MUSKOKA ACCOUNTABILITY REPORT

Assessing action and results against
Development-related commitments

Annex Five: G8 Member Reporting
Health

Investing in Health

We recognize that meeting this goal of universal access as well as realizing the Millennium Development Goals for fighting HIV/AIDS, malaria and tuberculosis on a sustainable basis and strengthening of health systems will require substantial resources. We will continue our efforts towards these goals to provide at least a projected US$ 60 Billion over the coming years, and invite other donors to contribute as well (Heilingendamm, 2007: Growth and Responsibility in Africa, 48)

We reaffirm our existing commitments, including the US$60 billion investment to fight infectious diseases and strengthen health systems by 2012. (L'Aquila, 2009: Responsible Leadership for a Sustainable Future, 125)

Nous reconnaissons qu'il faudra des ressources considérables pour atteindre de manière durable l'objectif d'accès universel et les Objectifs du Millénaire pour le développement liés à la lutte contre le VIH/sida, le paludisme et la tuberculose de façon durable, et pour renforcer les systèmes de santé. Nous continuerons de viser ces objectifs afin de fournir au moins un montant prévu de 60 milliards de dollars américains au cours des années à venir. Nous invitons d'autres donateurs à faire leur part. (Heiligendamm, 2007 : Croissance et responsabilité en Afrique 48)

Nous réaffirmons nos engagements existants, y compris l'investissement de 60 milliards de dollars américains pour lutter contre les maladies infectieuses et renforcer les systèmes de santé d'ici 2012. (L'Aquila, 2009 : Un leadership responsable pour un avenir durable, 125)

G8 Total ODA Allocated to Health

	2007	2008
G8 DONOR	(figures in current $US millions, disbursement amount)	
Canada	510.46	630.11
France	684.63	1,046.30
Germany	755.20	956.20
Italy*	819.25	361.69
Japan**	703.6	792.9
Russia	102.18	110.29
UK	1,633.53	1,381.10
U.S.	5,190.76	6,808.58
TOTAL	**$10,399.61**	**$12,087.17**
EC	$ 449.06	$ 531.70

Source: **OECD/DAC (Based on OECD/DAC CRS purpose codes 12110 to 12191, 12220 to 12281, and 13010 to 13081)**

Notes: **Table does not include imputed general budget support allocable to health. Amounts disbursed by the EC cannot be added to those disbursed by G8 members as this would result in double counting of any G8 member's multilateral contributions to the EC.**

*** Italy anticipated in 2007 the disbursement of its 2008 contribution to Global Fund. This explains the imbalance between 2007 and 2008.**

**** Data for Japan's ODA to health may differ from those now available online in the DAC database because a process of revision of these data for 2007 and 2008 is underway and the DAC database is yet to be updated.**

Gleneagles Annex II Commitments

Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases. (Gleneagles, 2005: Africa, 18e)

Miser sur la précieuse initiative mondiale du G8 pour un vaccin contre le VIH/sida, augmenter l'investissement direct et faire avancer les travaux sur les aiguillons du marché, en guide de complément à la recherche de base, au moyen de mécanismes comme les partenariats public-privé et les engagements d'achat préalable, afin d'encourager le développement de vaccins, de microbicides et de médicaments contre le sida, le paludisme, la tuberculose et d'autres maladies négligées. (Gleneagles 2005 :
Afrique, paragr. 18 (e))

Canada

Canada has been a strong supporter of the development of new HIV prevention technologies including microbicides and vaccines. From 2005 to 2009, Canada has provided $30 million to the International Partnership for Microbicides. In addition, between 2000 and 2009, Canada contributed $82 million to the International AIDS Vaccine Initiative, and $5 million for the African AIDS Vaccine Program to promote and facilitate vaccine research.

In 2006, CIDA contributed $3 million over 3 years to the Global Health Research Initiative to strengthen the capacity of researchers to conduct clinical trials and to build site capacity to undertake clinical trials of HIV vaccines in low and middle income countries (LMICs).

In 2009, through the Canadian HIV Vaccines Initiative, CIDA contributed an additional $16 million over 5 years to support a second phase of the clinical trial capacity building project; $12 million over 5 years towards discovery and social research related to HIV vaccines; and $2M to support activities to improve vaccine regulatory capacity in LMICs, especially those countries where clinical trials are planned or ongoing.

Furthermore, Canada was one of the launching donors of the Advance Market Commitment (AMC) for the development of pneumococcal vaccines suitable to the needs of developing countries. Canada has placed $115 million in a holding trust fund with the World Bank as part of a commitment of up to US$200 million.

Le Canada appuie sans réserve le développement de nouvelles technologies pour prévenir le VIH, telles que les microbicides et les vaccins. De 2005 à 2009, il a versé 30 millions de dollars au Partenariat international pour les microbicides. De plus, de 2000 à 2009, le Canada a contribué 82 millions de dollars à l'Initiative internationale pour un vaccin contre le sida et 5 millions de dollars pour le Programme africain pour un vaccin contre le sida afin de promouvoir et de faciliter la recherche d'un vaccin.

En 2006, l'ACDI a versé 3 millions de dollars sur trois ans à l'Initiative de recherche en santé mondiale pour renforcer la capacités des chercheurs de mener des essais cliniques et renforcer la capacité

soumettre à des essais cliniques les vaccins contre le VIH et d'autres technologies de prévention dans les pays à faible et à moyen revenu.

En 2009, dans le cadre de l'Initiative canadienne pour un vaccin contre le VIH (ICVV), l'ACDI a contribué 16 millions de dollars sur cinq ans afin de mettre en œuvre la deuxième phase du projet de renforcement des capacités en vue d'essais cliniques; 12 millions de dollars sur cinq ans envers la découverte et la recherche sociale liées au vaccin contre le VIH; et 2 millions pour appuyer des activités pour améliorer le pouvoir de réglementation des vaccins dans les pays à faible et à moyen revenu, tout particulièrement les pays ayant des essais cliniques en préparation ou continus.

De plus, le Canada a été l'un des premiers donateurs du Mécanisme de garantie de marchés qui vise le développement de vaccins antipneumococciques qui répondent aux besoins des pays en développement. Le Canada a versé 115 millions de dollars dans un fonds d'affectation spéciale à la Banque mondiale, dans le cadre d'un engagement de fonds pouvant atteindre 200 millions de dollars américains.

France

France firmly believes that the eradication of neglected diseases is achievable at a reasonable cost. France supports the Drugs for Neglected Diseases Initiative (DNDI) which is developing new drugs for visceral leishmaniasis, human African trypanosomiasis, and Chagas disease.

Since 2006, France applies an innovative financing air ticket levy whose incomes are funding UNITAID which contributes to scale-up access to treatment for HIV/AIDS, Malaria and Tuberculosis, in low-income countries. France has contributed for $492.87million from 2006 to 2008, representing more than 70% of UNITAID's total budget.

In 2006, France initiated a 20-year programme of support to the IFFIm (worth over $1.6 billion). The French contribution to this facility in 2007 and 2008 was $54.8 million. France has disbursed over $250,000 to subside research on microbicides through IPM and is currently supporting microbicides research through IRD and ANRS for more than 10 years.

Likewise, HIV vaccine research has been supported through ANRS, Institut Pasteur and pharmaceutical industrials since 1994.

Germany

EDCTP: Germany (through the Federal Ministry of Education and Research) provided funding - since 2005 app. $ 500.000 - for research on HIV vaccines to the EDCTP (European and Developing Countries Clinical Trials Partnership). Besides, support to research on drugs for malaria amounts to app. $ 2.6 million since 2005. Research on drugs for tuberculosis is supported (since 2005 app. $ 330.000) and also on vaccines for tuberculosis (app. $ 10 million since 2005). The EDCTP was established in 2003 as a European response to the global health crisis caused by the three main poverty-related diseases of HIV/AIDS, tuberculosis and malaria. EDCTP is a partnership of 14 EU Member States plus Norway and Switzerland with 48 sub-Saharan African countries. The partnership helps EU Member States to integrate and coordinate their own national research and development programmes and form partnerships with their African counterparts.

IPM: Since 2007, Germany (through the Federal Ministry for Economic Cooperation and Development) has provided approximately $ 2.79 million for the International Partnership for Microbicides (IPM).

Italy

The Italian National AIDS Center at the Istituto Superiore di Sanità is implementing in Italy and South Africa an initiative that includes training and phase 2 clinical trials of HIV-1 TAT preventive and therapeutic vaccine candidates. The total budget is $ 27.6 millions over an estimated period of 5 years (2008/2012). Italy is on the front line of innovative financial mechanisms such as IFFIm and AMC, in particular, and committed to IFFIm $ 600 million (rough equivalent of 473.8 million Euro in 2006) over a period of 20 years, and US$ 635 million for the Advanced Market Commitment (AMC) pilot project on pneumococcal disease, whose operational launch took place in June 2009, in Lecce (Italy). In 2008, disbursements to IFFIm amounted to $ 35.8 millions and to AMC amounted to $ 52 million. In 2009, IFFIm received $ 34.9 million (equal to 25 million Euro), while $ 55.6 million (equal to 39.9 million Euro) were disbursed to the World Bank for the AMC initiative.

Japan

Japan provides financial supports to Japanese universities and research institutes for their development activities of vaccines and medicines of infectious diseases and NTDs with multiple year budget allocation.
Japan provides annual financial contribution to a Special Programme for Research and Training in Tropical Diseases within its voluntary contribution to WHO.

Russia

The Russian Federation has made political and programmatic efforts to boost the development of vaccines, microbicides and drugs for infectious diseases and provide assistance in this area to CIS countries. $38 million was set aside in 2008-2010 for HIV vaccine research and coordination of this work with CIS countries. 12 scientific conferences on vaccines and microbicides with participation of scientists from developed and developing countries were organized under the leadership of the Russian Federation during 2005-2009. Russia has pushed forward the infectious diseases research agenda in intergovernmental organizations such as Shanghai Cooperation Organization (SCO), EuroAsEC and CIS.

The Russian Federation provides a wide political support to the innovative financing mechanisms to encourage research and development for vaccines and drugs. Together with other G8 partners the Russia has committed $80 millions under AMC initiative for the period 2010-2018.

United Kingdom

Vaccines

- UK has supported the International Aids Vaccine Initiative (IAVI) since 1998. UK Funding: £40m for 2008-13

Microbicides

- International Partnership for Microbicides (IPM). UK Funding: £20m 2008-13.
- DFID was the principal supporter for the Microbicides Development Programme (MDP) in collaboration with the UK Medical Research Council. UK Funding: £40m 2002-2009.

Developing drugs for Malaria, TB and other neglected diseases

- Medicines for Malaria Venture (MMV). UK Funding**:** £19m for 2010-15.
- Global Alliance for TB Drug Development. UK Funding £18m for 2008-13.

- Drugs for Neglected Diseases Initiative (DNDi). They are developing new improved and accessible treatments for some of the most neglected diseases including malaria, leishmaniasis, sleeping sickness and Chagas disease . UK Funding £18m for 2008-13
- The UK supports the WHO special programme on Tropical Diseases Research (TDR)**.** Provides a collaborative framework for research partners; empowers scientists from disease endemic countries as research leaders; and support research on neglected priority needs. Have produced evidence to demonstrate the safety and effectiveness of ACTs for home management of Malaria in community settings in Africa. UK Funding £12m 2008-13
- The UK has provided £103m to date to UNITAID. The UK has a commitment to 2026 of up to €60m a year. The 2010 contribution represents 22% of UNITAID's budget.

IFFIm

- $2. 58 billion (£1.38 billion) commitment over 20 years to the International Finance Facility for Immunisations (IFFIm). £17m and £25m disbursed in 2008 and 2009 respectively.

AMC

- $485 million over 10 years to the pilot Advanced Market Commitment for pneumococcal vaccines

United States

While the USG does not contribute to financing mechanisms such as AMC for pneumococcal vaccines or the International Finance Facility for Immunisation, the USG does engage with a variety of partners from academia, industry, developing countries, and product development organizations to accelerate the development of vaccines, microbicides and drugs for infectious diseases. The USG currently supports vaccine-related research for HIV, TB, Malaria, and NTDs, and also creates public-private partnerships with pharmaceutical companies to support mass drug distribution to fight NTDs around the world. The USG Strategic Plan for Microbicides* supports the development of safe, effective, acceptable, and affordable microbicide products for the developing country market. The USG recently collaborated with Madagascar to run a randomized control trial to test the acceptability and adherence to continuous use of diaphragms with a candidate microbicide among female sex workers.

*Available at http://pdf.usaid.gov/pdf_docs/PDACN500.pdf

European Union

In addition to research supported by DG RTD through various calls for proposals the EC has been supporting IAVI (€ 3 million from 2006 to 2009), with a focus on supporting Africa's capacity for clinical trials, IPM (€4.2 million) and the Africa malaria network (AMANET) for vaccines (€7 million from 2004 to 2009).

Maternal Child Health

We will also scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US$ 1.5 billion (Heiligendamm, 2007: Growth and Responsibility in Africa, 50)

Nous intensifierons également les efforts pour réduire les écarts dans le domaine de la santé des mères et des enfants et de la planification familiale volontaire, pour un montant estimatif de 1,5 milliard de dollars américains (Heiligendamm, 2007 : Croissance et responsabilité en Afrique, 50).

G8 countries have undertaken a broad range of bilateral programme activity in line with their commitment to scale up efforts to reduce gaps in the areas of maternal and child health care services. Related assistance includes sexual and reproductive health care, voluntary family planning, antenatal and post-natal care, and treatment of severe newborn infection. G8 countries are also working on a number of cross-cutting issues such as improved hygiene, nutrition, sanitation and water supply, and increased coverage of immunization programs.
Note: A common, agreed methodology to capture financial contributions to maternal and child health has not yet been developed.

Canada

CIDA is a key supporter of projects and initiatives that aim to prevent and treat diseases that impact the health of mothers and children, including HIV/AIDS, TB, malaria, polio, and measles.

Much of CIDA's programming for maternal and child health aims to strengthen health systems to provide health services to mothers and children. To this end, at the 2006 G8 Summit, Canada announced the establishment of the Africa Health Systems Initiative (AHSI), a 10-year, $450 million program to support African-led efforts to strengthen health systems in sub-Saharan Africa.

In Mozambique, AHSI supports the Ministry of Health's effort known as the Health Sector Strategic Plan, which includes: increasing the capacity of health posts to offer integrated management of childhood illnesses (IMCI); increasing the percentage of district health posts which each include a mother-to-be house; and increasing the number of health posts that offer basic obstetric care and prevention of mother-to-child transmission of HIV (PMTCT).

The AHSI includes Canada's contribution to the Catalytic Initiative to Save a Million Lives, a multi-donor initiative that supports systems strengthening to deliver cost effective and life saving health services to mothers and children in sub-Saharan Africa. Canada's own contribution of $105 million over five years has leveraged over $300 million to date from other donors.

CIDA is also working to support health systems strengthening in other regions. In Bolivia, CIDA is providing $18.4 million to the Ministry of Health to build capacity and strengthen services, with a particular focus on increasing primary health care services for mothers and children.

Canada has long been a leading donor in promoting micronutrients in developing countries. Through over $300 million in support of the Micronutrient Initiative, UNICEF and Helen Keller International since 2005, Canada has supported programs to ensure a steady supply of vitamin A and iodized salt for distribution to developing country partners of the above organizations.

Canada is also a significant donor to immunization programs. Since 1998, Canada has committed approximately $146 million to the Canadian International Immunization Initiative (CIII). This initiative strengthens national immunization systems and increases immunization coverage rates at the national and district levels.

Canada has also provided $188 million to the GAVI Alliance to help the lowest income countries introduce new and under-used vaccines.

Since 2005-2006, CIDA has provided $65.9 million in core funding to the United Nations Population Fund (UNFPA) to increase access to reproductive health and family planning. Since 2005, CIDA has also provided $27 million in core funding to the International Planned Parenthood Federation (IPPF).

