

REPORT

# MAPPING THE DONOR LANDSCAPE IN GLOBAL HEALTH: MALARIA

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# OVERVIEW OF SERIES

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

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

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

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

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

# MALARIA DONOR LANDSCAPE: KEY FINDINGS

While the donor landscape for malaria is characterized by multiple donors and recipients, the majority of malaria funding is provided by a single donor – the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which accounts for 57% of malaria funding; the next highest share is provided by the United States (26%). Thus together, they accounted for 83% of global malaria assistance. Most donor assistance for malaria is directed to a subset countries with high malaria burden as well as countries that are nearing malaria elimination.

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

- » 27 different donors (including 24 bilateral donor governments and 3 multilateral organizations) reported providing at least some malaria assistance in at least one year examined. 20 donors reported giving assistance in all three years.
- » Donors provided assistance to a total of 86 recipient countries, spanning seven regions, over the three year period. 69 countries received assistance in all three years. On average, each of the 27 donors provided assistance to 2 different regions and 11 different countries over the period. The geographic diversity of assistance differed slightly by channel of assistance, with bilateral donors concentrating their assistance in a much smaller group of countries (an average of 6 recipients total over the three years) compared to multilateral donors (an average of 47 recipients total over the three years).
- » The five donors with the greatest *presence*, as measured by number of recipient countries, included two multilateral donors and three governments, as follows: the Global Fund (79), UNICEF (47), the U.S. (29), Canada (20), and Japan (17). When measured by *magnitude* of assistance provided (as a share of total yearly average funding 2009-2011), the top five donors were: the Global Fund (57%), the U.S. (26%), the U.K. (7%), the World Bank (6%), and Canada (1%). Together, the top five donors accounted for more than 97% of all donor funding for malaria; the 22 other donors accounted for less than 3% of malaria assistance over the study period.
- » The Global Fund was by far the largest donor, providing over half of all malaria assistance in the world (57%); the next largest donor was the U.S., which provided about one-quarter of assistance (26%). Together these two donors accounted for 83% of global malaria funding.
- » Sub-Saharan Africa had the greatest number of donors of any region; 23 of the 27 donors provided malaria assistance to the region over the period. The region with the next highest number of donors was Far East Asia, with 11.
- » In addition to having the greatest number of donors, sub-Saharan Africa also received the greatest share of assistance of any region (76%). The next highest regional amounts went to Far East Asia (8%) and South & Central Asia (4%). Donors provided approximately 7% of malaria assistance without specifying any region or country.

**TABLE 1. KEY FINDINGS**

<b>DONORS</b>	
Total Number of Donors	27
Bilateral Donors	24
Multilateral Donors	3
Average Recipients per Donor	11
Average Recipients per Bilateral	6
Average Recipients per Multilateral	47
U.S. & Global Fund % of Total Funding	83%
<b>RECIPIENTS</b>	
Total Number of Recipients	86
Average Donors per Recipient	3
Recipients with 7 or More Donors	12
Recipients Receiving >95% of Total Funding from U.S. & Global Fund	56

