2011

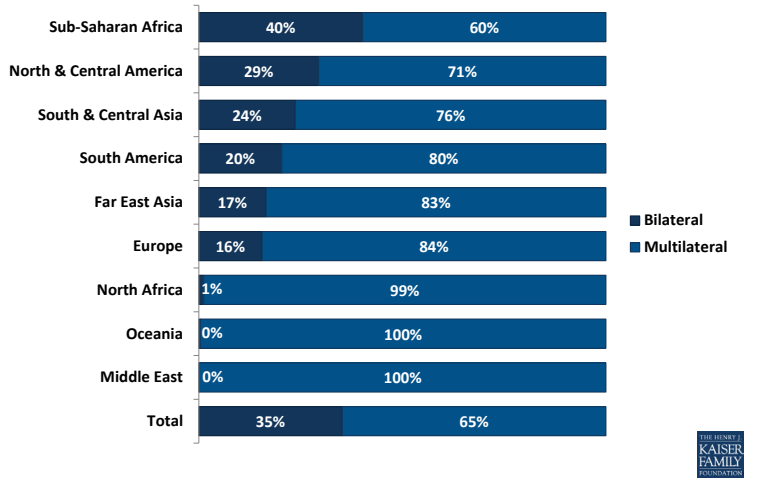


TABLE 4. OVERVIEW OF TB ASSISTANCE BY REGION AND DONOR, 2009-2011

Recipients	All Donors	Percent of Total	Australia	Belgium	Canada	EU Institutions	Finland	France	Germany	Ireland	Italy	Japan	Korea	Luxembourg	Netherlands	New Zealand	Norway	Portugal	Spain	United Kingdom	United States	DAC Countries
Europe Total	**21.95**	**3%**	-	-	1%	-	-	-	-	-	-	-	-	1%	-	-	-	-	-	-	13%	16%
Africa Total	**192.14**	**27%**	-	3%	10%	0%	0%	0%	0%	-	0%	1%	0%	-	-	-	1%	0%	0%	0%	24%	40%
Africa Regional	**0.06**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Africa Total	**3.12**	**0%**	-	-	-	-	0%	-	-	-	-	1%	-	-	-	-	-	-	0%	-	-	1%
Sub-Saharan Africa Total	**188.96**	**26%**	-	3%	10%	0%	0%	0%	0%	-	0%	1%	0%	-	-	-	1%	0%	0%	0%	24%	40%
America Total	**40.56**	**6%**	-	-	1%	-	-	-	-	-	-	1%	-	-	-	-	-	-	1%	-	23%	25%
America Regional	**0.91**	**0%**	-	-	25%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75%	100%
North & Central America Total	**12.75**	**2%**	-	-	0%	-	-	-	-	-	-	3%	-	-	-	-	-	-	-	-	26%	29%
South America Total	**26.90**	**4%**	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	-	1%	-	19%	20%
Asia Total	**387.53**	**54%**	0%	0%	5%	0%	0%	0%	1%	0%	0%	1%	0%	0%	1%	-	0%	-	0%	3%	12%	25%
Asia Regional	**24.20**	**3%**	-	-	79%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21%	100%
Far East Asia Total	**163.21**	**23%**	0%	0%	-	-	-	0%	0%	-	-	2%	1%	-	1%	-	-	-	0%	2%	11%	17%
South & Central Asia Total	**191.09**	**27%**	-	0%	1%	0%	0%	-	1%	0%	0%	2%	0%	0%	-	-	0%	-	0%	5%	13%	24%
Middle East Total	**9.04**	**1%**	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	0%
Oceania Total	**7.16**	**1%**	-	-	-	-	-	0%	0%	-	-	0%	-	-	-	0%	-	-	-	-	-	0%
All Recipients	**715.19**	**100%**	0%	1%	6%	0%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	4%	21%	35%
Unspecified	**65.85**	**9%**	0%	1%	-	1%	-	1%	-	-	-	1%	0%	0%	5%	-	0%	-	0%	26%	64%	100%