Through bilateral programs, CIDA supports a range of partners that includes: Plan Canada, for the implementation of the Adolescent Reproductive Health strategy for Bangladesh ($5 million, 2007-2012), and Marie Stopes Tanzania, for scaling up services to address maternal, child, and reproductive health issues, as well as HIV/AIDS ($2.4 million, 2005-2009).

CIDA also partners with Canadian organizations to improve reproductive health. For example, from 2006 to 2011, CIDA is providing $2.6 million to the Society of Obstetricians and Gynecologists of Canada (SOGC) to strengthen partner associations to reduce maternal mortality and morbidity in Guatemala, Haiti, Burkina Faso and Uganda. The SOGC and its partners do this by providing skilled care at birth, emergency obstetric care and referral systems to ensure access to emergency care.
L'ACDI est un grand défenseur des projets et des activités qui visent à prévenir et à traiter les maladies qui nuisent à la santé des mères et des enfants, dont le VIH/sida, la tuberculose, le paludisme, la poliomyélite et la rougeole .

La plupart des programmes de l'ACDI en santé de la mère et de l'enfant visent à améliorer les systèmes de santé et à fournir de meilleurs services aux mères et aux enfants. À cette fin, au Sommet du G8 en 2006, le Canada a annoncé la mise sur pied de l'Initiative sur les systèmes de santé en Afrique (ISSA), un programme de 450 millions de dollars sur dix ans qui a pour but d'appuyer les efforts faits par les Africains pour améliorer les systèmes de santé en Afrique subsaharienne.

Au Mozambique, l'ISSA appuie l'initiative du ministère de la Santé, à savoir le Plan stratégique pour le secteur de la santé qui vise entre autres à accroître la capacité des postes sanitaires d'offrir une gestion intégrée des maladies de l'enfance; d'augmenter le pourcentage de postes sanitaires de district qui sont dotés d'une maison pour les futures mères; et d'accroître le nombre de postes sanitaires qui offrent des soins obstétricaux de base et qui assurent la prévention de la transmission du VIH de la mère à l'enfant (PTME).

L'ISSA comprend une contribution du Canada à l'Initiative catalytique pour sauver un million de vies, intervention multidonateurs qui appuie le renforcement des systèmes pour la prestation de services essentiels et peu coûteux aux mères et aux enfants en Afrique subsaharienne. La contribution du

Canada de 105 millions de dollars sur cinq ans a permis d'amasser plus de 300 millions de dollars auprès d'autres donateurs.

L'ACDI cherche aussi à améliorer les systèmes de santé dans d'autres régions. En Bolivie, elle verse 18,4 millions de dollars au ministère de la Santé pour renforcer les capacités et les services, et plus particulièrement pour accroître les services de soins de santé primaires pour les mères et les enfants.

Le Canada est depuis longtemps un donateur clé en matière de promotion des micronutriments dans les pays en développement. Par son aide financière de plus de 300 millions de dollars à l'Initiative pour les micronutriments, à l'UNICEF et à Helen Keller International depuis 2005, le Canada a financé des programmes visant un approvisionnement soutenu de vitamine A et de sel iodé en vue de leur distribution aux partenaires des pays en développement des organisations mentionnées.

Le Canada appuie largement les programmes de vaccination. Depuis 1998, il a engagé environ 146 millions de dollars pour l'Initiative canadienne d'immunisation internationale. Celle-ci vise à renforcer les systèmes de vaccination nationaux et à élargir la couverture des programmes de vaccination aux niveaux des pays et des districts.

Le Canada a également fourni 188 millions de dollars à l'Alliance GAVI afin d'aider les pays dont les revenus sont les plus bas à introduire des vaccins nouveaux et sous-utilisés.

Depuis 2005-2006, l'ACDI a consenti un financement de base de 65,9 millions de dollars au Fonds des Nations Unies pour la population (FNUAP) pour élargir l'accès aux services de santé génésique et de planification familiale. Elle a également versé 27 millions de dollars, depuis la même année, sous forme de financement de base à la Fédération internationale pour le planning familial (IPPF).

Par l'entremise des programmes bilatéraux, l'ACDI appuie une diversité de partenaires, dont Plan Canada pour la mise en oeuvre de la stratégie du Bangladesh sur la santé génésique des adolescents (5 millions de dollars pour 2007-2012), ainsi que Marie Stopes Tanzania pour améliorer les services de santé de la mère et de l'enfant, les services de santé génésique et les services de lutte contre le VIH/sida (2,4 millions de dollars décaissés de 2005 à 2009).

L'ACDI collabore également avec des organisations canadiennes pour améliorer les soins de santé génésique. Par exemple, de 2006 à 2011, elle a versé 2,6 millions de dollars à la Société des obstétriciens et gynécologues du Canada (SOGC) pour aider les associations partenaires à réduire la mortalité et la morbidité maternelles au Guatemala, en Haïti, au Burkina Faso et en Ouganda. La SOGC et ses partenaires veillent à offrir des soins de personnel qualifié durant l'accouchement, des soins obstétricaux d'urgence, ainsi que des systèmes d'aiguillage pour assurer l'accès aux soins d'urgence.

France

France is committed to continue and further promote an active participation in actions aiming to achieve the G8 goals with regard to family planning, maternal, newborn and child health, linking HIV/AIDS, SRHR (Sexual and Reproductive Health and Rights) and gender equality and the promotion of a gender sensitive approach.

Through the French Agency for AIDS research (ANRS), over 350 women are currently followed in a PMTCT, and more than 100 children are being treated by ARV subsequently. France has chosen to invest

in immunization programs through its contribution to GAVI/IFFIm ($1.8 billion US$ over 20 years) to reduce infant mortality.

France's contribution to UNITAID has allowed the development of antiretroviral formulations for children and access to over 9.000 treatments and had contributed to PMTCT programmes.

France has invested $45.97 million in support of improving maternal health from 2007 to 2008. This contribution does not include financing programs of multilateral organizations, such as UNFPA, WHO and UNICEF, mainly in the African region. France also provides technical assistance to these countries.

France has allocated in 2008 a $4.32 million to a higher education programme aiming to improve child and maternal health practices in a dozen of African countries and Haiti that will be running till 2012.

Germany

German bilateral development cooperation in the health sector is active in 50 countries, 24 are located in sub-Saharan Africa. In general, strengthening health systems and social services is key to promote reproductive, maternal and child health. Concrete important fields of German support in the area of maternal and child health are: family planning, skilled birth attendance, integrating Sexual and Reproductive Health services with HIV/AIDS and adolescent reproductive health.

In the area of family planning and reproductive health alone, about $ 150 million have been spent bilaterally between 2005 and 2008. Direct support to child health is provided through bilateral social protection and social marketing activities and programmes in nutrition, school health, water/sanitation, and energy.

Besides bilateral support, Germany provides significant financial means to multilateral organizations, such as the WHO, UNFPA, UNICEF and GFATM, whose operations also contribute to maternal and child health.

In addition, Germany supports international NGOs working particularly in the area of maternal and child health: Funds spent for International Planned Parenthood Federation (IPPF) amount to a total of $ 27 million since 2005 and a total of $ 16.07 million has been spent for the GAVI Alliance between 2006 and 2009.

Germany supports policy processes such as the Catalytic Initiative and Consensus for Maternal, Newborn, and Child Health.

Italy

The Italian general policy on MCH and FP is consistent with those of UNICEF and UNFPA. Bilateral initiatives supporting the development of health sector at national and district levels include a MCH and a FP component that could be estimated at 50% of all investments in basic health. Other initiatives that promote women rights and women empowerment and counter violence against women and genital female mutilations include a component of Sexual and Reproductive Health and Rights and have strong synergistic effects on women and children health. For specific interventions on MCH and FP between 2005 and 2008, calculations, according G8 criteria, are underway. As far as 2009 is concerned, bilateral and multilateral disbursements amounted respectively to $39.35 million and $ 141.18 million. The latter does not include Global Fund, Polio Eradication and WHO contributions. These figures are preliminary and subject to increase with the inclusion of other investments not yet considered.

Japan

Maternal, newborn and child health (MNCH) has been one of the focus areas of Japan's health aid policy with a view to contributing to the achievement of the MDG 4 and 5. Between FY2005 and FY2008, Japan provided US$ 614 million for MNCH through both bilateral and multilateral channels, under Japan's Health and Development Initiative (HDI). National health systems strengthening (HSS) is also an essential factor in reducing maternal and child mortality. Japan provided a total of US$ 1.03 billion to the projects and programs for HSS through bilateral and multilateral channels during the same period.

Bilateral assistance on MNCH through JICA is based on the following approaches:

(1) Continuum of Care: improve continuum care of ante/post deliveries for women in pregnancy and MCH services (e.g., Expanded Program on Immunization(EPI), nutrition, growth monitoring) for neonatal and infant care;
(2) Collaboration between public health sector and community: improve the quality of public health services and access to such services for local residents;
(3) Delivery attended by Skilled Birth Attendant (SBA) at community level: ensure the attendance at births by SBA and promote collaborative working environment among SBA, Traditional Birth Attendant (TBA) and other key stakeholders; and
(4) School Health: support health activities at school to improve nutrition and health status of school-aged children.

United Kingdom

The UK spent $348 million bilaterally on MNCH in 2007 (in constant 2005 US$) according to the methodology established by the Countdown to 2015. This methodology excludes both contributions through multilaterals as well as support for family planning. The UK supports development of a comprehensive approach to tracking ODA for maternal and child health.

In addition, the UK has committed to spend £6 billion up to 2015 on strengthening health systems and services. For example:

- Ethiopia: UK has committed £25m over four years which will increase the number of community health workers 10 fold.
- Pakistan: DFID is providing £91m over five years which will result in more than 12,000 more midwives trained and working in the community.
- Nepal: support to safer motherhood over the past 10 years has contributed to an impressive reduction in maternal deaths over 10 years.
- DFID is a leader in funding safe abortion spending over £11m in Africa.
- DFID works with the multilateral system to deliver on maternal and child health including:
- £25m to UN Population Fund (UNFPA), £60m to World Health Organisation (WHO) in 2006 and
- £97 m to UNICEF.
- In 2007 DFID announced an additional £100 million grant to UNFPA to ensure better supplies of male and female condoms and other reproductive health commodities.

United States

As part of the Global Health Initiative, the USG is working in high burden countries to decrease maternal, newborn, and child mortality by increasing use of high-impact, evidence-based interventions, including: family planning, antenatal care, skilled care at birth, treatment of severe newborn infection, improved hygiene, sanitation and water supply, prevention and treatment of pneumonia and diarrhea, and immunization. In many high need countries, the USG provides technical assistance to develop and implement maternal mortality surveillance and measure maternal mortality levels. It also provides technical assistance to design, implement, and analyze country-level Demographic and Health Surveys and Reproductive Health Surveys which allow partner countries and the USG to identify gaps and improve national maternal and child health and family planning programs. Since community, public-private, bilateral, and multilateral approaches must be part of the solution, the USG works directly with some partner countries such as Afghanistan to improve community health worker capacity, primary health facilities, and referral hospitals in order to improve maternal and neonatal outcomes; the USG also works in collaboration with UNICEF, UNFPA, WHO, and World Bank to develop and implement evidence-based global FP/MNCH guidelines and best practices to maximize access and utilization of these critical health services.

From 2007 through 2009, the USG disbursed $5.6 billion for reproductive health care and voluntary family planning.*

*Note that throughout this document, ODA figures for 2009 are preliminary and will be updated later this year.

European Union

The EU has reinforced its commitment to MNCH through the EU Agenda for Action on MDGs and through reaffirming its support to gender equality, the rights and the health of the child and the rights and the health of women and girls in the various international fora.

The contribution of the EU to MNCH is first and foremost through general budget, sector budget and programme support at country level for health systems strengthening and universal access to basic health care, including universal access to reproductive health. By its very nature this support cannot be quantified. In addition, on average some €30 million per year thematic support has been given to maternal health, particularly on reducing the gaps for sexual and reproductive health, including family planning. In October 2009, the EU and the African, Caribbean and Pacific countries organised an international workshop to share and build on the experience gained on poverty reduction and sexual and reproductive health and rights. MNCH is also an important component of EU humanitarian aid.

Global Fund to Fight AIDS, Tuberculosis and Malaria

G8 members pledge to work with other donors to replenish the GFATM and to provide long-term predictable funding based on ambitious, but realistic demand-driven targets...G8 partners will work with other stakeholders so that Global Fund resources continue to be used in alignment with existing national priorities and processes (Heiligendamm 49)

G8 Contributions to the Global Fund

	2001 - 2008	2009
G8 Member	(figures in current $US millions, disbursement amount)	
Canada	560.58	141.49
EC	926.54	143.26
France	1,639.98	326.50
Germany	715.32	271.44
Italy	1,008.26	-
Japan**	846.52	194.43
Russia	194.14	57.40
UK	737.90	179.10
U.S.	3,497.58	841.36
Total	**$10,126.82**	**$2,154.98**

Source: Global Fund (2010)

** Data for Japan's ODA to the Global Fund health may differ from those now available online in the DAC database because a process of revision of these data for 2007 and 2008 is underway and the DAC database is yet to be updated.

HIV/AIDS

Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all who need it by 2010 (Gleneagles, 2005: Africa, 18d)

Concevoir et mettre en oeuvre un programme pour la prévention du VIH, le traitement et les soins connexes, dans le but de fournir, à toutes les personnes qui en ont besoin, un accès aussi universel que possible au traitement du VIH/sida d'ici 2010. (Gleneagles, 2005 : Afrique, 18d)

Canada

Canada is a strong supporter of HIV/AIDS prevention, treatment, care and support programs, providing over $650 million for HIV/AIDS programs between 2005 to 2009. For example:

- Through the Program for Appropriate Technology in Health (PATH), CIDA is providing $20 million over three years to support the implementation of cost-effective HIV prevention projects and impact tracking.
- In Cameroon, CIDA is providing $5 million from 2005 to 2010 to prevent the spread of STIs, including HIV, along major trade routes.
- Canada was the leading donor to the WHO's 3 by 5 Initiative providing $100 million from 2005 to 2006. Canada has also provided $50 million to support the WHO's Universal Access Plan, a portion of which has been designated for prevention of mother-to-child transmission of HIV (PMTCT) activities.
- Canada is a strong supporter of the Global Fund to Fight AIDS, TB and Malaria, having committed $978.4 million since 2001. To date, 61 percent of the Global Fund funds have supported HIV/AIDS programs.
- Bilaterally, from 2006-2009, CIDA made dedicated funds available to the Government of Tanzania for HIV and AIDS programming ($21.9 million). In Mozambique, support to HIV/AIDS treatment and mitigation is a crucial component of CIDA's support to the Ministry of Health and the National AIDS Council ($12.8 million 2005-2009).
- In Ukraine, CIDA, through support to the Canadian Society for International Health ($2 million 2005-2008), worked with the Ministry of Health to ensure a comprehensive approach to the treatment of children with HIV/AIDS.
- Since 2003, under the Zvitambo project, CIDA has provided approximately $7.5 million to the McGill University Health Centre Research Institute to carry out PMTCT activities in Zimbabwe, with an additional $3 million committed until 2012. In South Africa, CIDA is providing $5 million to build the capacity of the Hospice and Palliative Care Association of South Africa to offer comprehensive and sustainable palliative care to persons living with HIV/AIDS and their families.
- In addition, Canada provides core funding to UNAIDS ($31.4 million 2005-2009), and supports the organization in its policy and coordination roles. Canada has also provided core funding to the International Council of AIDS Service Organizations (ICASO) ($2.4 million 2005-2009) and the International HIV/AIDS Alliance (IHAA) ($1.5 million 2005-2009) to build the capacity of CSOs and NGOs to respond to the epidemic.

Le Canada appuie vigoureusement les programmes de prévention, de traitement, de soins et de soutien en matière de VIH/sida. De 2005 à 2009, il a versé plus de 650 millions de dollars en faveur de programmes de lutte contre le VIH/sida.