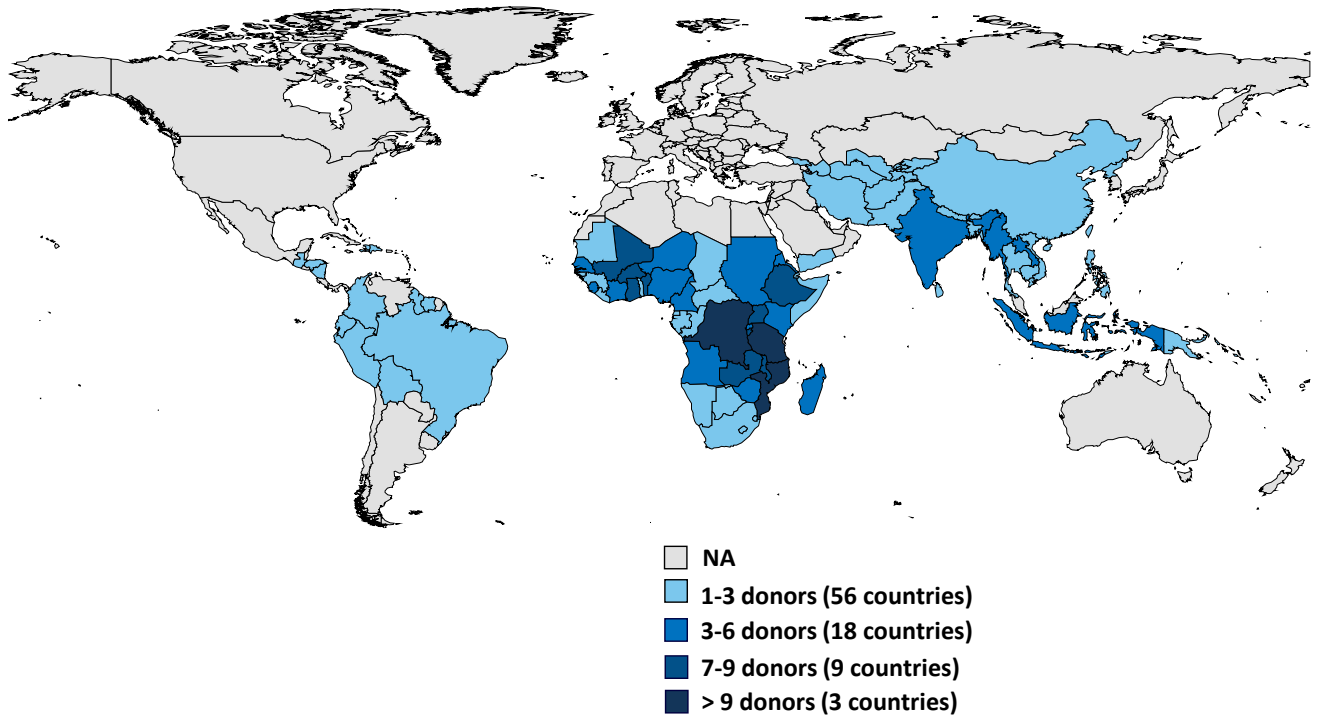
Recipient countries typically received assistance from multiple donors (see Figure 1). Looking at recipients of malaria assistance over the period 2009-2011, we found:

- » The average number of donors present (i.e. with reported assistance in at least one of the years studied) was 3 [range: 1 donor to 11 donors]. 12 recipient countries had 7 or more donors, with 3 having 10 or more. The countries with 10 or more donors present were: Mozambique (11), Democratic Republic of the Congo (10), and Tanzania (10).
- » When measured by magnitude of assistance received (the share of total malaria assistance received over the study period), the top 10 recipient countries, all of which are in sub-Saharan Africa, together accounted for 49% of total assistance: Nigeria (11%), Tanzania (6%), Ethiopia (6%), Democratic Republic of the Congo (5%), Kenya (5%), Uganda (3%), Madagascar (3%), Ghana (3%), Rwanda (3%), and Mozambique (3%). The sub-Saharan African region was also home to the twelve countries with the greatest number of donors: Mozambique (11), Democratic Republic of the Congo (10), Tanzania (10), Burkina Faso (8), Mali (8), Zambia (8), and Benin, Burundi, Ethiopia, Ghana, Malawi, and Uganda (all with 7 donors).
- » In every region the Global Fund provided more than 50% of malaria funding and in three regions, it was the source for over 90% of funding: North & Central America (98%), Far East Asia (95%), and the Middle East (91%). The next largest donor after the Global Fund differed by region: sub-Saharan Africa (U.S., 29%), South & Central Asia (World Bank, 24%), South America (U.S., 19%), Oceania (Australia, 18%), Middle East (Kuwait, 5%), Far East Asia (World Bank, 3%), and North & Central America (Spain, 2%).
- » The Global Fund and the U.S. together provided greater than 50% of all malaria funding in 79 out of 86 countries and more than 95% in 56 countries.