Recipients	Global Fund	IDA	UNDP	Multilateral Total
Europe Total	**84%**	-	-	**84%**
Africa Total	**58%**	3%	-	**60%**
Africa Regional	-	100%	-	**100%**
North Africa Total	99%	-	-	**99%**
Sub-Saharan Africa Total	57%	3%	-	**60%**
America Total	**74%**	1%	-	**75%**
America Regional	-	-	-	-
North & Central America Total	69%	2%	-	**71%**
South America Total	79%	1%	-	**80%**
Asia Total	**68%**	7%	0%	**75%**
Asia Regional	-	-	-	-
Far East Asia Total	83%	0%	-	**83%**
South & Central Asia Total	63%	13%	0%	**76%**
Middle East Total	100%	-	-	**100%**
Oceania Total	**100%**	-	-	**100%**
All Recipients	**60%**	4%	0%	**65%**
Unspecified	-	-	-	-

LEGEND:

- Less than $0.5 million
- Between $0.5 and $1 million
- Between $1 and $2.5 milllion
- Between $2.5 and $5 million
- Between $5 and $10 million
- More than $10 million

Note: Funding levels are based on the average amount of TB assistance provided over the three year period between 2009 and 2011. Data are color-coded in order to demonstrate the scale of funding provided.

REGIONAL LANDSCAPE

This section reviews the donor landscape by region in more detail. Full details by region are available in the appendix tables at the end of this report.

Africa: Sub-Saharan Africa

Sub-Saharan Africa (SSA) had the greatest number of recipient countries of any region, with 45 (though it also had the greatest overall number of countries of any region). It received the second largest share of assistance (26% of global TB funding) and also had the second largest number of donors (16, including 14 bilateral donors and 2 multilateral donors).

The five countries accounting for the largest share of funding in SSA were: Nigeria (11% of SSA total, from 4 donors), Ethiopia (7%, from 6 donors), Democratic Republic of the Congo (6%, from 5 donors), Sudan (5%, from 4 donors), and Rwanda (5%, from 2 donors). Six SSA countries received assistance from 5 or more donors.

The Global Fund (57%) and the U.S. (24%) accounted for 81% of total TB assistance to the region and provided more than 50% of the funding in 43 SSA countries and over 95% in 26 countries. All other donors combined accounted for 19% of total TB assistance to the region; the largest of these other donors were: Canada (10%), Belgium (3%), and the World Bank (3%).

Africa: North Africa

With only 3 recipient countries, North Africa was the region with the smallest number of recipient countries. These countries together received less than 1% of global TB assistance from a total of 4 donors (3 bilateral and 1 multilateral).

Among the 3 North African countries, the largest share of assistance went to Tunisia (38% of regional total, from 1 donor), followed by Egypt (31%, from 3 donors) and Morocco (31%, from 1 donors).

The Global Fund was the predominant donor (99%) in the region, followed by Japan (1%), Spain (<1%), and Finland (<1%).

America: North & Central America

There were 10 recipient countries in the North & Central America region. There were 5 different donors present in the region (3 bilateral and 2 multilateral), and the region received 2% of all TB assistance.

The largest share of assistance within the region went to Haiti (27% of regional total, from 3 donors), followed by the Dominican Republic (25%, from 3 donors) and Nicaragua (11%, from 1 donor).

The Global Fund was the largest donor in the region (providing 69% of assistance), followed by the U.S. (26%), Japan (3%), the World Bank (2%), and Canada (<1%).

America: South America

There were 8 recipient countries in the South America region. There were 5 different donors present in the region (3 bilateral and 2 multilateral), and the region received 4% of all TB assistance.

The largest share of assistance within the region went to Peru (37% of regional total, from 3 donors), followed by Brazil (29%, from 3 donors), Ecuador (11%, from 2 donors), Paraguay (7%, from 1 donor), and Bolivia (7%, from 3 donors).