- L'ACDI fournit 20 millions de dollars sur trois ans, par l'entremise du *Program for Appropriate Technology in Health* (PATH), afin d'appuyer la mise en oeuvre de projets rentables de prévention du VIH et d'avoir une incidence sur le suivi de la maladie.
- Au Cameroun, l'ACDI alloue 5 millions de dollars pour la période allant de 2005 à 2010 en vue de prévenir la propagation des infections transmissibles sexuellement (ITS), y compris le VIH, le long des principales routes commerciales.
- Le Canada était le principal donateur de l'initiative « 3 millions d'ici 2005 » de l'Organisation mondiale de la santé (OMS) en versant 100 millions de dollars de 2005 à 2006. Le Canada a également octroyé 50 millions de dollars afin d'appuyer le Plan d'accès universel de l'OMS. Une partie de ce montant était destinée aux activités de prévention de la transmission du VIH de la mère à l'enfant (PTME).
- Le Canada appuie fermement le Fonds mondial de lutte contre le sida, la tuberculose et le paludisme et y a affecté 978,4 millions de dollars depuis 2001. À ce jour, 61 % des fonds versés au Fonds mondial ont permis de financer des programmes de lutte contre le VIH/sida.
- Sur le plan bilatéral, de 2006 à 2009, l'ACDI a mis des fonds dédiés à la disposition du gouvernement de la Tanzanie en faveur de programmes de lutte contre le VIH/sida (21,9 millions de dollars). Au Mozambique, le soutien relatif au traitement et à l'atténuation du VIH/sida est un élément essentiel de l'appui que fournit l'ACDI au ministère de la Santé et au Conseil national de lutte contre le sida (12,8 millions de dollars de 2005 à 2009).
- En Ukraine, l'ACDI oeuvre avec le ministère de la Santé afin d'assurer la présence d'une approche globale pour le traitement du VIH/sida chez les enfants en appuyant la Société canadienne de santé internationale (2 millions de dollars de 2005 à 2008).
- Depuis 2003, dans le cadre du projet Zvitambo, l'ACDI a octroyé près de 7,5 millions de dollars à l'Institut de recherche du Centre universitaire McGill pour lui permettre de mener des activités de PTME au Zimbabwe. De plus, l'Agence s'est engagée à lui verser 3 millions de dollars supplémentaires d'ici 2012. En Afrique du Sud, l'ACDI fournit 5 millions de dollars dans le but de renforcer la capacité de l'Hospice and Palliative Care Association of South Africa à offrir des soins palliatifs complets et durables aux personnes atteintes du VIH/sida et à leur famille.
- En outre, le Canada alloue un financement de base au Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA) (31,4 millions de dollars de 2005 à 2009) et appuie le rôle politique et de coordination que joue l'organisation. Le Canada a aussi octroyé un financement de base au Conseil international des organismes de services sur le sida (2,4 millions de dollars de 2005 à 2009) et à l'Alliance internationale VIH/SIDA (1,5 million de dollars de 2005 à 2009) afin de renforcer la capacité des organisations de la société civile (OSC) et des organisations non gouvernementales (ONG) à réagir à l'épidémie.

France

Within MDG 6, 60% of France's financing is dedicated to the fight against HIV/AIDS. France maintains an important contribution in this field, and strongly supports the principle of universal access to treatment and prevention. Through its contribution to the Global Fund, France contribution to HIV/Aids represents $787.2M considering that the Global Fund has so far dedicated 60% of its funds to HIV/AIDS. France's total contribution from 2005 to 2008 is $1.58 billion including multilateral, bilateral and international organisations contributions as well as research.

France also contributes to in the fight against HIV/AIDS through UNITAID (over than 55% of its budget is dedicated to HIV prevention, treatment and care, purchase of drugs, PMTCT). France also plays an important advocacy role in all international fora against discrimination and in support to prevention policies, particularly with vulnerable groups such as women, sexual minorities, migrants and drug users. In addition to direct financial support, several technical assistance platforms have been put in place within WHO compounds (i.e. Ouagadougou, Burkina Faso) and technical assistance has also been provided at country level (Kenya, Congo-Brazzaville, Burkina Faso, Cent African Republic, Laos, Djibouti), sometimes with the support of NGOs (i.e. Santé Sud in Cent African Republic for orphans and vulnerable children). In Ethiopia and Somaliland, a specific project aiming to the strengthening of prevention and diagnosis among nomad populations along the boarders has been implemented, through another NGO – Handicap International. In Gabon, a contract has been signed between the Ministry of Health and the French Red Cross in order to extend the ambulatory treatment centres to all regions of the country. The initiative "Partners against Aids", which has for main objective to bring an operational response to the problem of capacity strengthening in the private sector and enterprises installed in Africa has worked to develop sustainable actions to fight Aids in the workplace and surrounding communities.

Germany

The German government has substantially increased its contributions for the global response to HIV prevention, treatment and care. The following contributions can be highlighted, although others in the area of Health Systems Strengthening also have impact on HIV/AIDS. Bilateral disbursements (according to the respective CRS code 13040) between 2005 and 2008 amount to $ 266.49 million.

Italy

The Italian/WHO Initiative on HIV/AIDS started in 2001 and supported national AIDS control programmes in 12 African countries. The strategy included capacity and partnership building as well as the issue of human resources. Within this initiative the strategies known as "Treat, Train and Retain" and "Task Shifting" have been identified and launched. Since 2005, the total value of contributions is around US$ 8.2 million.
Other bilateral initiatives promoted and those cosponsored by Italian NGOs facilitated the expansion of HIV/AIDS prevention, treatment, care and support in poor areas of African countries with a total contribution of US$ 21.2 million.

Japan

Japan extends contribution to achieving universal access through its cooperation with international organizations, including GFATM and NGOs as well as through its bilateral assistance to the national HIV/AIDS programs in partner countries.
Japan has pledged 1.41 billion USD to the Global Fund since 2002, of which 1.29 billion USD has been disbursed to date.

Japan puts the emphasis on comprehensive approach to be conducted along with maternal, newborn and child health and health systems strengthening, in order to strive for the fight against HIV/AIDS. Prevention through promotion of CT (counseling and testing) services, and awareness raising and education have been the focuses of Japan's bilateral assistance.

With regard to treatment of HIV/AIDS, Japan, through JICA, promotes mobile CT and ART (Anti-retrovirus treatment) services, especially for hard-to-reach populations. JICA is undertaking its programs particularly in the areas with high rates of the HIV infection such as Eastern and Southern Africa.

Russia

The Russian Federation takes a leadership role in development and implementation of policies to pursue the universal access to HIV/AIDS prevention, treatment and care across the Eastern Europe and Central Asia. That includes assistance to CIS countries in the field of HIV-prevention and surveillance. Russia chairs the CIS council on HIV/AIDS. Two consequent 5-years Joint programs to fight HIV/AIDS in CIS countries were developed under the Russian leadership and approved by the CIS heads of governments (2002-2006 and 2009-2013). Russia pushes HIV/AIDS to the top of the agenda in cooperation with other regional intergovernmental organizations (SCO and EurAsEC).

The Russian Federation in partnership with UNAIDS and GFATM organized and hosted biggest regional HIV/AIDS forum – Eastern Europe and Central Asia AIDS Conference (EECAAC) in 2006, 2008 and 2009, with more then 2500 participants from more then 50 countries. The Russian Government is a major donor of EECAAC.

The Russian Federation today is developing and funding in a 3-4 year project to assist on bilateral basis to CIS countries in scaling-up measures to achieve universal access.
Total Russian contributions to HIV/AIDS from 2008 to 2009 (not including contributions to the GFATM, core UNAIDS contributions, or national spending on HIV/AIDS): 2008 – $17.29 million; 2009 – $14,81 million.

United Kingdom

The UK is the 2nd largest bilateral HIV/AIDS funder and provided £2 billion (over US$3 billion) between 2006/6 and 2008/9 – working with a range of partners through a range of funding channels. We now need to make available resources work harder and deliver the maximum possible impact. The UK focuses on effective interventions, such as the prevention of mother-to-child transmission, condom distribution and use, family planning, harm reduction, and addressing underlying factors that fuel the epidemic, such as gender-based violence and poverty. We also work in partnership with governments and donors to strengthen health systems: supporting health worker training and deployment, efficient medical equipment and drugs procurement, and addressing barriers to access care such as transport, fees at the point of use and gender-based inequalities.

United States

Through the President's Emergency Plan for AIDS Relief and the Global Health Initiatives, the USG provides HIV/AIDS prevention, care and treatment programs around the world. The USG also works in partnership with foreign Ministries of Health to deliver technical assistance and in-country support.

- As of September 30, 2009, PEPFAR directly supported life-saving antiretroviral treatment for over 2.4 million men, women and children. They represent more than half of the estimated four million individuals in low and middle-income countries on treatment.
- In addition, through September 30, 2009, PEPFAR partnerships have directly supported care for nearly 11 million people affected by HIV/AIDS, including 3.6 million orphans and vulnerable children.
- In FY 2009, PEPFAR directly supported prevention of mother-to-child transmission programs that allowed nearly 100,000 babies of HIV-positive mothers to be born HIV-free, adding to the nearly 240,000 babies born without HIV due to PEPFAR support during FYs 2004-2008.
- In FY 2009, PEPFAR also directly supported HIV counseling and testing for nearly 29 million people, providing a critical entry point to prevention, treatment, and care.

From 2007 to 2009, the USG disbursed almost $11 billion for HIV/AIDS in over ninety countries.

European Union

In addition to its contribution to the GFATM, the EC is supporting the work of UNAIDS in 6 African countries to asses their needs in technical assistance related to HIV/AIDS, and to help them organize the process of recruiting and evaluating this TA. (€3 million).

HIV/AIDS Rights

We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS (L'Aquila, 2009: Responsible Leadership for a Sustainable Future, para. 123)

Nous nous engageons à lutter contre toutes les formes de stigmatisation, de discrimination et de violation des droits de la personne ainsi qu'à promouvoir les droits des personnes handicapées et l'élimination des restrictions aux déplacements des personnes vivant avec le VIH/sida (L'Aquila 2009 : Un leadership responsable pour un avenir durable, paragr. 123).

Canada

Health Canada, in partnership with UNAIDS and the Public Health Agency of Canada (PHAC), hosted an international policy dialogue on HIV/AIDS and disability in March 2009. The objectives of the dialogue were: to explore the place of disability in the global HIV/AIDS epidemic and response; to share experiences; and, to build partnerships to sustain a global response to HIV/AIDS that includes issues related to disability.

A key recommendation stemming from the dialogue was that a global network on HIV and disability should be established that could better influence policies and programming on HIV and disability. Health Canada contracted the Canadian Working Group on HIV and Rehabilitation (CWGHR) to explore options for the development of a sustainable global network. The results of this research will form the basis of a side-event at the XVIII International AIDS Conference in Vienna, July 2010.

In addition, Health Canada, again in partnership with UNAIDS and PHAC, hosted an International Policy Dialogue on HIV/AIDS and Indigenous Persons in Ottawa, October 21 to 23, 2009. The purpose of the Dialogue was to discuss emerging issues regarding HIV/AIDS amongst indigenous persons, including stigma and discrimination, and to chart a way forward in terms of policy and program development.

A key outcome of the Indigenous Caucus at the International Policy Dialogue was the establishment of an International Indigenous Working Group on HIV/AIDS. Furthermore, Health Canada contracted a consultant to analyze previous activities, discussions, and decisions related to HIV/AIDS and indigenous peoples. The outcomes of the dialogue and of the consultant's findings will help form the basis of a two-day satellite discussion at the upcoming XVIII International AIDS Conference.

Canada's immigration laws have no HIV-related restrictions on entry, stay or residence based on HIV status only.

Santé Canada, en collaboration avec ONUSIDA et l'Agence de la santé publique du Canada (ASPC), a organisé un dialogue international sur les politiques relatives au VIH/sida et à l'incapacité en mars 2009. Le dialogue visait à examiner la place qu'occupe l'incapacité dans l'épidémie de VIH/sida et les mesures d'intervention connexes à l'échelle internationale, à favoriser les échanges sur l'expérience et à créer des partenariats pour maintenir la lutte mondiale contre le VIH/sida qui tiennent compte des questions relatives à l'incapacité.

L'une des recommandations clés du dialogue était d'établir un réseau mondial sur le VIH et l'invalidité qui pourrait avoir une incidence plus grande sur les politiques et les programmes à cet égard. Santé Canada a retenu les services du Groupe de travail canadien sur le VIH et la réinsertion sociale (GTCVRS) afin d'étudier les options relatives à la création d'un réseau mondial durable. Les résultats de cette étude permettront d'établir la base d'une activité parallèle qui aura lieu lors du XVIII^{e} Congrès international sur le sida qui se tiendra à Vienne, en juillet 2010.

De plus, Santé Canada, encore une fois en collaboration avec ONUSIDA et l'ASPC, a organisé un dialogue international sur les politiques relatives au VIH/sida et aux populations autochtones à Ottawa, du 21 au 23 octobre 2009. L'objectif de ce dialogue était d'examiner les questions émergentes relatives au VIH/sida pour les autochtones, y compris la stigmatisation et la discrimination, et de tracer la voie à suivre en ce qui a trait à l'élaboration de politiques et de programmes.

Un des principaux résultats du Caucus autochtone qui a eu lieu lors du dialogue international sur les politiques était la mise sur pied d'un groupe de travail autochtone international sur le VIH/sida. En outre, Santé Canada a embauché un consultant afin d'analyser les activités, les discussions et les décisions antérieures liées au VIH/sida et aux autochtones. Les résultats du dialogue et de l'analyse du consultant serviront de fondement à une discussion satellite de deux jours qui aura lieu lors du XVIII^{e} Congrès international sur le sida.

Au Canada, les lois sur l'immigration n'imposent aucune restriction relativement à l'entrée, au séjour et à la résidence en raison uniquement de la séropositivité.

France

France intends, through its cooperation in the field of health, participate to the objectives of the international community to fight poverty and inequality. France intends to promote the fundamental values and principles underlying on systems of social protection: the right to access high health care standards, coverage of key risks based on the principle of solidarity, freedom of movement and residence. The fight against stigma and discrimination based on HIV/AIDS at international level needs to rest, to be effective upon compliance with all civil, cultural, political, economic and social rights, and respect the right to development, under international principles of human rights.
In this area, France is co-funding 5 key programs in Africa and South East Asia implemented by French NGOs. The programs receive a total of $5.546M running from 2008 to 2011. The overarching goal of these interventions is to strengthen civil society organizations involved in HIV/AIDS in developing countries. More specifically, these 5 programs target discriminations against people living with HIV/AIDS, including in the work place, and stigma against persons with disabilities and against men who have sex with men. The programs aim to strengthen services to these target groups and to support advocacy activities. Implementing partners include AIDES, Sidaction, Handicap International and Solidarité Sida.

Germany

In relation to HIV control, the German Government works with partner countries' governments to ensure that they respect, protect and safeguard the basic rights of all social groups, including orphaned children. A key task is to ensure that poor and disadvantaged groups, especially sexual minorities, are able to exercise their rights. German development policy supports existing self-help groups to enable them to coordinate their activities more effectively, achieve greater public visibility and enhance political representation of persons living with HIV.

In order to combat stigma and discrimination in the workplace, Germany supports the introduction of HIV workplace programmes and advises private companies on how to prevent stigma and discrimination and protect their workforce from HIV and its negative impacts. In 2009, the German BACKUP initiative supported the study "The Forgotten. HIV and Disability in Tanzania", which served as a basis for a new project taken up by other stakeholders.

In Germany, no travel restrictions on people living with HIV/AIDS are in place.

Italy

Actions to counter stigma and discrimination are included in the initiative for HIV /AIDS control.

Japan

Japan does not impose travel restriction on HIV-positive travellers. Japan promotes human security, the concept which puts an emphasis on human rights through reducing stigma, violence and discrimination against people and communities affected by HIV/AIDS.