While fewer donors reported giving malaria assistance compared with HIV/AIDS assistance over this time period,<sup>18</sup> the sizeable number of donors and recipients, along with the geographic breadth of assistance, suggest that ensuring adequate communication with and coordination among donors may be important in reducing administrative and opportunity costs faced by recipient countries, achieving additional efficiencies, and helping to foster country ownership by partner countries. At the same time, even more so than with HIV/AIDS, donor funding for malaria is highly concentrated among a small number of donors, with the Global Fund alone providing more than half of all malaria assistance worldwide and the top five donors together providing over 97%. This suggests potential vulnerabilities should the scope and/or magnitude of funding commitments from these key donors change, and emphasizes the need for diversified funding support.<sup>19,20</sup>

As donors and recipient countries look forward to the future and seek to reduce mortality and morbidity from malaria and move toward ambitious goals such as malaria elimination<sup>21</sup> and even eradication, it will be more important than ever to ensure there is adequate and fruitful coordination between donors and recipients in order to achieve the greatest return possible on the global investments being made in the malaria response.<sup>22,23</sup>

**FIGURE 1: NUMBER OF MALARIA DONORS IN EACH RECIPIENT COUNTRY, 2009-2011**



# INTRODUCTION

Malaria, a disease caused by parasites transmitted to humans by mosquitoes, is both preventable and treatable, and one of the world's most common tropical diseases. In recent years, malaria has grown as component of official development assistance (ODA) for health. Following global concern that international support for malaria control had waned and that the malaria problem had worsened during the 1980s and 1990s, multilateral institutions, donors, and affected countries began to increase their attention to and support for malaria programs.<sup>24</sup> In 1998, the Roll Back Malaria Partnership was launched by WHO, UNICEF, the World Bank, and UNDP among others, and with the Abuja declaration in 2000, African heads of state declared control of malaria in their countries to be a priority and called on greater support for malaria programs.<sup>25</sup> Additionally in 2000, nations agreed to the United Nations (UN) Millennium Development goals, which included a target to reduce the incidence of malaria.<sup>26</sup>

This growing focus on malaria has been reflected in increased donor assistance over the past decade. International malaria assistance grew from approximately \$75 million in 2003 to \$1.4 billion in 2011.<sup>27</sup> These increases were in large part driven by the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, and the U.S. President's Malaria Initiative (PMI) in 2005.<sup>28</sup>

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

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

## METHODS

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

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

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

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

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

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



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

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

This analysis uses data derived from the following OECD CRS subsector to capture “malaria” assistance:

**TABLE 2. OECD CREDIT REPORTING SYSTEM (CRS) DATABASE SECTOR AND SUB-SECTOR USED IN THIS REPORT**

DAC CODE	CRS CODE	DESCRIPTION	CLARIFICATIONS / ADDITIONAL NOTES ON COVERAGE
122		Basic health	
	12262	Malaria control	Prevention and control of malaria.

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

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

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

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

# FINDINGS

## DONORS

While the donor landscape for malaria is characterized by multiple donors and recipients, the majority of malaria funding is provided by a single donor – the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which accounts for 57% of malaria funding; the next highest share is provided by the United States (26%). Looking at donors across the most recent three-year period with available data (2009-2011), we found that between 2009 and 2011, a total of 27 donors (24 bilateral and 3 multilateral) provided assistance for malaria to 86 low- and middle-income countries in 7 different regions in at least one of the three years (see Boxes 1 and 2).<sup>‡</sup> These donors averaged \$1.5 billion in malaria assistance per year over this time period (see Table 4). Funding was primarily channeled to countries and regions with high malaria burdens, as well as countries nearing malaria elimination. (Additional details on donors and recipients are provided in Appendices 1-7).