The Global Fund was the largest donor in the region (giving 79% of assistance), followed by the U.S. (19%), the World Bank (1%), Spain (1%), and Japan (<1%). Together, the Global Fund and the U.S. accounted for more than 50% of funding in all 8 recipient countries in the region.

Asia: Far East Asia

There were 10 recipient countries in the Far East Asia region. Twelve different donors were present in the region (10 bilateral and 2 multilateral), and the region received the third largest share of global TB funding (23%).

The largest share of assistance within the region went to China (34% of regional total, from 6 donors), followed by Indonesia (23%, from 3 donors), Philippines (19%, from 5 donors), and Cambodia (6%, from 6 donors).

The Global Fund was the largest donor in the region (giving 83% of assistance), followed by the U.S. (11%), Japan (2%), the U.K. (2%), and the Netherlands (1%). Three countries in this region had five or more donors: Cambodia (6), China (6), and the Philippines (5).

Asia: Middle East

There were 5 recipient countries in the Middle East region, which received assistance from 2 different donors (1 bilateral and 1 multilateral). The region received 1% of all TB assistance.

The largest share of assistance within the region went to Iraq (56% of regional total, from 2 donors), followed by Iran (19%, from 1 donor), Yemen (13%, from 1 donor), Syria (8%, from 1 donor), and Jordan (5%, from 1 donor).

The Global Fund was the predominant donor in the region (giving more than 99% of assistance); Japan also provided less than 1% of assistance to one country (Iraq).

Asia: South & Central Asia

There were 16 recipient countries in the South-Central Asia region. The region received the largest share of assistance of any region (27% of global TB funding) and had the largest number of donors (17, including 14 bilateral donors and 3 multilateral donors).

The largest share of assistance within the region went to India (34% of regional total, from 7 donors), followed by Bangladesh (13%, from 5 donors), Pakistan (9%, from 6 donors), and Kazakhstan (8%, from 3 donors).

The Global Fund was the largest donor in the region (giving 63% of assistance), followed by the U.S. (13%), the World Bank (13%), and the U.K. (5%). Five countries in the region had five or more donors: India (7), Pakistan (6), Tajikistan (6), Afghanistan (5), and Bangladesh (5).

Europe

There were 9 recipient countries in the European region. The region received 3% of global TB assistance from 4 donors (3 bilateral donors and 1 multilateral donor). Ukraine received the largest share of the assistance given to the region (32%, from 2 donors), followed by Moldova (25%, from 3 donors), Belarus (18%, from 2 donors), and Bosnia-Herzegovina (9%, from 1 donor).

The Global Fund was the largest donor accounting for 84% of TB assistance to the region; the Global Fund provided more than 95% of funding in 7 of 9 recipient countries. The U.S. was the second largest donor (13%), followed by Canada (1%) and Luxembourg (1%).

Oceania

There were 3 recipient countries in the Oceania region. The region received 1% of the global TB assistance from a total of 5 donors (4 bilateral donors and 1 multilateral donor). Papua New Guinea accounted for the largest share of assistance to the region (43%, from 3 donors), followed by Fiji (22%, from 1 donor) and Solomon Islands (10%, from 2 donors).

The Global Fund was the largest donor providing nearly 100% of TB assistance to the region; the Global Fund provided more than 99% of funding in all three recipient countries. France, Germany, Japan, and New Zealand each provided less than 1% of funding to the region.

CONCLUSIONS

The donor landscape for TB is varied and complex, and reflects the recent increase in emphasis on global control of this disease and growth in assistance provided over the last decade. This study found that between 2009 and 2011, 22 donors (19 bilateral and 3 multilateral) provided TB assistance to 109 different countries across nine regions. Donors spread their assistance broadly, giving to an average of 3 different regions and 12 different countries. The large number of donors and the geographic breadth of their assistance suggest that ensuring adequate communication with and coordination among multiple donors may be important in reducing administrative and opportunity costs faced by recipient countries and achieving greater efficiencies with TB assistance.