Some examples in partner countries include:

- Japan has been working closely with the Ghana AIDS Commission to reduce stigma and discrimination against PLHIV among youths, with behaviour change communication and media messaging. In Zambia, a volunteer project is building capacities of communities affected by HIV in income generation and participation in the decision making for their full enjoyment of the human rights.
- Working with organizations such as UNFPA and IPPF, Japan has been supporting response to violence, stigma and discrimination in reproductive health programs. Japan funded UNFPA programs in Ethiopia, Sierra Leone and Cote d'Ivoire for reproductive health service delivery including peer education and awareness raising for reducing stigma and discrimination. In Uganda, IPPF Japan Trust Fund contributed to reducing stigma and discrimination at the community, clinic and household level.

United Kingdom

Examples of initiatives in these areas include:

- In 2008, UK published a Guide to Addressing Stigma and Discrimination.
- With IPPF and UNAIDS, DFID has supported the development and piloting of the Stigma Index, a tool to measure levels of stigma and promote positive changes.
- Supporting the Champions for Change initiative in the Caribbean, which challenges high stigma levels.
- In 2009, awarded a grant to the Global Forum on MSM and HIV, to support global advocacy on the needs of MSM, and address homophobia.

- Since 2005 UK has supported anti-stigma campaigns in Zimbabwe.
- UK worked with AUSAID to encourage the Solomon Islands government to ensure greater confidentiality on Voluntary Counselling and Testing, where homosexuality is illegal and there are cultural and religious barriers to prevention strategies.

United States

In 2009, the USG lifted its travel restrictions for HIV-positive travelers, unconditionally effective January 1, 2010. The USG also fought against stigma, discrimination, and human rights violations against people living with HIV/AIDS through PEPFAR which enables the USG to engage with partner countries through technical and diplomatic channels. One tool, the Partnership Frameworks provides a 5-year joint strategic framework through which the USG, the partner government, and other partners can collaborate with the host country to combat HIV/AIDS through service delivery, policy reform, and coordinated financial commitments. Partnership Frameworks are established with transparency, accountability, and the active participation of key partners from governments, civil society, the private sector, bilateral and multilateral partners, and international organizations. They will encourage partner governments' leadership to create non-discriminatory policies and to publicly support PLWA and their inclusion in development of policy, community interventions, and program evaluation. Policies should address causes and consequences of HIV-related stigma, and may support programmatic approaches. To date, Partnership Frameworks have been established with Angola, Ghana, Kenya, Lesotho, Malawi, and Swaziland.

European Union

Respect for the rights of persons infected or affected by HIV/AIDS is a key component of the EU programme for action to confront AIDS, malaria and tuberculosis (2007-2001). The Programme calls for greater involvement of people and communities affected by the disease, and especially key populations at risk in the design, planning and implementation of activities to tackle HIV/AIDS.

Malaria

Working with African countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies (Gleneagles, 2005: Africa, para. 18g, reiterated at St. Petersburg, 2006: Fight Against Infectious Diseases, para. 34)

As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010 (Toyako, 2008: Development and Africa, para. 46d)

Collaborer avec les pays africains pour accroître l'action contre le paludisme afin que les interventions clés, qui sauveront la vie de 600 000 enfants par an, puissent atteindre 85 % des populations vulnérables d'ici 2015 et réduire le freinage que produit cette maladie évitable et soignable sur les économies africaines. (Gleneagles, 2005, Afrique, par. 18 (g); engagement réitéré à Saint-Pétersbourg, 2006, Lutte contre les maladies infectieuses, paragr. 34)

Afin d'honorer nos engagements précédents eu égard au paludisme, nous poursuivrons la distribution de moustiquaires durables traitées à l'insecticide; notre objectif est d'en distribuer 100 millions grâce à l'aide bilatérale et multilatérale, en partenariat avec d'autres parties intéressées. (Déclaration de Toyako, 2008, paragr. 46 d))

G8 contributions of insecticide treated nets, millions

	2008-9		2010 (Projected)
G8 Donor	Bilateral	Multilateral*	Multilateral*
Canada	1.2	2.6	3.4
France	**	7.4	9.5
Germany	**	3.7	4.8
Italy	**	3.8	4.9
Japan	1.67	3.9	5
Russia	0.3	0.9	1.2
United Kingdom	14.6	3.4	4.4
United States	16.7	16.2	21.0
Total	**34.47**	**41.9**	**54.2**

* Source Global Fund to Fight AIDS, Tuberculosis and Malaria (2010). Attribution of bednets distributed based on financial contributions of G8 Member states to the Global Fund

** G8 countries also contribute towards the provision of bednets through other bilateral programmes including those aimed at health systems strengthening. However, it is difficult to directly impute the number of bednets provided through these. Additional details on relevant programmes are contained within the 'Country Responses' section below.

Canada

Canada's malaria prevention and treatment initiatives are primarily directed towards children and pregnant women in Africa, who are among the most vulnerable to the disease. Canada was an early leader in the provision of free insecticide-treated bed nets. Since 2005, CIDA's support of over $16 million to the Red Cross, UNICEF and World Vision has allowed for the free distribution of over 3.3 million bed nets to children under five years and mothers in Africa.

Canada's catalytic role in the distribution of bed nets has prompted exploration of new niche areas for cost-effective programs to further malaria control efforts, such as scaling up access for the poor to artemisinin-based combination therapies (ACTs).

CIDA is providing $60 million to Population Services International, Save the Children Canada and to the Malaria Consortium to provide ACTs at the community level. Community health workers will be trained to deliver an integrated package of treatment for major childhood diseases: malaria, pneumonia and diarrheal dehydration. Approximately 80 percent of these funds will used towards malaria control.

In addition, CIDA has been a strong supporter of anti-malaria programs through our support to the Global Fund to Fight AIDS, Tuberculosis and Malaria, having committed approximately $978.4 million to the Fund since its inception. Approximately 25 percent of Global Fund funds support anti-malaria programming worldwide.

Bilaterally, CIDA supports anti-malaria activities within the context of its support to the plans of national ministries of health. In Ethiopia, CIDA has been contributing to a multi-donor initiative called the Protection of Basic Services. Part of CIDA's support contributes to ensuring essential medical supplies and equipment reach front-line health facilities throughout rural Ethiopia. As of February 2009, Canada helped fund the purchase of 3.2 million bed nets, contributing to a steep decline in malaria incidence.

Les activités de traitement et de prévention du paludisme réalisées par le Canada visent principalement les enfants et les femmes enceintes en Afrique, qui comptent parmi les plus vulnérables à la maladie. Le Canada a été un des premiers pays à fournir gratuitement des moustiquaires traitées à l'insecticide. Depuis 2005, l'ACDI a fourni plus de 16 millions de dollars à la Croix-Rouge, à l'UNICEF et à Vision mondiale pour la distribution gratuite de plus de 3,3 millions de moustiquaires aux enfants de moins de cinq ans et aux mères en Afrique.

Le rôle de catalyseur joué dans la distribution de moustiquaires a amené le Canada à examiner de nouveaux créneaux d'action pour des programmes à la fois efficaces et économiques permettant de faire progresser la lutte contre le paludisme, par exemple accroître l'accès des pauvres aux thérapies combinées à base d'artémisinine.

L'ACDI fournit 60 millions de dollars au programme Population Services International, à Aide à l'enfance Canada et au Malaria Consortium pour permettre la distribution d'antipaludiques (thérapies combinées à base d'artémisinine) dans les collectivités. Des travailleurs de la santé seront formés pour offrir un programme intégré de traitement des principales maladies d'enfance : paludisme, pneumonie et déshydratation occasionnée par la diarrhée. Environ 80 % des fonds serviront à lutter contre le paludisme.

En outre, l'ACDI appuie énergiquement les programmes de lutte contre le paludisme en octroyant un financement au Fonds mondial de lutte contre le sida, la tuberculose et le paludisme; en effet, il a

affecté environ 978,4 millions de dollars à ce fonds depuis sa création. Approximativement 25 % du financement sert à lutter contre le paludisme partout dans le monde.

Dans le cadre de l'aide bilatérale, l'ACDI finance des activités de lutte contre le paludisme dans le cadre de son soutien aux plans des ministères nationaux de la Santé. En Éthiopie, l'ACDI contribue au financement d'une initiative multidonateurs appelée « Protection des services de base ». Une partie des fonds de l'ACDI contribue à fournir des fournitures et de l'équipement médicaux essentiels aux établissements sanitaires de première ligne dans toutes les régions rurales. En février 2009, le Canada a aidé à acheter 3,2 millions de moustiquaires, contribuant ainsi à réduire fortement l'incidence du paludisme.

France

France participates in the fight against malaria through its contributions to the Global Fund, UNITAID and Roll Back Malaria. It constitutes a priority for France among the various communicable diseases.

Since September 2006, France is the largest donor for UNITAID, with 50% of its funding. More than 25% of UNITAID budget is dedicated to Malaria prevention, treatment and care (purchase of ACT drugs and long lasting insecticide treated nets). In 2007, UNITAID has financed 27 million malaria treatments amounting nearly $50M. In a joint action in partnership with UNICEF and the Global Fund, UNITAID paid, in 2008, more than $14 million to UNICEF to purchase 8 million ACT for 8 countries in Africa and Asia.

In 2008, France's contribution to fight against Malaria represented 16% of the international effort against the disease for a total of about $288M. Since 2004 France is the second largest contributor to the fight against malaria.

Germany

Germany contributes to malaria control mainly through:

- GFATM: Since 2005, Germany has provided $ 220 million for malaria control measures through the GFATM (approximately 25% of GFATM funds are allocated towards malaria control).
- EC programmes ("3 Diseases Fund" and the "European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis"
- Bilateral projects/programmes are in most cases not solely focused on malaria, but the issue is an integral part of health systems strengthening efforts.

Italy

The Italian/WHO initiative on Malaria started in 2001 and continued in 2 subsequent phases until 2008 in selected African countries. The initiative is aimed at strengthening national control programme and at promoting the shift to more effective treatments (Artemisinin based combination therapy – ACT). Since 2005, total investments have been US$ 3.8 million. Other bilateral contributions for action against malaria amounted to US$ 2.1 million.

Japan

Japan's basic strategy to fight malaria is to support interventions for prevention and education. Japan pledged in 2003 to provide 10 million LLINs (Long lasting insecticide impregnated nets) for African countries with serious malaria prevalence and fulfilled its commitment by the end of 2007. Japan will continue to work toward reducing prevalence and mortality rates in the partner countries through its

contribution to GFATM and bilateral cooperation. Japan has pledged 1.41 billion USD to the Global Fund since 2002, of which 1.29 billion USD has been disbursed to date.

Amongst the assistances by JICA, Japan puts emphasis on the following approaches as essential ones that lead to the capacity building of the health workers and awareness raising of the affected communities: (1) Support to medical staff to obtain the ability of accurate diagnostic techniques and appropriate medication; and (2) Support to enhance activities at community level for participatory preventive actions.

Russia

The Russian Federation contributed $20 million in 2007-2009 to the World Bank Malaria Booster Program, including $4 millions to WHO Global Malaria Program, to support malaria interventions in 4 African countries. The Russian contribution aligns with the partner countries' national plans to fight malaria and closely coordinates with other donors contributions to this area filling the gaps identified by national authorities.

Through bilateral contribution the Russian Federation has allocated $1.5 million for LLINs in Zambia in 2008-2009.

United Kingdom

- The UK supports the implementation of the Global Malaria Action Plan, and the development of new effective drugs and diagnostics Bilateral spend for 2009 estimated at £71 million, of which £56m was in Africa.
- The UK pledged 20 million ITNs in April 2008 as part of overall global effort. Committed to supporting the delivery of further 30 million ITNs by 2013.
- Commitment of up to £1bn to the Global Fund for the period 2008-2015. This is in addition to the £359m we gave before 2008. Our total contributions to date are £524 million, and represents 6% of the Fund's total. In 2008 the Global Fund disbursed $2.26 billion, of which malaria accounted for $521m. UK attribution is 3% of this total – 15.6m for malaria in 2008.
- 20-year commitment of up to €60 million per year by 2010 to UNITAID. In 2009, £9 million (of a total UNITAID contribution of £20m) went to Malaria
- Roll Back Malaria (RBM) Partnership - £51 million to date.
- Affordable Medicines Facility for Malaria (AMFm): commitment of £40 million to Phase 1.

United States

The Global Health Initiative seeks to reduce the burden of malaria by 50 percent for 450 million people. This goal will be attained by reaching 70 percent of the at-risk population in Africa. From 2007 through 2009 the USG through the President's Malaria Initiative has disbursed $550 million for the fight against malaria in over 20 countries; under the Global Health Initiative, these efforts will be expanded to include Nigeria and DRC. The Initiative supports four proven, highly effective malaria prevention and treatment measures including indoor residual spraying with insecticides, insecticide-treated bednet distribution, intermittent preventive treatment of malaria in pregnancy, and artemisinin-based combination therapy distribution. In South America and Southeast Asia, the USG supports malaria initiatives to strengthen surveillance and reduce the threat of drug resistance. In conjunction with these different regional efforts, the USG supports research to develop new antimalarials and malaria vaccines, supports capacity building to improve access to antimalarials, the development of new tools to measure malaria

transmission and evaluate new vector control techniques, assess the spread and degree of drug and insecticide resistance. The USG also continues to be a strong collaborator in the Roll Back Malaria partnership and a contributor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

European Union

The EU programme for action to tackle AIDS, malaria and tuberculosis (2007-2001) is the framework for the EC's action to tackle malaria.

No specific, earmarked, financing for purchase or distribution of bed nets with the exception of a joint programme with UNICEF in 4 African countries to increase national coverage in the use of insecticide treated nets in DRC, Ethiopia, Mozambique and Niger (€5 million from 2008 to 2010) 350 000 LLINs had been distributed at mid-point of the programme.

Global Plan to Stop TB

We will also support the Global Plan to Stop TB, 2006-2015 (St.Petersburg, 2006: Fight Against Infectious Disease, para. 21)

Nous soutiendrons également le Plan mondial Halte à la Tuberculose (2006-2015) (Saint-Pétersbourg, 2006, Lutte contre les maladies infectieuses, paragr. 21)

Contributions received for StopTB Partnership 2001 - 2009* (USD, millions)

Donor	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
Canada	9.94	3.72	8.53	14.08	20.99	22.86	7.14	9.20	21.46	117.94
UK		0.35	1.41	1.82	0.18	17.83	22.22	21.18	16.03	81.02
U.S.	2.35	2.56	3.75	3.74	5.34	6.43	8.64	18.83	18.82	70.46
Japan	0.33	0.31	0.96							0.74
Italy							0.27	0.15	0.14	0.56
Total:	**12.62**	**6.95**	**13.79**	**19.64**	**26.51**	**47.13**	**38.26**	**49.36**	**56.45**	**270.71**

*Figures represent cash contributions to the Stop TB Partnership – they do not include in kind donations, other TB funding to WHO, or GDF Direct procurement.

Source: Stop TB Partnership

Canada

Through its TB programs, Canada supports the objectives of the Stop TB Partnership's Global Plan to Stop TB by promoting wider use of existing strategies to interrupt TB transmission. This is done by: accelerating DOTS therapy implementation to achieve the global targets; and increasing the availability, affordability and quality of anti-TB drugs.

A key contribution of CIDA's program and policy leadership in tuberculosis has been engagement with the Stop TB Partnership; Canada was the first chair of the coordinating board of the Stop TB Partnership and remains an active member of the board. Canada was also the founding donor to the Partnership's Global TB Drug Facility (GDF), the only global bulk procurer of anti-TB drugs. CIDA has provided over $120M to the GDF to increase access to drugs in countries that cannot afford to procure or assure the quality of their anti-TB drugs. This has made Canada the single largest donor country for first-line TB drugs since the GDF started in 2001.

In March 2009, The Government of Canada announced an additional $127.4 million towards innovative new TB control programs. The main component of the new funding ($120M) is for the Stop TB Partnership's newest initiative, the TB Reach Facility, of which Canada is the founding donor. The program will address urgent needs, gaps and bottlenecks in TB control through support to local initiatives in collaboration with National TB control programs. This program will emphasize reaching underserviced areas and those with limited access to healthcare.

In addition, Canada supports tuberculosis programming through the Global Fund to Fight AIDS, TB and Malaria, towards which Canada has pledged $978.4 million to date since the Fund's inception. Approximately 14 percent of Global Fund funds support programs in tuberculosis control.

Bilaterally, CIDA is providing $6.1 million (2008-2010) to the WHO to implement the National Tuberculosis Control Programme and address the high rate of this disease in Afghanistan. With a special focus on Kandahar, the program works to build the capacity of the Afghan Ministry of Public Health through training and technical assistance, drug management, improved disease surveillance and technical monitoring activities.

Par le truchement de ses programmes de lutte contre la tuberculose, le Canada favorise l'atteinte des objectifs du Plan mondial Halte à la Tuberculose, car il encourage l'utilisation accrue des stratégies existantes pour mettre fin à la transmission de la tuberculose, c'est-à-dire : accélérer la mise en oeuvre du traitement de brève durée sous surveillance directe (DOTS) pour atteindre les objectifs mondiaux; accroître la disponibilité et la qualité des médicaments antituberculeux et en diminuer le coût.

Dans le cadre de son rôle de chef de file en matière de politiques et de programmes de lutte contre la tuberculose, l'ACDI apporte une contribution clé, à savoir sa participation au Partenariat Halte à la Tuberculose. Le Canada a été le premier président du Bureau de coordination du Partenariat Halte à la Tuberculose et est encore un membre actif de ce bureau. Il est également le donateur fondateur du Dispositif mondial pour l'approvisionnement en médicaments (GDF), le seul fournisseur mondial en gros de médicaments antituberculeux. L'ACDI a fourni plus de 120 millions de dollars au GDF pour accroître l'accès aux médicaments antituberculeux dans les pays qui ne peuvent les acheter ou ne peuvent garantir la qualité de ces médicaments. Le Canada est donc le plus important pays donateur pour ce qui est des médicaments antituberculeux de première ligne depuis la création du GDF en 2001.

En mars 2009, le gouvernement du Canada a annoncé l'octroi de 127,4 millions de dollars canadiens additionnels pour de nouveaux programmes novateurs de lutte contre la tuberculose. La plus grande partie de ce nouveau financement (120 millions de dollars) va à la plus récente activité du Partenariat Halte à la tuberculose, le Fonds pour l'extension des services de lutte antituberculeuse, dont le Canada est le donateur fondateur. Le programme s'attaquera aux besoins urgents, aux lacunes et aux goulets d'étranglement dans la lutte contre la tuberculose en appuyant des activités locales en collaboration avec les responsables des programmes nationaux de lutte contre la tuberculose. Ce programme vise essentiellement les régions insuffisamment desservies et les populations qui ont peu accès aux soins de santé.

De plus, le Canada appuie la programmation en matière de lutte antituberculeuse par le truchement du Fonds mondial de lutte contre le sida, la tuberculose et le paludisme, auquel le Canada s'est engagé à verser 978,4 millions de dollars depuis sa création. Environ 14 % du financement pour le Fonds mondial sert à des programmes de lutte contre la tuberculose.

Dans le cadre de l'aide bilatérale, l'ACDI fournit 6,1 millions de dollars (2008-2010) à l'OMS pour la mise en oeuvre du programme national de lutte contre la tuberculose et s'attaque au taux élevé de cette maladie en Afghanistan. Ce programme, qui vise plus particulièrement la province de Kandahar, a pour objectif de renforcer la capacité du ministère de la Santé publique afghan grâce à la formation et à l'assistance technique, à la gestion des médicaments, à une meilleure surveillance des maladies et à des activités de suivi technique.

France

The contribution of France to the global fight against tuberculosis is based primarily on its investment in multilateral initiatives such as the Global Fund against AIDS, Tuberculosis and Malaria and UNITAID.

France is the main contributor to UNITAID which plays an important role in the fight against tuberculosis in developing countries. Diagnostic testing and treatment of TB first and second lines are the best ways to fight against tuberculosis.

Around 20% of UNITAID budget is dedicated to Tuberculosis disease (purchase of 1st line, pediatrics and MDR TB drugs).

In addition, France provides financial support to the UICTMR (International Union against Tuberculosis and Respiratory Diseases) since June 2007, in the amount of US$ 4.1 million**.**

Germany

Besides supporting multilateral organisations (e.g. GFATM), Germany is fighting TB through bilateral programmes according to the DOTS-approach (directly observed treatment, short course) and the "Stop TB Strategy" as recommended by WHO. Germany concentrates its efforts in two regions (South Caucasus and Central Asia) and in Pakistan. Within regional programmes, cross-national trainings are applied and networking/knowledge-transfer between affected countries is enhanced. At the same time, Germany directly supports the national TB programmes in terms of ensuring access to drugs (in collaboration with the Global Drug Facility-GDF), building of reference laboratories, strengthening of diagnosis and treatment facilities in coordination with WHO, GFATM and NGOs.

Italy

The Italian/WHO Initiative on TB Control in Africa started in 2001 and continued in 3 subsequent phases till 2009. The initiative is aimed at achieving the target set for DOTS strategy in selected African countries, facing the challenge of MDR/XDR TB, promoting joint HIV/TB activities, and facilitating community and private sector involvement in national control strategies. The total investment in Africa since 2005 has been of US$ 6.72 million. An additional amount of US$ 3.8 million was made available to WHO for TB control in Afghanistan and US$ 0.77 million for Stop TB Partnership core activities.

Japan

Japan has long been involved in the global fight against TB by contributing its rich knowledge and experience of its own fight against the serious epidemics in the post WWII era. Echoing the Global Plan to Stop TB 2006-2015, in July 2008, Stop TB Japan Action Plan was launched as a result of a close collaboration between the government and private sectors which has been established at national level. The Government of Japan will work closely with the international community mainly through its contribution to GFATM as well as its bilateral cooperation with partner countries.

Japan has pledged 1.41 billion USD to the Global Fund since 2002, of which 1.29 billion USD has been disbursed to date.
For its bilateral assistance, the Government of Japan prioritizes the 22 high TB burden countries such as Afghanistan, Indonesia and Pakistan, while MDR/XDR-TB and TB/HIV co-infection has also been taken into account.

JICA has been extending its support to these countries to improve their TB control services particularly by expanding DOTS through institutional capacity building, system strengthening and human resource development.

United Kingdom

The UK helped launch the Global Plan to Stop Tuberculosis 2006-2015. The focus of UK support to TB is the delivery of this Global Plan which is an important part of global efforts to improve the health of the poor.

UK information systems do not collect all our relevant spend on Tuberculosis and it is in process of improving how they calculate bilateral contributions. DFID supports national TB programmes in several high burden countries including South Africa, Nigeria, China and Zimbabwe. £42m provided to support the Indian Government's Revised National TB Control Programme between 2005 and 2010.

Research and Multilateral Channels:

- UK support for GFATM: Total contributions to date are £524 million, which represents 6% of the Fund's total.
- UK Support to UNITAID in 2009 of £11 million (of a total UNITAID contribution of £20m) went to TB.
- £13m committed to Stop TB Partnership, 2002-11. £1.5m in 2009
- Long term support to the Special Programme for Tropical Disease Research (TDR) based at WHO (£12m for 2008-13). TDR is involved in a wide range of research including research on TB diagnostics.

United States

The USG supports bilateral TB programs and works with and through multi-lateral partners, particularly WHO, and supports a variety of early and late stage TB research programs, including operational research in high burden TB countries, surveillance system effectiveness evaluation, and acquired drug resistance research. The USG is also an active member of the Stop TB Partnership. Under the Global Health Initiative, the USG seeks to help reduce by 2015 fifty percent of the TB prevalence and deaths. Most efforts to achieve this goal are focused on 20 priority countries that have the highest number of cases and prevalence of TB, high HIV/TB co-infection rates, prevalence or potential for multi-drug-resistant TB, and lagging case detection and/or treatment success rates. USG assistance to partner countries fully supports the Stop TB strategy which builds on the Directly Observed Treatment Short Course (DOTS) approach and also includes support for TB/HIV, MDR-TB, health systems strengthening, active engagement of the private sector, support for patients, and targeted research.

European Union

The EU programme for action to tackle AIDS, malaria and tuberculosis (2007-2001), and its mid-term review late 2008 called for particular attention to "increasing effort to contribute to …the Global plan for TB"

Contribution from the European Commission to the Global plan to Stop TB is through GFATM, and through research activities.

Polio

Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the $829 million target and mobilising the support of others (Gleneagles, 2005: Africa, 18f)

Appuyer l'Initiative mondiale pour l'éradication de la poliomyélite durant la période consécutive à l'éradication, soit de 2006 à 2008, en poursuivant ou en augmentant nos propres contributions en vue d'atteindre l'objectif de 829 millions de dollars, et en allant chercher d'autres appuis. (Gleneagles, 2005, Afrique, 18 f))

In 2005 the G8 committed to maintain or increase support to the Global Polio Eradication Initiative (GPEI). From 2003 – 2008 G8 countries provided 50 per cent of total GPEI resources. G8 donor funding supports immunization campaigns, surveillance, staffing, communication and community mobilization and the provision of vaccines.

Contributions to the Global Polio Eradication Initiative (in U.S. $ millions)

G8 Donor	2004	2005	2006	2007	2008	2009
USA	133.11	130.07	132.40	133.05	133.50	133.20
United Kingdom	73.83	114.72	59.74	57.46	41.30	37.72
Germany*	1.08	46.76	14.74	24.89	73.67	155.06
Japan	29.64	26.02	14.09	20.32	21.12	21.44
Canada	25.10	37.93	42.45	9.07	32.56	29.27
European Commission	16.82	67.65	28.18	37.27	8.22	0.90
France	11.85	11.97	12.80	-	-	2.65
Italy	7.60	5.01	5.85	-	11.95	2.09
Russian Federation	4.00	3.00	3.00	3.00	8.94	5.06
Total	**303.03**	**443.12**	**313.25**	**285.06**	**331.26**	**307.38**

Source: GPEI

* Germany: The 2009 contribution includes €52 mil ($82.01 mil) to the Government of India (combination loan/grant), which the Government is using to strengthen cold chain and information systems. Although this lies outside of the GPEI budget for India, GPEI has included this amount in Germany's total contribution, but has excluded it from the total G8 GPEI contributions line.

Canada

Canada has been a strong supporter of polio eradication efforts, and was the first country to put polio on the G8 Agenda at the Kananaskis Summit.

Since 2000, Canada has provided approximately $320 million for polio eradication efforts. This has included significant support to immunization activities in three of the four countries that still experience endemic transmission of wild poliovirus, including Pakistan, Afghanistan, and Nigeria.

CIDA funds have helped Nigeria to focus on improving immunization activities, including planning and logistics, monitoring, and building human resources capacity in health.

In June 2008, Canada announced its commitment of up to $60 million for polio eradication activities in Afghanistan. This signature polio eradication project will see the immunization of an estimated seven million children across Afghanistan, including 400,000 in the province of Kandahar, and immunization activities along the Afghanistan-Pakistan border to prevent cross-border transmission. The December 2009 polio campaign in Afghanistan was the first time a new bivalent oral polio vaccine was used anywhere in the world, and it is hoped that this will be an innovative way to tackle polio in complex environments such as Afghanistan.

At the 2005 G8 Summit in Gleneagles, member countries made a committment that their financial support for the Global Polio Eradication Initiative (GPEI) for the period 2006-2008 would meet or exceed funding for 2003-2005. Canada later clarified that it would provide US$105.68 million in financial support to GPEI for 2006-2008 as its share of this commitment. Canada surpassed this spending target in August of 2009.

Le Canada a apporté un soutien vigoureux aux activités d'éradication de la poliomyélite et a été le premier pays à mettre cette maladie à l'ordre du jour du G8, au Sommet de Kananaskis.

Depuis 2000, le Canada a versé environ 320 millions de dollars pour les activités d'éradication de la poliomyélite. Ce montant inclut une aide importante aux activités d'immunisation dans trois des quatre pays où le poliovirus sauvage est encore endémique, à savoir le Pakistan, l'Afghanistan et le Nigéria.

Les fonds fournis par l'ACDI ont aidé le Nigéria à concentrer ses efforts sur l'amélioration des activités d'immunisation, y compris la planification et la logistique, le suivi et le renforcement des capacités des ressources humaines en santé.

En juin 2008, le Canada a annoncé qu'il allait octroyer jusqu'à 60 millions de dollars pour des activités d'éradication de la poliomyélite en Afghanistan. Ce projet de premier plan permettra de vacciner environ sept millions d'enfants partout en Afghanistan, dont 400 000 dans la province de Kandahar, et de réaliser des activités d'immunisation le long de la frontière pakistano-afghane afin de prévenir la transmission transfrontalière. La campagne de vaccination contre la poliomyélite menée en décembre 2009 en Afghanistan a été la première dans le monde où un nouveau vaccin oral bivalent a été administré. On espère que ce vaccin offrira un autre moyen de lutter contre la poliomyélite dans des environnements complexes, comme en Afghanistan.

Au Sommet du G8 à Gleneagles, en 2005, les pays membres se sont engagés à octroyer à l'Initiative mondiale pour l'éradication de la poliomyélite, pour la période 2006-2008, un financement égal ou supérieur à celui consenti pour la période 2003-2005. Le Canada a précisé ultérieurement qu'il fournirait 105,68 millions de dollars américains à l'Initiative mondiale pour l'éradication de la poliomyélite pour 2006-2008. Il a excédé cet objectif en août 2009.

France

France has contributed to the Polio eradication initiative in 2005 with $12.42M and $12.55M in 2006.

Germany

Germany is the fourth largest donor to the GPEI and has supported the fight against Polio through multilateral and bilateral channels while focussing its bilateral financial support on two of the four endemic countries, India and Nigeria. This support is used primarily for the procurement of vaccines, but also for basic infrastructure, such as laboratory equipment for surveillance, and operational costs. The

total financial support to the fight against polio between 2004 and 2009 amounted to approximately $ 316 million.
This includes direct support to GPEI. In the fight against Polio, Germany also cooperates with spearheading partners such as the Bill and Melinda Gates Foundation as well as Rotary International.

Italy

Italian contributions for the GPEI are decided annually and included in the voluntary contribution to the WHO. Since 2004, the total contribution for Polio eradication amounts at $ 33.85 million.

Japan

Based on the experience of supporting the eradication in WPRO region, Japan has been contributing to Global Polio Eradication Initiative. Japan's basic approach is to provide vaccines (OPV) mainly through UNICEF in the remaining 4 countries and re-infection countries. The total amount of Japan's contribution through UNICEF and bilateral channel since 2003 is $ 167.22 million (2006: $14.09 million, 2007: $20.32 million, 2008: $21.12 million, 2009: $21.44 million)

United Kingdom

In late 2008 the UK committed £100m over five years in core support (including to strengthen - in 2009 alone - surveillance and routine immunisation, staffing and planned supplementary immunisation activities targeting up to 152 million children under 5 years of age) to the GPEI programme. This is supplemented by some bilateral support e.g. in Pakistan.

Since the 2009 programme evaluation, the UK (and other leading donors) has engaged with GPEI to redefine objectives so the organisation thinks through strategy to achieve eradication and address new challenges e.g. the link with routine immunisation and the spread of reinfection. Concerted effort underway (e.g. at 2010 WHO Executive Board) to promote joint policy dialogue, harmonise donor approaches, through regular communication and meetings with GPEI to build Strategic Plan for 2010-2012.

Total value of UK polio-related programming since 2005: $282.86m

United States

The USG continues to support country, regional and global polio surveillance, laboratory accreditation and analysis, independent monitoring, outbreak response, communication and community mobilization in Africa, South Asia and Eastern Mediterranean regions of the WHO. USAID also supports cross-border coordination and NGO involvement in community-based surveillance and mobilization. Last year the CDC's Stop Transmission of Polio (STOP) program trained and deployed 112 public health professionals to 58 countries to improve disease surveillance as well as to plan, implement, and evaluate vaccination campaigns. The USG also provided technical assistance to countries, WHO regional offices, and the global polio laboratory network to help develop and introduce new technologies into laboratories. The USG assists country's response to polio outbreaks and organizes and executes operational research and vaccination campaigns, among other activities.