Still, when measured by magnitude of assistance, donor support for TB was dominated by a few donors. The Global Fund was the single largest donor, accounting for 60% of total TB assistance, followed by the U.S., which provided 21%. Together, the Global Fund and the U.S. were present in a combined total of 105 of the 109 countries, and accounted for more than 75% of assistance in every region. This concentration of TB assistance among a few donors points to potential vulnerabilities should the scope and/or magnitude of their funding commitments change in the future.

Each recipient country received aid from an average of 3 different donors over this period, though the number varied significantly across countries (see map in Figure 1). Fourteen recipient countries had 5 or more donors providing TB assistance. These data suggest that ensuring recipient countries themselves have access to information about donors working in their countries on TB is an important ingredient to achieving greater efficiencies and promoting country ownership.

As donors and recipient countries look forward to the future and seek to achieve the ambitious goals laid out by multilateral efforts such as the Stop TB partnership and bilateral programs such as PEPFAR, it will be more important than ever to ensure there is adequate and fruitful coordination between donors and recipients in order to achieve the greatest return possible on the global investments being made in the TB response.

APPENDIX TABLE 1. SUB-SAHARAN AFRICA REGION: TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Belgium	Canada	EU Institutions	Finland	France	Germany	Italy	Japan	Korea	Norway	Portugal	Spain	United Kingdom	United States	DAC Countries	Global Fund	IDA	Multilateral Total	Number of Donors
Angola	**1.14**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	18%	**18%**	65%	18%	**82%**	3
Benin	**2.32**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Botswana	**1.59**	**1%**	-	-	-	-	-	-	-	3%	-	-	-	-	-	44%	**46%**	54%	-	**54%**	3
Burkina Faso	**4.55**	**2%**	-	-	-	-	1%	0%	-	-	-	-	-	-	-	-	**1%**	99%	-	**99%**	3
Burundi	**2.05**	**1%**	6%	-	-	-	-	-	-	-	-	-	-	-	-	-	**6%**	94%	-	**94%**	2
Cameroon	**1.09**	**1%**	-	-	-	-	6%	-	-	-	-	-	-	-	-	-	**6%**	94%	-	**94%**	2
Cape Verde	**0.01**	**0%**	-	-	-	-	-	-	-	100%	-	-	-	-	-	-	**100%**	-	-	**-**	1
Central African Rep.	**0.43**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Chad	**0.47**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Congo, Dem. Rep.	**11.12**	**6%**	9%	-	-	-	-	-	-	0%	-	-	-	-	-	40%	**49%**	37%	14%	**51%**	5
Congo, Rep.	**0.32**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Cote d'Ivoire	**1.20**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Djibouti	**0.68**	**0%**	-	-	-	-	-	-	-	1%	-	-	-	-	-	49%	**50%**	50%	-	**50%**	3
Eritrea	**2.32**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	85%	15%	**100%**	2
Ethiopia	**13.19**	**7%**	0%	-	-	-	-	-	-	0%	1%	-	-	0%	-	27%	**28%**	72%	-	**72%**	6
Gambia	**2.64**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	9%	-	**9%**	91%	-	**91%**	2
Ghana	**3.77**	**2%**	-	-	-	-	-	-	-	-	-	-	-	-	-	20%	**20%**	80%	1%	**80%**	3
Guinea	**0.79**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Guinea-Bissau	**1.38**	**1%**	-	-	-	-	-	-	1%	-	-	-	1%	-	-	-	**2%**	98%	0%	**98%**	4