European Union

From 2005 to 2008, the EC provided €61 million to WHO for Polio eradication in 14 African countries. In addition the EC has been supporting Polio eradication activities in Nigeria, from 2004 to 2009: total amount to €78.68 million. An additional €20 million has been programmed for polio activities in Nigeria for 2010-2013.

Measles

Will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles in regions and countries, and its eventual elimination (St. Petersburg, 2006: Fight Against Infectious Diseases, 29)

Nous nous efforcerons de parvenir à une baisse constante du nombre de décès liés à la rougeole, à des progrès pour ce qui est d'enrayer sa propagation dans les différents pays et régions, et pour finir, à son élimination. (Saint-Pétersbourg, 2006 : Lutte contre les maladies infectieuses, 29))

G8 countries continue to provide technical support to partners including the WHO, its regional offices, and other countries, with the goal of a steady decrease in the number of measles-related deaths, progress in halting the spread of measles, and its eventual elimination. Measles immunization is frequently integrated with other immunization programming, as well as the delivery of other childhood interventions.

Canada

Beginning in 2002, CIDA partnered with UNICEF to fund the Measles Partnership for Africa, with the goal of dramatically reducing measles-related deaths.

In 2006-2007, Canada contributed over $12 million to supplemental immunization campaigns in Ethiopia to respond to outbreaks of measles and low vaccine coverage rates. Delivery of measles immunization was integrated with other childhood interventions such a bednets to prevent malaria, and vitamin A.

Since 2005, Canada has contributed to measles vaccination through broader immunization programming, for example through support to the Canadian International Immunization Initiative (CIII).

CIDA also supports immunization within the context of its bilateral assistance to countries (e.g. Mali, Mozambique and Tanzania) for integrated health sector programming and the implementation of national health sector strategies and plans under the stewardship of the countries' national health ministries.

C'est à partir de 2002 que l'ACDI s'est associée à l'UNICEF pour financer le Partenariat contre la rougeole pour l'Afrique, en vue de réduire de façon spectaculaire le nombre de décès liés à la rougeole.

En 2006-2007, le Canada a accordé plus de 12 millions de dollars pour des campagnes d'immunisation supplémentaires en Éthiopie en raison de poussées de rougeole et des faibles taux de couverture vaccinale. L'immunisation contre la rougeole a été intégrée aux autres activités visant les enfants, comme la distribution de vitamine A et de moustiquaires pour prévenir le paludisme.

Depuis 2005, le Canada contribue à la vaccination contre la rougeole dans le cadre de programmes d'immunisation plus vastes. Par exemple, il finance la vaccination contre la rougeole par le truchement de son appui à l'Initiative canadienne d'immunisation internationale (ICII).

L'ACDI finance également l'immunisation dans le contexte de l'aide bilatérale (p. ex. Mali, Mozambique et Tanzanie) pour la programmation intégrée dans le secteur de la santé et la mise en oeuvre des stratégies et plans nationaux pour le secteur de la santé pilotés par les ministères de la Santé.

France

Since 2006 France has chosen to invest in immunization programs through its contribution to GAVI/IFFIm ($1.8 billion over 20 years) to reduce infant mortality.

Germany

Germany has made financial contributions to the GAVI Alliance (between 2005 and 2009: $ 16 million – see 6th question in the health template for details) and provides substantial multilateral core contributions to WHO and UNICEF, which aim at expanding immunisation services, including measles. German support to health system strengthening, from technical assistance to budget aid, indirectly contributes to expanding immunization services. Germany does not provide stand-alone support to measles.

Italy

No specific investments for measles control. Italian investments for immunizations are made through the International Financial Facility for Immunizations (IFFIm).

Japan

Japan has been supporting measles vaccination program mainly through UNICEF, providing $ 14.73 million between 2005 and 2009.

Japanese bilateral assistance also supports to improving cold chain coverage (e.g. Uganda, Kenya, Papua New Guinea) which contributes not only to the elimination of measles but also to other childhood illness. Japan also contributes to the Expanded Programme on Immunization in the Pacific region including 13 countries which made significant impact in increasing immunization coverage.

Japan supported the Government of Vietnam to construct measles vaccine production facilities and transferred technical skills to produce quality measles vaccine which meets WHO-GMP standards.

Russia

The Russian Federation contributes to the measles elimination efforts in the CIS countries. This includes providing methodological and technical assistance to health authorities in implementing measles elimination programs, supporting the work of the CIS regional reference centre for measles in Moscow, trainings of health specialists from CIS countries on measles surveillance.

United Kingdom

UK support to measles initiatives is primarily through GAVI. DFID has provided £68.5 million core support provided between 2000 and 2008. DFID has a new 10 year commitment (2009-2020) of £150 million of core support. This is in addition to £1.38 billion commitment over 20 years to the International Finance Facility for Immunisations (IFFIm) and the $485 million over 10 years to the pilot Advanced Market Commitment (AMC) for pneumococcal vaccines – both of which are funding mechanisms through GAVI.

United States

The USG supports the reduction of measles by providing technical support to partners including the WHO, its regional offices, and other countries. This technical support helps these entities respond to measles outbreaks, to plan and monitor of measles vaccination campaigns, to strengthen routine immunization systems, and to develop and introduce new technologies into laboratories. USG vaccination campaigns take an integrated approach to medicine, providing additional health services such as the distribution of insecticide-treated bednets for malaria prevention, de-worming medication, doses of vitamin A, and combined measles-rubella vaccines.

European Union

No specific action on measles, beyond support to GAVI.

Neglected Diseases

We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries (St.Petersburg, 2006: Fight Against Infectious Disease, 31)

Nous devons aussi redoubler d'efforts dans la lutte contre d'autres maladies évitables, […], notamment en augmentant quantitativement et qualitativement la recherche médicale sur les maladies négligées dans les pays en développement (Saint-Pétersbourg, 2006 : Lutte contre les maladies infectieuses, 31)

Canada

CIDA provides institutional support to the International Centre for Diarrhoeal Disease Research in Bangladesh (ICDDR, B), a non-profit, international research service and training institute. CIDA funding ($12.8 million, 2007-2012) contributes towards health research to combat a variety of diseases, including severe diarrhoeal disease, malaria, dengue fever, Nipah virus, tuberculosis and HIV/AIDS.

Canada also provides research funding through the Global Health Research Initiative (GHRI) a collaborative research funding partnership of the Canadian Institutes of Health Research (CIHR), the Canadian International Development Agency (CIDA), Health Canada, the International Development Research Centre (IDRC), and the Public Health Agency of Canada (PHAC). For example, under one program ($1.5 million, 2007-12), the GHRI has supported the launch of a graduate-level program in Tegucigalpa, Honduras, with the goal of increasing the number of Honduran researchers with expertise in infectious and zoonotic diseases.

L'ACDI fournit un appui institutionnel au Centre international de recherche sur les maladies diarrhéiques du Bangladesh (ICDDR), un institut international de formation, de services et de recherche sans but lucratif. Le financement accordé par l'ACDI (12.8 millions de dollars, 2007-2012) contribue à la recherche médicale en vue de lutter contre diverses maladies, y compris les maladies diarrhéiques graves, le paludisme, la dengue, le virus Nipah, la tuberculose et le VIH/sida.

Le Canada finance aussi des activités de recherche par le truchement de l'Initiative de recherche en santé mondiale (GHRI), un partenariat de financement de la recherche concertée réunissant les Instituts

de recherche en santé du Canada, l'Agence canadienne de développement international (ACDI), Santé Canada, le Centre de recherches pour le développement international (CRDI) et l'Agence de la santé publique du Canada (ASPC). Par exemple, dans le cadre d'un programme (1,5 million de dollars, 2007-2012), l'Initiative de recherche en santé mondiale a appuyé le lancement d'un programme d'études supérieures à Tegucigalpa, au Honduras, dont l'objectif est d'accroître le nombre de chercheurs honduriens spécialisés dans les maladies infectieuses et les zoonoses.

France

France's contribution is mainly channelled through WHO's programs, and consists in providing medicines to the countries in need, as well as technical expertise in this field.
France is funding a research project on drugs for neglected tropical diseases, through the initiative DNDi (Drug for Neglected Diseases Initiative) since 2007 with an engagement of over $8M. The diseases targeted by this project are trypanosomiasis and visceral leishmaniasis.
The French Agency for Development is financing a project to support the *Office Régional de Mise en Valeur du fleuve Senega*l (OMVS), based in Dakar, covering Senegal, Mauritania, Guinea and Mali. As part of this support, the AFD is funding a health component of $4.3M for the prevention and the fight against schistosomiasis. This component was launched in early 2008 for a duration of 4 years.

Germany

Germany has been supporting various international institutions and initiatives against neglected tropical diseases (NTD). Since 1974, the German Government has been assisting the WHO Special Programme for Research and Training in Tropical Diseases (TDR) and is a member of TDR's Steering Committee. Between 2005 and 2009, $ 3.4 million have been disbursed to TDR. In addition, Germany supports the European and Developing Countries Clinical Trials Partnership (EDCTP) with the aim to develop drugs and vaccines against HIV, malaria, and tuberculosis. Germany furthermore supports clinical studies through the European Clinical Research Infrastructures Network (ECRIN).

Germany addresses NTDs in the context of health systems support, and not as stand-alone. There is evidence that integrated disease control as part of health systems strengthening approaches is highly effective, such as filariasis control in Indonesia or kala-azar control in India, Bangladesh and Nepal. Until 2009, an estimated amount of $ 700.000 has been provided for research activities on filariasis and kala-azar.

Italy

Italian institutions such as the Ministry of Health, the Istituto Superiore di Sanità (ISS), the Consiglio Nazionale delle Ricerche (CNR), several universities and foundations (Ivo De Carneri) are engaged in research on Malaria and Neglected Tropical Diseases in partnership with African Institutions such as e.g. the Medical Research Institute of Alexandria (Egypt) and the Centre Nationale de Recherche sur le Paludisme de Ouagadougou (Burkina Faso). The main financial contribution for infectious disease control (on the ODA component) are channelled through IFFIM, AMC and Global Polio Eradication Initiative (GPEI) (see sub-commitment on Polio). The total amount invested since 2005 is US$ 7.2 million and additional US$ 4 million went to combined HIV/TB/Malaria activities (ODA component).

Japan

Through the Program of Founding Research Centers for Emerging and Reemerging Infectious Diseases, Japan conducted medical research on neglected diseases, such as research on dengue fever, in 12 overseas research centers in 8 countries, in collaboration with research partners in developing countries.

Under the Japanese Government Initiative on International Parasite Control (Hashimoto Initiative), triggered by G8 Birmingham Summit in 1998, JICA helped partner countries to establish the Centers for International Parasite Control in Asia, East Africa and West Africa. At these Centers and the neighboring countries, parasite control programs against schistosomiasis and soil transmitted helminthiasis have been steadily expanded. As part of these programs, parasite control through school health activities has started to make results in Niger. School health and preventive education against NTDs have been widely extended by the Japanese volunteers, and they are also making results. JICA‘s contribution was also accredited for interruption of new transmission of imported-vector borne Chagas disease in Guatemala, which was certified by PAHO (Pan American Health Organization) in November 2008. Similar efforts to tackle the disease have been made in Honduras, El Salvador, and Nicaragua. At the International Conference on the 4 Initiatives to combat Chagas disease in Central and South Americas in April 2008, JICA presented the results of its past efforts and its future plans, and obtained appreciations from the national governments, relavant international organizations, donor organizations and research institutions. In addition, we also support Pacific Programme to Eliminate Lymphatic Filariasis by means of providing drugs and consumables, and Ghana‘s efforts to combat Guinea Worms by providing assistance to secure safe drinking water in rural areas.

Russia

Under the G8 Presidency Russia prioritized the infectious diseases in the agenda. This effort resulted in first ever separate statement by the leaders about fighting infectious diseases. The St. Petersburg leaders’ statement covered the whole range of threats put by infectious diseases.

In 2009 the Russian Federation developed and adopted the 4 years program with a 21 mln. USD commitment. This program is expected to boost researches and enhance surveillance on neglected tropical diseases in African and Central Asia Countries. In particular program components will be implemented in Ethiopia, Angola, Tanzania, Tajikistan and Uzbekistan. Under the framework of this program new diagnostics for NTD’s will be developed, own research and surveillance capacities of partner countries will be enhanced, health personnel from partner countries will be trained and laboratory equipment will be procured and set in partner countries.

United Kingdom

The UK has supported the Drugs for Neglected Diseases initiative (DNDi) which is developing new drugs for visceral leishmaniasis, human African trypanosomiasis, & Chagas disease.

The UK’s programme to four NTD partner programmes includes research elements. Emphasis on alignment with partner country programmes and priorities through integration and working with other donors (mainly the US), foundations, multilaterals and pharmaceutical companies.

UK’s commitment to the Drugs for the Drugs for Neglected Diseases initiative (DNDi) is £18m (2008-13).

United States

From 2007 through 2009, the USG has spent $1.1 billion to fight against infectious diseases, such as NTDs. The USG efforts to fight NTDs rely heavily on mass drug-administration programs. Through public-private partnerships with pharmaceutical companies these large-scale, cost-effective programs have delivered over 220 million treatments to roughly 55 million people in the past three years. Current programs focus on Burkina Faso, Cameroon, DRC, Ghana, Mali, Niger, Uganda, Sierra Leone, Southern Sudan, Tanzania, Togo, Haiti, Bangladesh, and Nepal. The USG also supports operational research which

improves the effectiveness and efficiency of current diagnostics and treatments and develops new epidemiological and laboratory tools for mapping, monitoring, and assessing outcomes. The USG also provides technical assistance to countries and other partners to improve integrated programs and assessment. These efforts accelerate the elimination of some NTDs such as lymphatic filariasis and onchocerciasis.

European Union

In 2009, the ECissued a special call for research projects on Africa, with a total budget allocation of €63 million. Emphasis was on 'Water and Food Security' and 'Better Health for Africa '. A principle objective of the Africa Call was to strengthen local capacities in the relevant science and technology fields and their applications, including through appropriate training activities and exchange of staff. The proposals submitted are currently being evaluated

Health workforce

The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers (Hokkaido Toyako, 2008: Development and Africa, 46b)

Les membres du G8 travailleront en vue d'augmenter les effectifs de la santé de sorte à atteindre le seuil fixé par l'OMS, qui est de 2,3 travailleurs de la santé pour 1 000 personnes. Au début, nous concentrerons nos efforts dans les pays africains où nous sommes actuellement engagés et qui font face à une pénurie grave de travailleurs de la santé. (Hokkaido Toyako, 2008 : Développement et Afrique, paragr. 46 (b))

Canada

The Africa Health Systems Initiative (AHSI) prioritizes mobilizing and training front-line health workers.

In Mozambique, through the AHSI, a project implemented by the University of Saskatchewan in partnership with the Mozambican Ministry of Health supports the Massinga Centre for Continuing Education in Health ($8.2 million, 2009-2013). This support includes training for formal and informal health workers, as well as applied research on topics such as health worker retention.

In Zambia, Canada is supporting the government in its implementation of its national human resources strategy. Some 1,500 health workers are on the Zambia retention scheme and 26 public training schools have been rehabilitated, expanded and equipped since 2007.

Part of Canada’s five-year, $105 million support to the Catalytic Initiative focuses on improving the cadre of front-line health workers trained to prevent and treat basic childhood and maternal illnesses at the community level. This includes ensuring adequate supervision, incentives, and the basic equipment and supplies required to deliver health services. To date, over 20,000 of the estimated 40,000 front-line health workers to be trained through CIDA support, have been trained and deployed.

To reinforce country-level programming, Canada, through the research component of the AHSI and the IDRC, is providing $5.9 million (2008-2013) to the Global Health Research Initiative to support African-

based research partnerships to explore how to recruit, train and retain health workers in places where they are needed most.

In addition, Canada has provided $5 million (2005 – 2010) to WHO to support the activities of the Global Health Workforce Alliance (GHWA). Canada supported the action plan that emerged from the First Global Forum on Health Human Resources in Kampala, Uganda, which identifies key actions for addressing the health human resource crisis in Africa.

L'Initiative sur les systèmes de santé en Afrique (ISSA) accorde la priorité à la mobilisation et à la formation des travailleurs de la santé de première ligne.

Au Mozambique, dans le cadre de l'ISSA, un projet mis en oeuvre par l'Université de la Saskatchewan et le ministère mozambicain de la Santé permet d'apporter une aide au Centre Massinga d'éducation permanente en santé (8,2 millions de dollars, 2009-2013). Cette aide inclut la formation des travailleurs des secteurs structuré et informel de la santé ainsi que la recherche appliquée sur des questions comme le maintien en poste des travailleurs de la santé.

En Zambie, le Canada aide le gouvernement à mettre en oeuvre sa stratégie nationale en matière de ressources humaines. Au total, quelque 1 500 travailleurs de la santé participent au plan de maintien du personnel de la santé et 26 écoles de formation publiques ont été remises en état, agrandies ou équipées depuis 2007.

Une partie du financement de 105 millions de dollars sur cinq ans accordé par le Canada dans le cadre de l'Initiative catalytique est axé sur l'amélioration la qualité des soins dispensés par les travailleurs de la santé de première ligne qui sont formés à la prévention et au traitement des maladies courantes dont souffrent les mères et les enfants en milieu communautaire. Il faut entre autres assurer une supervision adéquate, la mise en place de mesures incitatives et la distribution du matériel et des fournitures de base nécessaires à la prestation de services de santé. À ce jour, plus de 20 000 travailleurs de la santé de première ligne, sur les quelque
40 000 qui seront formés grâce au soutien de l'ACDI, ont reçu une formation et ont été affectés à un poste.

Pour renforcer la programmation nationale, le Canada, par le truchement du volet recherche de l'Initiative sur les systèmes de santé en Afrique (ISSA) et du CRDI, finance à hauteur de 5,9 millions de dollars (2008-2013) l'Initiative de recherche en santé mondiale (IRSM) pour appuyer les partenariats de recherche basés en Afrique qui visent à examiner les moyens de recruter et de former des travailleurs de la santé et de les maintenir en poste là où les besoins sont les plus criants.

En outre, le Canada a octroyé 5 millions de dollars (2005-2010) à l'OMS pour appuyer les activités de l'Alliance mondiale pour les personnels de santé. Le Canada a appuyé le plan d'action établi à l'occasion du Premier forum mondial des ressources humaines pour la santé à Kampala (Ouganda), qui énonce les mesures clés à prendre pour résoudre la crise des ressources humaines dans le secteur de la santé en Afrique.

France

France is an active partner of the Global Health Workforce Alliance (GHWA) and has contributed with over $0.7M and has actively contributed to the organization of the First forum on Human resources in Health and the elaboration of the Kampala declaration in 2008.

Furthermore, France fully supports and collaborates to the elaboration by WHO of a code of practice for the recruitment of health personnel. Through the secondment of an expert, France also supports a program aiming to encouraging of health personnel to staying in rural areas in Africa.

Besides, bilateral cooperation through ESTHER is currently twinning French University hospitals with hospitals from 18 developing countries (15 in Africa and 3 in Asia) on 167 different sites

Germany

Germany has been supporting health sector reforms in 16 countries (7 in Africa) with a major focus on health systems strengthening (HSS). Measures to promote the health workforce are considered key element of HSS and are integral part of German support. In addition, reintegration support is offered to professionals from partner countries who were trained in Germany. A discussion paper on the Human Resource in Health (HRH) crisis, developed in 2009, will be instrumental for further operationalisation within German Development Cooperation.

Germany strongly supported the development of the European Program of Action to tackle the HRH crisis and contributed to the EU MS report. Since 2009, Germany cooperates with the WHO Global Health Workforce Alliance (GHWA). The German contribution will comprise of staff support, program financing and cooperation in implementing activities in partner countries.
Italy

According to the need to face the crisis of the health workforce in Africa stressed by the WHO and the Global Health Workforce Alliance, almost all the initiatives supporting health system strengthening at national and local level include a component of education and training of health professionals. Some initiatives such as those implemented under a sector-wide approach (Mozambique, Ethiopia) include human resource planning, pre-service training and support to local training institutions, as well as provision of employment, deployment and retention incentives. Italy is sponsoring Niger-Tunisia south-south cooperation through the training of health professional of Niger. Italy's bilateral contributions to the strengthening of health workforce in developing countries totalled $12.45 million from 2005 – 2009.

Japan

Japan is working on training 100,000 health workers over 5 years from 2008 to 2013 in Africa. Japan's main strategy in strengthening health system is to help partner countries build capacities of health workers through in-service training, and also to contribute to increase pre-service training and strengthening planning capacity in order to achieve sustainable human resources development.

- Japan provided grant aid for the establishment and refurbishing health infrastructures and equipment in various countries. In 2008 alone, the total amount of such grant aid for health facilities was about 37.7mllion.
- Japan continues to support pre-service education for human resources for health in a number of countries, including Cambodia, Uzbekistan, Mozambique and Central America.
- In over 15 African countries, 5S-TQM (Total Quality Management) approach for improving hospital management has been introduced, adopting the quality control techniques developed and deployed in Japanese industry. FY 2009, over 9000 African health service providers had been trained on 5S-

TQM. Hospitals in target countries are implementing 5S-TQM for improvements in the quality and safety of health services.

Russia

The Russian Federation includes health workers training component in all projects being developed and implemented in support of international health programmes and initiatives. Since 2006 more than 200 health workers from CIS countries were trained in Russia on a short and mid term courses on infectious disease control and surveillance.
In the frame of Russian Federation participation in WHO Global Malaria Program in 2008-2009 seven training courses were organized in 2008-2009 in Africa and Middle-East Region; 161 health professionals (managers and trainers) were trained. All trained health professionals are engaged in malaria control programmes at national, provincial and district levels in African, and Middle East countries.

United Kingdom

The UK supports the strengthening of developing countries' health workforce through global, regional and country activities. UK bilateral and multilateral support is consistent with the principles of the International Health Partnership and related initiatives (IHP+) to support the development and implementation of national country health plans, of which HRH is a key component. Approximately 25% of our total aid to health provides direct and indirect support to HRH strengthening, with an increasing focus on workforce surveillance and strategic intelligence to support evidence-based decision making. Examples include:

- In Sierra Leone the UK has supported the Ministry of Health to conduct a payroll review, improve strategic intelligence on the national health workforce and recruit 1,000 new health workers in order to strengthen supply and meet increased demand resulting from the removal of user-fees for women and children.
- The UK is providing bilateral support for the UK's Royal College of Obstetricians and Gynaecologists to increase the number of skilled health professionals for maternal and neonatal health care in 3 African countries.
- $2 million in financial and technical assistance to the Global Health Workforce Alliance (GHWA) in the period 2007-2009, supporting the implementation of the Kampala Declaration and Agenda for Global Action on HRH.
- Supported the development and ongoing implementation of the 2007-13 EU 'Programme for Action to tackle the shortage of health workers in developing countries'.
- A new $7.5 million investment will support a Health Systems Partnership Fund to facilitate North-South twinning and knowledge exchange. This will enable British health professionals to share their skills with birth attendants, nurses and doctors in developing countries through teaching, training and practical assistance.

United States

The Hyde-Lantos Act directs the USG, by 2013, to train and support retention of 140,000 new health care professionals, paraprofessionals, and community health workers with an emphasis on the training and in-country deployment of critically needed doctors and nurses; and to strengthen capacities in developing countries to deliver primary health care with the objective of helping countries achieve staffing levels of at least 2.3 doctors, nurses and midwives per 1000 population.

The USG also collaborates with multilateral and country partners to increase the public- health workforce and health- systems capacity to strengthen laboratory, facility, and health information

systems, and seeks to improve health care worker performance and patient access to health services by supporting task-shifting and regulatory bodies that support the use of evidence-based clinical and public health practices.

Working in partnership with Ministries of Health, African Universities, and continuing education programs, the U.S. trains health workers and expands resources provided to the students such as housing, computer laboratories, and tutoring. The U.S. also directly trains public health professionals in Botswana, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, South Africa, and Tanzania through field epidemiology (and laboratory) training programs and leadership and management programs. Finally, the USG works to increase the health workforce by supporting partner countries to improve their workforce policy, planning, and management to ensure health care workers have the right skills, incentives, equipment, and medical supplies to do their jobs effectively.

European Union

In December 2006, the EU adopted a European Programme for Action (PfA) to tackle the shortage of health workers in developing countries (2007-2013), which includes a clear set of actions at country, regional and global levels.

In addition the EC is also working on addressing migration and brain drain in the area of health through internal EU policies, as a matter of policy coherence. €40 million has been programmed from 2007 to 2013 to support specific activities in this field. Specific support to WHO activities in Africa (GHWA) is on-going (€6 million) with a focus on improving the capacity of countries to develop their knowledge (observatories) and capacities in HRH management, and an open call for proposals (€13 million) for non state actors has been launched recently on the same topic. Moreover, the EC is now working on the design of a programme linking HRH and maternal health (€8 million to be programmed this year).

Disease-surveillance

Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research (St.Petersburg, 2006: Fight Against Infectious Diseases, para. 13)

Appuyer le renforcement des capacités des pays les plus vulnérables en ce qui concerne la surveillance des maladies et les systèmes d'alerte rapide, y compris le renforcement de la capacité de diagnostic et de recherche sur les virus (Saint-Pétersbourg, 2006 : Lutte contre les maladies infectieuses, paragr. 13)

Canada

Since 2002, CIDA has supported the Government of Pakistan ($9.5 million, 2002-2010) in implementing a surveillance system to monitor the HIV/AIDS epidemic. This project provides the previously uncollected data and analysis required to track the evolution of the epidemic and determine where to target prevention efforts.

In West Africa, CIDA is providing $16.5 million (2002-2012)) for the multi-phase Programme d'appui à la surveillance épidémiologique intégrée (PASEi). This program is aimed at developing and strengthening

capacity to conduct surveillance of communicable diseases and to respond to outbreaks in Benin, Burkina Faso, Guinea, Mali and Niger.

At the 2006 G8 Summit, Canada committed $57 million to the international response to avian influenza, and to support preparations for future pandemics. For example, CIDA's support to the WHO ($8.5 million, 2006-2009) is supporting the organization in implementing its pandemic influenza plans and improving alert and response to epidemic-prone diseases. This allows WHO to strengthen its own capacity and that of national entities in preparation for a possible pandemic.

In addition to this funding, CIDA is providing $14.5 million to the WHO, FAO and the World Organization for Animal Health (OIE) to support activities such as : joint assessment of alerts for outbreaks; enhanced laboratory cooperation; and support for provincial and district level preparedness planning and social mobilization strategies. Bilaterally, in Southeast Asia and in China, CIDA is providing $13.5 million to the Canada Asia Regional Emerging Infectious Diseases Project (CAREID) from 2006 to 2013, to strengthen regional and national capacity to detect and contain disease outbreaks.

Depuis 2002, l'ACDI aide le gouvernement du Pakistan (9,5 millions de dollars, 2002-2010) à mettre en place un système de surveillance de l'épidémie de VIH/sida. Ce projet permet de recueillir des données qui auparavant ne l'étaient pas et d'obtenir les analyses nécessaires pour suivre l'évolution de l'épidémie et déterminer où il faut concentrer les activités de prévention.

La contribution de l'ACDI en Afrique de l'Ouest s'élève à 16,5 millions de dollars (2002-2012) pour appuyer le Programme d'appui à la surveillance épidémiologique intégrée (PASEI). Ce programme à phases multiples vise à développer et à renforcer les capacités de surveillance des maladies transmissibles et la réponse aux éclosions de ces dernières au Bénin, au Burkina Faso, en Guinée, au Mali et au Niger.

Durant le Sommet du G8 en 2006, le Canada s'est engagé à verser 57 millions de dollars pour appuyer l'action internationale contre la grippe aviaire et les préparatifs en vue d'autres pandémies. Par exemple, l'aide octroyée par l'ACDI à l'Organisation mondiale de la Santé (OMS), qui correspond à 8,5 millions de dollars pour la période allant de 2006 à 2009, appuie les efforts de l'organisme visant à mettre en oeuvre des plans de lutte contre la pandémie de la grippe et à améliorer les systèmes d'alerte et de réponse pour les maladies à caractère épidémique. Cela permet à l'OMS de renforcer sa propre capacité ainsi que celle des organisations nationales à se préparer à une pandémie éventuelle.

En plus de ce financement, l'ACDI accordera 14,5 millions de dollars à l'OMS, à l'Organisation des Nations Unies pour l'alimentation et l'agriculture (FAO) et à l'Organisation mondiale de la santé animale (OIE) en vue de soutenir diverses initiatives. Par exemple, notons l'évaluation conjointe des alertes d'éclosions, la coopération accrue entre les laboratoires, et l'appui aux stratégies de préparation en cas d'urgence et de mobilisation sociale des provinces et des districts. Par ailleurs, en Asie du Sud-Est et en Chine, l'ACDI s'est engagée à fournir 13,5 millions de dollars pour financer l'Initiative canado-asiatique sur les maladies infectieuses émergentes (CAREID) entre 2006 et 2013, et ce, afin de renforcer les capacités régionales et nationales pour détecter et contenir les éclosions de maladies.

France

France supports Institut Pasteur et ANRS (French national agency for Aides) for the improvement of a network of surveillance and control of communicable diseases and strengthening surveillance for infectious and emerging diseases.
Through WHO Lyon Office and HQ in Geneva , France also supports the strengthening of national core public health capacities for disease surveillance and the enforcement of the International Health Regulations.
OMS'JPO are also financed by France in this field as well as technical assistance.
During the considered period, French Agency for Development (AFD) encouraged a regional approach to disease surveillance in the Indian Ocean, West African and South Eastern Asian Regions: in West Africa, this support is being provided in collaboration with the private sector (Mérieux Foundation).

Germany

Germany has supported partner countries in improving disease surveillance and in increasing capacity to implement the revised International Health Regulations (IHR) as well to improve pandemic preparedness and response with regards to H5N1 (Avian Influenza/ "bird flu"). By providing training on laboratory diagnosis of H5N1 in numerous African countries, as well as rehabilitating and equipping laboratories in Togo, Ghana and Sierra Leone, Germany has significantly contributed to allow for better surveillance in the region. In Indonesia, eight regional reference laboratories were supported through laboratory equipment, consumables and training. In Vietnam, national capacities for the prevention and control of bird flu were strengthened, including early warning and surveillance systems. In 2009, Germany has granted approximately $ 20 million to WHO to support immediate response to the H1N1 pandemic in priority countries.

Italy

The Italian Ministry of Health, the Istituto Superiore di Sanità and other Italian institutions engaged on research and control of zoonotic diseases, through long term agreements with countries of North Africa, Middle East and the Balkans region, are engaged in the development and implementation of disease surveillance and early warning systems for communicable diseases, parasitic diseases and zoonoses in the Mediterranean Region including the upgrading of the diagnostic capacity of reference public health labs.

Japan

Japan supports the most vulnerable countries through various approaches including pandemic influenza prevention and control. Since the end of 2005, Japan has committed $416 million in response to pandemic influenza.

Through its bilateral, regional and multilateral assistance, Japan supports developing countries for their pandemic preparedness and capacity development. Its contribution includes the provision of 1.5 million antiviral medicines for Asian countries, pandemic preparedness capacity building through WHO/WPRO and strengthening of the capacity of national laboratories in Viet-Nam

Russia

The Russian Federation pursues policy of disease-surveillance systems support in developing countries. Policy response includes prioritizing disease-surveillance agenda in multilateral and bilateral cooperation strategies with CIS countries.