Kenya	**8.72**	**5%**	16%	-	-	-	1%	-	-	1%	-	-	-	-	-	28%	**45%**	46%	9%	**55%**	6
Lesotho	**1.55**	**1%**	-	-	-	-	-	-	-	0%	-	-	-	-	-	-	**0%**	100%	-	**100%**	2
Liberia	**1.75**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	15%	**15%**	85%	-	**85%**	2
Madagascar	**2.86**	**2%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Malawi	**3.42**	**2%**	43%	-	-	-	-	-	-	1%	-	2%	-	-	-	48%	**94%**	6%	-	**6%**	5
Mali	**0.53**	**0%**	-	-	6%	-	-	-	-	-	-	-	-	-	-	-	**6%**	94%	-	**94%**	2
Mauritania	**0.28**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	73%	27%	**100%**	2
Mayotte	**0.73**	**0%**	-	-	-	-	100%	-	-	-	-	-	-	-	-	-	**100%**	-	-	**-**	1
Mozambique	**7.00**	**4%**	8%	-	4%	-	-	-	-	0%	-	-	0%	-	-	54%	**66%**	6%	28%	**34%**	7
Namibia	**3.68**	**2%**	-	-	-	-	-	-	-	-	-	-	-	1%	-	40%	**41%**	59%	-	**59%**	3
Niger	**0.79**	**0%**	26%	-	-	-	-	-	-	-	-	-	-	-	-	-	**26%**	74%	-	**74%**	2
Nigeria	**20.61**	**11%**	-	-	-	-	-	-	-	0%	0%	-	-	-	-	28%	**28%**	72%	-	**72%**	4
Rwanda	**10.20**	**5%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	98%	2%	**100%**	2
Sao Tome & Principe	**0.04**	**0%**	-	-	-	-	-	-	-	6%	-	-	-	-	-	-	**6%**	94%	-	**94%**	2
Senegal	**2.20**	**1%**	-	-	-	-	0%	-	-	-	-	6%	-	-	-	39%	**46%**	54%	-	**54%**	4
Sierra Leone	**1.01**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Somalia	**6.10**	**3%**	-	-	-	2%	-	-	-	-	-	0%	-	-	-	-	**2%**	98%	-	**98%**	3
South Africa	**8.31**	**4%**	16%	-	-	-	-	0%	-	0%	-	-	-	-	-	84%	**100%**	-	-	**-**	4
South Sudan	**1.05**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	16%	**16%**	84%	-	**84%**	2
Sudan	**10.24**	**5%**	-	-	-	-	-	-	-	2%	-	1%	-	-	-	2%	**5%**	95%	-	**95%**	4
Swaziland	**1.30**	**1%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Tanzania	**3.27**	**2%**	-	-	-	-	-	-	1%	-	-	9%	-	-	-	47%	**57%**	40%	3%	**43%**	5
Togo	**0.63**	**0%**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Uganda	**3.40**	**2%**	-	-	-	-	-	-	-	0%	-	-	-	-	-	59%	**59%**	37%	4%	**41%**	4
Zambia	**7.90**	**4%**	-	-	-	-	-	-	-	14%	-	4%	-	-	-	43%	**62%**	38%	-	**38%**	4
Zimbabwe	**6.44**	**3%**	-	-	-	-	-	-	-	1%	-	-	-	-	-	17%	**17%**	83%	-	**83%**	3
South of Sahara, regional	**23.90**	**13%**	-	79%	-	-	-	1%	-	-	-	1%	-	-	-	18%	**100%**	-	-	**-**	4
Sub-Saharan Africa Total	**188.96**	**100%**	**3%**	**10%**	**0%**	**0%**	**0%**	**0%**	**0%**	**1%**	**0%**	**1%**	**0%**	**0%**	**0%**	**24%**	**40%**	**57%**	**3%**	**60%**	**16**
Number of Recipient Countries	**45**	-	8	0	2	1	5	2	2	16	2	6	2	2	1	20	**32**	42	11	**42**	-

LEGEND:

- Less than $0.5 million
- Between $0.5 and $1 million
- Between $1 and $2.5 milllion
- Between $2.5 and $5 million
- Between $5 and $10 million
- More than $10 million

APPENDIX TABLE 2. NORTH AFRICA (NORTH SAHARA) REGION: TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Finland	Japan	Spain	DAC Countries	Global Fund	Multilateral Total	Number of Donors
Egypt	**0.98**	**31%**	1%	2%	-	**3%**	97%	**97%**	3
Morocco	**0.96**	**31%**	-	-	-	**-**	100%	**100%**	1
Tunisia	**1.17**	**38%**	-	-	-	**-**	100%	**100%**	1
North of Sahara, regional	**0.01**	**0%**	-	-	100%	**100%**	-	**-**	1
North Africa Total	**3.12**	**100%**	**0%**	**1%**	**0%**	**1%**	**99%**	**99%**	**4**
Number of Recipient Countries	**3**	**-**	1	1	0	**1**	3	**3**	-