Under the Russian Presidency to Shanghai Cooperation Organization (SCO) in 2009 the theme of fighting infectious diseases became a priority. In the frame of SCO Heads of Governments adopted the short-term and long term objectives to counter infections, including HIV/AIDS, TB and malaria, need for increased health work-force, cooperation in disease surveillance and supporting early warning systems, call for intensifying health research.

Russia leads the work and hosts the CIS Coordination Council on Sanitary Protection aimed on coordination, technical and methodological support of disease surveillance systems. Programs were developed and implemented to build the capacity of health systems, including laboratory network in partner countries.

In response to the threat of influenza pandemic the Russian Federation in 2006-2009 contributed $45,8 millions to a comprehensive program aimed on capacity building of health systems in CIS region. Leading Russian scientific-research institutions on a permanent basis provides trainings on disease surveillance, laboratory control and containment of outbreaks of infectious diseases.

Russia assists partner-countries in Eastern Europe and Central Asia in conducting epidemiological studies of infectious and zoonotic diseases on their territories. Joint plans of such studies are being developed and annually reviewed with countries like Kazakhstan, Ukraine, Tajikistan, Kyrgyzstan, Mongolia and others.

The Russian Federation disbursed about US$60 million in 2007-2010 to strengthen existing networks aimed at prevention and mitigating epidemiological consequences of natural, man-made disasters and humanitarian crises, including through effective use of rapid response teams and building partner countries own capacities in this area.

United Kingdom

WHO Special Programme on Tropical Diseases Research (TDR) includes enhancement of diagnostic capacity. UK Funding £12m 2008-13.

United States

Early warning, information sharing, and risk assessment are considered key components of protecting the most vulnerable countries from disease threats. The USG acknowledges these important components by investing in surveillance and response systems around the world. The USG is committed to developing these systems in developing countries to help build and strengthen global public health capacity to identify and contain emerging threats. The USG also supports capacity building in vulnerable countries through research efforts, programs include: creation of vaccines for seasonal diseases and diseases of poverty, improvement of methods to identify possible vaccines, toxicities, and efficacy, enhancement of emerging pathogen surveillance, and development of new reagents, panels, and assays to detect pathogens and emerging infectious diseases.

European Union

Strengthening countries preparedness and response capacity is part of a € 25 million, 5-year project with WHO in 8 African and 2 Caribbean countries. A specific support to West and Central Africa, on hemorrhagic fever, is also provided for 2008-2010 (€2 million).

Canada

	Aid to Health, reported as ODA to DAC, USD million disbursements		
	Bilateral	**2007**	**2008**
1	Aid to Health	421.4	411.4
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	59.0	64.0
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	254.7	281.8
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	99.1	61.3
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC etc.) [4]		18.88
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]	7.87	6.07
1.4	Other contributions to NGOs working in the Health Sector [6]	8.55	4.31
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	89.07	218.70
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	32.46	124.44
	- Global Fund as emerging from DAC database)		108.34
	- Global Fund (as reported in the 2009 Report)	40.03	108.34
	- WHO (ODA part) and WHO core voulntary contribution account (as emerging from DAC database)	9.06	
	- GAVI Alliance		
	- UNAIDS	7.10	
	- UNFPA	16.30	16.10
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	56.61	94.26
	- UN System (UNICEF, UNDP)	4.90	4.30
	- World Bank Group (IDA)	40.00	79.20
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	0.10	0.00
	- Other multilateral institutions (PAHO)	11.61	10.76
	- EC Budget		
	- European Development Fund (EDF)		
3	Innovative Financing Mechanisms for Health (flows reported as ODA)		
	- IFFIm [9]		
	- AMCs [10]		
	- Health-related debt conversion discount (e.g. Debt2Health) [11]		
TOTAL AID TO HEALTH REPORTED AS ODA [12]		**510.5**	**630.1**

See Notes at end of this section

France

Aid to Health, reported as ODA to DAC, USD million disbursements

	Bilateral	2007	2008
1	Aid to Health	108.0	360.8
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	68.0	66.1
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	26.2	276.6
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	3.6	7.3
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]		
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]		207.7
1.4	Other contributions to International NGOs working in the Health Sector [6]	10.19	10.82
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	576.64	657.70
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	420.14	491.10
	- Global Fund	391.90	432.70
	- WHO (ODA part) and WHO core voulntary contribution account	23.20	26.30
	- GAVI Alliance		28.50
	- UNAIDS	1.64	
	- UNFPA	3.40	3.60
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	156.50	166.60
	- UN System (UNICEF, UNDP)	4.20	4.20
	- World Bank Group (IDA)	65.60	61.60
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	5.70	5.90
	- Other multilateral institutions		
	- EC Budget	34.1	39.9
	- European Development Fund (EDF)	46.9	55.0
3	Innovative Financing Mechanisms for Health (flows reported as ODA)	0.00	27.83
	- IFFIm (as emerging from DAC database)		27.83
	- AMCs		
	- Health-related debt conversion discount (e.g. Debt2Health) [11] - (as emerging from DAC database)		
	TOTAL AID TO HEALTH REPORTED AS ODA [12]	**684.6**	**1,046.3**

See Notes at end of this section

Germany

Aid to Health, reported as ODA to DAC, USD million		disbursements	
	Bilateral	**2007**	**2008**
1	Aid to Health	344.6	405.7
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	85.8	108.7
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	122.5	164.0
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	136.3	133.0
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]	4.1	4.3
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]	1.4	1.4
1.4	Other contributions to NGOs working in the Health Sector [6]		
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	410.59	550.50
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	181.59	352.60
	- Global Fund	119.10	288.50
	- WHO (ODA part) and WHO core voulntary contribution account	28.50	30.80
	- GAVI Alliance	5.59	
	- UNAIDS	2.70	7.30
	- UNFPA	25.70	26.00
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	229.00	197.90
	- UN System (UNICEF, UNDP)	2.60	2.70
	- World Bank Group (IDA)	133.00	85.90
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	4.80	7.20
	- Other multilateral institutions		
	- EC Budget	43.6	49.2
	- European Development Fund (EDF)	45.0	52.9
3	Innovative Financing Mechanisms for Health (flows reported as ODA)	0.00	0.00
	- IFFIm		
	- AMCs		
	- Health-related debt conversion discount (e.g. Debt2Health) [11] (as emerging from DAC database)		
TOTAL AID TO HEALTH REPORTED AS ODA [12]		**755.2**	**956.2**

See Notes at end of this section

NOTE: Germany's contribution to GAVI for 2007 was recorded as unspecifcied bilateral aid in the CRS database (code 12250).

Italy

Aid to Health, reported as ODA to DAC, USD million		disbursements	
	Bilateral	**2007**	**2008**
1	Aid to Health	126.3	109.6
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	24.7	56.6
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	73.9	38.5
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	8.5	12.7
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]		
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]		0.1
1.4	Other contributions to International NGOs working in the Health Sector [6]	19.16	1.81
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	685.10	164.30
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	620.80	27.90
	- Global Fund	533.90	
	- WHO (ODA part) and WHO core voulntary contribution account	76.60	25.00
	- GAVI Alliance		
	- UNAIDS	1.70	
	- UNFPA	8.60	2.90
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	64.30	136.40
	- UN System (UNICEF, UNDP)	7.60	1.00
	- World Bank Group (IDA)	4.30	67.00
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	0.10	9.00
	- Other multilateral institutions		
	- EC Budget	28.2	33.5
	- European Development Fund (EDF)	24.1	25.9
3	Innovative Financing Mechanisms for Health (flows reported as ODA)	7.89	87.78
	- IFFIm	7.89	35.79
	- AMCs		51.99
	- Health-related debt conversion discount (e.g. Debt2Health) [11]		
	TOTAL AID TO HEALTH REPORTED AS ODA [12]	**819.3**	**361.7**

See Notes at end of this section

Japan

Aid to Health, reported as ODA to DAC, USD million		disbursements	
	Bilateral	**2007**	**2008**
1	Aid to Health	396.3	349.2
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	161.7	138.0
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	206.7	174.1
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	27.9	35.3
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]	0.4	
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]		
1.4	Other contributions to International NGOs working in the Health Sector [6]	0.00	1.83
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	307.27	443.64
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	290.47	283.64
	- Global Fund (as emerging from DAC database)	186.01	183.84
	- Global Fund (as reported in the 2009 report)	183.84	194.43
	- WHO (ODA part) and WHO core voulntary contribution account	67.25	69.10
	- GAVI Alliance		
	- UNAIDS	2.91	
	- UNAIDS (as reported in the 2009 report)	2.69	2.06
	- UNFPA	34.30	30.70
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	16.80	160.00
	- UN System (UNICEF, UNDP)	6.90	5.90
	- World Bank Group (IDA)		141.60
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	9.90	12.50
	- Other multilateral institutions		
	- EC Budget		
	- European Development Fund (EDF)		
3	Innovative Financing Mechanisms for Health (flows reported as ODA)		
	- IFFIm [9]		
	- AMCs [10]		
	- Health-related debt conversion discount (e.g. Debt2Health) [11]		
	TOTAL ODA TO HEALTH	**703.6**	**792.9**

See Notes at end of this section

United Kingdom

Aid to Health, reported as ODA to DAC, USD million		disbursements	
		2007	2008
	Bilateral		
1	Aid to Health	1,051.0	1,011.9
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	304.6	295.8
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	276.4	215.6
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	470.0	500.5
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]	45.8	50.6
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]	45.5	36.2
1.4	Other contributions to International NGOs working in the Health Sector [6]	0.00	0.00
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	582.52	338.79
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	369.22	133.19
	- Global Fund	200.10	90.50
	- WHO (ODA part) and WHO core voulntary contribution account	42.60	42.50
	- GAVI Alliance	48.50	0.19
	- UNAIDS	38.02	
	- UNFPA	40.00	
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	213.30	205.60
	- UN System (UNICEF, UNDP)	11.00	11.10
	- World Bank Group (IDA)	119.70	115.10
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	4.70	8.20
	- Other multilateral institutions		
	- EC Budget	37.4	39.2
	- European Development Fund (EDF)	40.5	32.0
3	Innovative Financing Mechanisms for Health (flows reported as ODA)	0.00	30.40
	- IFFIm [9]		32.7
	- AMCs [10] (as emerging from DAC database)		
	- AMCs [10] (as reported in the 2009 report)	0.06	
	- Health-related debt conversion discount (e.g. Debt2Health) [11]		
	General Budget Support, Bilateral (imputed percentage for health)	110.2	102.8
	TOTAL AID TO HEALTH REPORTED AS ODA	**1,744**	**1,486**

NOTE: The UK contribution to GAVI for 2007 and 2008 was recorded as unspecified bilateral aid in the CRS database (code 12110).

See Notes at end of this section

United States

Aid to Health, reported as ODA to DAC, USD million		disbursements	
		2007	2008
	Bilateral		
1	Aid to Health	4,216.7	5,719.2
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	149	88
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	1,051	982
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	3,017	4,649
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]	67.1	77.1
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]	42.4	39.9
1.4	Other contributions to International NGOs working in the Health Sector [6]	0.00	0.00
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	974.04	1089.36
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	799.03	938.20
	- Global Fund	642.30	789.20
	- WHO (ODA part) and WHO core voulntary contribution account	71.00	77.10
	- GAVI Alliance	69.30	71.90
	- UNAIDS (as emerging from DAC database)	16.43	
	- UNAIDS (as reported in the 2009 report)	36.00	30.00
	- UNFPA		
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	175.01	151.16
	- UN System (UNICEF, UNDP)	22	22
	- World Bank Group (IDA)	133	103
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)	3	6
	- Other multilateral institutions (PAHO) (as emerging from DAC database)	18	20
	- Other multilateral institutions (PAHO) (as reported in the 2009 report)	57	58
	- EC Budget		
	- European Development Fund (EDF)		
3	Innovative Financing Mechanisms for Health (flows reported as ODA)	0.00	0.00
	- IFFIm [9]		
	- AMCs [10]		
	- Health-related debt conversion discount (e.g. Debt2Health) [11]		
	TOTAL ODA TO HEALTH	**5,191**	**6,809**

See Notes at end of this section

NOTE: The US contribution to GAVI for 2007 was recorded as unspecified bilateral aid in the CRS database (code 12250).

European Commission

Aid to Health, reported as ODA to DAC, USD million		disbursements	
	Bilateral	**2007**	**2008**
1	Aid to Health	663.9	722.8
1.1	Aid to Health, General (also includes technical assistance and sector budget support/basket funds) [1]	68	178
1.2	Aid to Basic Health (also includes technical assistance and sector budget support/basket funds) [2]	458	382
1.3	Aid to Population Policies/Programs and Reproductive Health) [3]	138	164
	of which:		
	Core contributions to International NGOs working in the Health Sector (ICRC and IFRC, MSF, etc.) [4]	34.2	53.5
	Core contributions to Public-Private Partnerships working in the Health Sector (e.g. GAIN, IAVI, UNITAID, etc.) [5]	1.7	
1.4	Other contributions to International NGOs working in the Health Sector [6]	0.00	0.00
	Multilateral		
2	Contribution to multilateral agencies, programmes and funds	84.96	136.54
2.1	Core contributions to the multilateral agencies working in the Health Sector [7]	84.96	136.44
	- Global Fund (as reported emerging from DAC database)	84.90	126.90
	- Global Fund (as reported by EC in 2009)	137.00	288.00
	- WHO (ODA part) and WHO core voluntary contribution account		
	- GAVI Alliance		9.54
	- UNAIDS	0.06	
	- UNFPA		
2.2	Contribution to other multilateral institutions (imputed percentage for health) [8]	0.00	0.10
	- UN System (UNICEF, UNDP)		
	- World Bank Group (IDA)		
	- Regional Development Banks (AfDF, AsDF, IDB Sp. Oper. Fund)		
	- Other multilateral institutions (PAHO)		
	- EC Budget		
	- European Development Fund (EDF)		
3	Innovative Financing Mechanisms for Health (flows reported as ODA)		
	- IFFIm [9]		
	- AMCs [10]		
	- Health-related debt conversion discount (e.g. Debt2Health) [11]		
	TOTAL ODA TO HEALTH	**749**	**859**

See Notes at end of this section

Note: the EC registered a USD 9.54m contribution to 3 African countries through GAVI in 2008 which is recorded in the CRS under the code 12220.

General notes on country tables

[1] CRS codes 12110 to 12191

[2] CRS codes 12220 to 12281

[3] CRS codes 13010 to 13081

[4] ODA to the health sector (CRS codes 1210 to 13081) delivered trough NGOs (channel codes 20000, 21013, 21016, 21018, 21020, 21023, 21029, 21032, 21044, 21045, 21053, 21055)

[5] ODA to the health sector (CRS codes 1210 to0 13081) delivered thorugh PPPs (channel codes 30000, 30001, 30005, 30006)

[6] ODA delivered trough NGOs working in the health sector not included in CRS codes 12110 to 13081 but reported under CRS Code 920 (Support to NGOs)

[7] As reported by donors within the DAC database combining information in Table 2a and channel codes in CRS++ where available.

[8] Based on the Organisation's flow to the health sector as a share of its core resources. See www.oecd.org/dac/stats/methodology for details.

[9] Disbursements to the International Finance Facility for Immunisation are recorded at the time donors actually make payments.

[10] Contributions to the AMC are not recorded included under "Contribution to the World Bank" above. AMC pledges are recorded as ODA only when donors pay for vaccines.

[11] Debt operations (CRS code 600, action related to debt) targeting the health sector that are not reported under CRS codes 12110 to 13081 and nor under contribution to multilateral funds such as GFTAM.

[12] The definition of aid to health excludes aid to other sectors which may have direct or indirect effects on health status, e.g. water and sanitation. Medical assistance in natural disasters and other emergency situations is also excluded.

[13] General budget support (GBS) is, by definition, not earmaked by sector. It is possible to estimate the distribution of GBS to specific sectors by applying the relevant shares of partner country government expenditures. However, this exercise is subject to a significant degree of approximation.