APPENDIX TABLE 3. NORTH/CENTRAL AMERICA REGION: TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Canada	Japan	United States	DAC Countries	Global Fund	IDA	Multilateral Total	Number of Donors
Cuba	**0.92**	**7%**	-	-	-	**-**	100%	-	**100%**	1
Dominican Republic	**3.23**	**25%**	0%	-	32%	**32%**	68%	-	**68%**	3
El Salvador	**0.99**	**8%**	-	-	-	**-**	100%	-	**100%**	1
Grenada	**0.02**	**0%**	-	-	-	**-**	-	100%	**100%**	1
Guatemala	**0.82**	**6%**	-	-	-	**-**	100%	-	**100%**	1
Haiti	**3.39**	**27%**	-	11%	40%	**51%**	49%	-	**49%**	3
Honduras	**0.77**	**6%**	-	-	-	**-**	100%	-	**100%**	1
Mexico	**0.71**	**6%**	-	-	100%	**100%**	-	-	**-**	1
Nicaragua	**1.44**	**11%**	-	-	-	**-**	100%	-	**100%**	1
St.Vincent & Grenadines	**0.05**	**0%**	-	-	-	**-**	-	100%	**100%**	1
West Indies, regional	**0.31**	**2%**	-	-	54%	**54%**	-	46%	**46%**	2
North & Central America, regional	**0.09**	**1%**	-	-	100%	**100%**	-	-	**-**	1
North & Central America Total	**12.75**	**100%**	**0%**	**3%**	**26%**	**29%**	**69%**	**2%**	**71%**	**5**
Number of Recipient Countries	**10**	**-**	1	1	3	**3**	7	2	**9**	-

LEGEND:

- Less than $0.5 million
- Between $0.5 and $1 million
- Between $1 and $2.5 milllion
- Between $2.5 and $5 million
- Between $5 and $10 million
- More than $10 million

APPENDIX TABLE 4. SOUTH AMERICA REGION: TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Japan	Spain	United States	DAC Countries	Global Fund	IDA	Multilateral Total	Number of Donors
Bolivia	**1.75**	**7%**	-	1%	57%	**57%**	43%	-	**43%**	3
Brazil	**7.71**	**29%**	0%	-	43%	**44%**	56%	-	**56%**	3
Colombia	**0.62**	**2%**	-	18%	-	**18%**	82%	-	**82%**	2
Ecuador	**3.07**	**11%**	-	3%	-	**3%**	97%	-	**97%**	2
Guyana	**1.05**	**4%**	-	-	-	**-**	72%	28%	**100%**	2
Paraguay	**1.98**	**7%**	-	-	-	**-**	100%	-	**100%**	1
Peru	**9.95**	**37%**	-	0%	7%	**7%**	93%	-	**93%**	3
Suriname	**0.61**	**2%**	-	-	-	**-**	100%	-	**100%**	1
South America, regional	**0.17**	**1%**	-	-	100%	**100%**	-	-	**-**	1
South America Total	**26.90**	**100%**	**0%**	**1%**	**19%**	**20%**	**79%**	**1%**	**80%**	**5**
Number of Recipient Countries	**8**	**-**	1	4	3	**5**	8	1	**8**	-

APPENDIX TABLE 5. FAR EAST ASIA, TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Australia	Belgium	France	Germany	Japan	Korea	Netherlands	Spain	United Kingdom	United States	DAC Countries	Global Fund	IDA	Multilateral Total	Number of Donors
Cambodia	**10.32**	**6%**	-	1%	-	0%	12%	-	-	-	-	33%	**46%**	48%	6%	**54%**	6
China	**54.74**	**34%**	-	0%	-	-	0%	0%	-	-	5%	0%	**5%**	95%	-	**95%**	6
Indonesia	**36.95**	**23%**	-	-	-	-	3%	-	-	-	-	21%	**24%**	76%	-	**76%**	3
Korea, Dem. Rep.	**6.65**	**4%**	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Laos	**2.27**	**1%**	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Mongolia	**2.59**	**2%**	-	-	-	-	0%	-	-	-	-	-	**0%**	100%	-	**100%**	2
Philippines	**30.84**	**19%**	-	-	-	-	1%	3%	-	0%	-	21%	**26%**	74%	-	**74%**	5
Thailand	**9.04**	**6%**	-	-	0%	-	-	-	-	-	-	1%	**1%**	99%	-	**99%**	3
Timor-Leste	**1.39**	**1%**	-	-	-	-	-	-	-	-	-	-	**-**	100%	-	**100%**	1
Vietnam	**8.41**	**5%**	1%	-	-	-	-	-	29%	-	-	0%	**30%**	70%	-	**70%**	4
Far East Asia Total	**163.21**	**100%**	**0%**	**0%**	**0%**	**0%**	**2%**	**1%**	**1%**	**0%**	**2%**	**11%**	**17%**	**83%**	**0%**	**83%**	**12**
Number of Recipient Countries	**10**	**-**	1	2	1	1	5	2	1	1	1	6	**7**	10	1	**10**	-

LEGEND:

- Less than $0.5 million
- Between $0.5 and $1 million
- Between $1 and $2.5 milllion
- Between $2.5 and $5 million
- Between $5 and $10 million
- More than $10 million

APPENDIX TABLE 6. South & Central Asia, TB Donors and Recipient Countries, 2009-2011

Recipients	All Donors	Percent of Total	Belgium	Canada	EU Institutions	Finland	Germany	Ireland	Italy	Japan	Korea	Luxembourg	Norway	Spain	United Kingdom	United States	DAC Countries	Global Fund	IDA	UNDP	Multilateral Total	Number of Donors
Afghanistan	12.95	7%	-	16%	-	-	-	-	-	11%	-	-	-	-	-	34%	61%	19%	20%	-	39%	5
Armenia	2.46	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	17%	17%	75%	8%	-	83%	3
Azerbaijan	6.46	3%	-	-	-	-	-	-	-	-	-	-	-	-	-	6%	6%	94%	-	-	94%	2
Bangladesh	24.37	13%	2%	-	-	-	-	-	-	0%	-	-	-	-	-	13%	15%	61%	23%	-	85%	5
Bhutan	0.28	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Georgia	7.23	4%	-	-	-	-	-	-	-	-	-	-	-	-	-	12%	12%	88%	-	-	88%	2
India	64.92	34%	1%	-	-	-	-	-	1%	-	-	-	-	0%	15%	10%	27%	51%	22%	-	73%	7
Kazakhstan	15.32	8%	-	-	-	-	4%	-	-	-	-	-	-	-	-	8%	12%	88%	-	-	88%	3
Kyrgyz Republic	4.05	2%	-	-	-	-	-	-	-	-	-	-	-	1%	-	23%	24%	76%	-	-	76%	3
Myanmar	4.62	2%	-	-	-	-	-	-	-	24%	-	-	-	-	-	3%	27%	73%	-	-	73%	3
Nepal	6.72	4%	-	-	-	-	-	-	-	0%	-	-	9%	-	-	-	9%	91%	-	-	91%	3
Pakistan	16.75	9%	-	0%	-	-	0%	0%	-	2%	-	-	-	-	-	18%	20%	80%	-	-	80%	6
Sri Lanka	2.50	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Tajikistan	10.14	5%	-	-	1%	1%	18%	-	-	-	-	1%	-	-	-	12%	33%	67%	-	-	67%	6
Turkmenistan	2.79	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	24%	24%	76%	-	0%	76%	3
Uzbekistan	7.29	4%	-	-	-	-	-	-	-	-	-	-	1%	-	-	14%	15%	65%	20%	-	85%	4
Central Asia, regional	2.22	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	52%	52%	-	48%	-	48%	2
South Asia, regional	0.03	0%	-	-	-	-	-	-	-	-	100%	-	-	-	-	-	100%	-	-	-	-	1
South & Central Asia Total	191.09	100%	0%	1%	0%	0%	1%	0%	0%	2%	0%	0%	0%	0%	5%	13%	24%	63%	13%	0%	76%	17
Number of Recipient Countries	16	-	2	2	1	1	3	1	1	5	0	1	2	2	1	13	14	16	5	1	16	-

APPENDIX TABLE 7. Middle East Region: TB Donors and Recipient Countries, 2009-2011

Recipients	All Donors	Percent of Total	Japan	DAC Countries	Global Fund	Multilateral Total	Number of Donors
Iran	1.72	19%	-	-	100%	100%	1
Iraq	5.07	56%	0%	0%	100%	100%	2
Jordan	0.41	5%	-	-	100%	100%	1
Syria	0.69	8%	-	-	100%	100%	1
Yemen	1.15	13%	-	-	100%	100%	1
Middle East Total	9.04	100%	0%	0%	100%	100%	2
Number of Recipient Countries	5	-	1	1	5	5	-

LEGEND:

- Less than $0.5 million
- Between $0.5 and $1 million
- Between $1 and $2.5 milllion
- Between $2.5 and $5 million
- Between $5 and $10 million
- More than $10 million

APPENDIX TABLE 8. EUROPE REGION: TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	Canada	Luxembourg	United States	DAC Countries	Global Fund	Multilateral Total	Number of Donors
Albania	**0.17**	**1%**	-	-	-	**-**	100%	**100%**	1
Belarus	**4.05**	**18%**	-	-	3%	**3%**	97%	**97%**	2
Bosnia-Herzegovina	**2.01**	**9%**	-	-	-	**-**	100%	**100%**	1
Kosovo	**0.68**	**3%**	-	-	-	**-**	100%	**100%**	1
Macedonia, FYR	**0.96**	**4%**	-	-	-	**-**	100%	**100%**	1
Moldova	**5.40**	**25%**	-	3%	0%	**3%**	97%	**97%**	3
Montenegro	**0.17**	**1%**	-	27%	-	**27%**	73%	**73%**	2
Serbia	**1.09**	**5%**	-	-	-	**-**	100%	**100%**	1
Ukraine	**7.11**	**32%**	-	-	39%	**39%**	61%	**61%**	2
Europe, regional (w/ Ex-Yugo)	**0.33**	**2%**	89%	-	11%	**100%**	-	**-**	2
Europe Total	**21.95**	**100%**	**1%**	**1%**	**13%**	**16%**	**84%**	**84%**	**4**
Number of Recipient Countries	**9**	**-**	0	2	3	**4**	9	**9**	-

APPENDIX TABLE 9. OCEANIA REGION: TB DONORS AND RECIPIENT COUNTRIES, 2009-2011

Recipients	All Donors	Percent of Total	France	Germany	Japan	New Zealand	DAC Countries	Global Fund	Multilateral Total	Number of Donors
Fiji	**1.56**	**22%**	-	-	-	-	**-**	100%	**100%**	1
Papua New Guinea	**3.10**	**43%**	-	0%	0%	-	**0%**	100%	**100%**	3
Solomon Islands	**0.69**	**10%**	-	-	-	0%	**0%**	100%	**100%**	2
Oceania, regional	**1.81**	**25%**	1%	-	-	-	**1%**	99%	**99%**	2
Oceania Total	**7.16**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**	**5**
Number of Recipient Countries	**3**	**-**	0	1	1	1	**2**	3	**3**	-

LEGEND:

- Less than $0.5 million
- Between $0.5 and $1 million
- Between $1 and $2.5 milllion
- Between $2.5 and $5 million
- Between $5 and $10 million
- More than $10 million

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