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

BILATERAL	MULTILATERAL
Australia	Global Fund
Austria	World Bank
Belgium	UNICEF
Canada	
European Union (EU)	
Finland	
France	
Germany	
Greece	
Ireland	
Italy	
Japan	
Korea	
Luxembourg	
Netherlands	
New Zealand	
Norway	
Portugal	
Spain	
Switzerland	
United Kingdom	
United States	
<i>Non-DAC Donors:</i>	
Kuwait	
United Arab Emirates	

### BOX 2. OECD REGIONAL DESIGNATIONS

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

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

#### REGIONS

North Sahara  
(NOTE: no malaria funding to this region)

South Sahara  
*Africa Regional*

North & Central America  
South America  
*America, regional*

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

Europe  
(NOTE: no malaria funding to this region)

Oceania  
*Oceania, regional*

<sup>‡</sup> Note: 22 of the 26 DAC members provided ODA for malaria at some point between 2009 and 2011; there are 31 multilateral donors that report to the DAC, but only 3 reported providing ODA for malaria between 2009 and 2011; there were 2 non-DAC donors (Kuwait and the United Arab Emirates) that reported providing ODA for malaria at some point during the period.

Each donor provided assistance to an average of 11 recipient countries (i.e. number of recipients receiving assistance in at least one of the three years studied). Multilateral donors provided assistance to a higher average number of recipient countries (47) than bilateral donors (6), due to the role played by the Global Fund, which reached the greatest number of countries of any donor.

The five donors with the greatest presence, as measured by number of recipient countries, were: the Global Fund (79), UNICEF (47), the U.S. (29), Canada (20), and Japan (17). However, when measured by magnitude of assistance provided (as a share of total yearly average funding 2009-2011), the five donors providing the greatest amount of assistance were: the Global Fund (57%), the U.S. (26%), the UK (7%), the World Bank (6%), and Canada (1%). Together, the top five donors accounted for more than 97% of all donor funding for malaria; the 22 other donors accounted for less than 3% of malaria assistance over the three year study period.

### SPOTLIGHT ON THE GLOBAL FUND AND THE U.S.

The Global Fund was the single largest donor providing 57% of international malaria assistance, followed by the U.S. which contributed 26%. Together the Global Fund and the U.S. provided approximately 83% of the average total of donor malaria assistance from 2009-2011. The next highest average amount was provided by the U.K. (7%).

The Global Fund and the U.S. were present in 80 of the 86 countries that received malaria donor assistance (in at least one of the 3 years). At the same time, these two donors only overlapped in about one-third of recipient countries (28 of 80), a much smaller overlap than for HIV assistance.<sup>37</sup> There were 6 recipient countries that did not receive assistance from either the Global Fund or the U.S. (see appendix tables for details).

The Global Fund and the U.S. accounted for more than 50% of funding in 79 recipient countries, more than 95% in 56 countries, and 100% of funding in 21 countries. Of the countries that received 100% of funding from the Global Fund and U.S., 7 were in South & Central Asia, 4 in sub-Saharan Africa, 4 in South America, 3 in North & Central America, 2 in Far East Asia, and 1 in the Middle East.

The Global Fund and the U.S. were also the dominant donors by region (see Table 3) providing more than 70% of malaria assistance in every region which received funding, and over 90% of funding in four of the seven regions. The Global Fund alone provided more than 50% of funding in every region and more than 75% of malaria assistance in five of the seven regions.

**TABLE 3. SNAPSHOT OF U.S. AND GLOBAL FUND ASSISTANCE FOR MALARIA, BY REGION, 2009-2011**

REGIONS	UNITED STATES		GLOBAL FUND		TOTAL U.S. & GLOBAL FUND CONTRIBUTION
	# OF RECIPIENTS	% OF TOTAL DONOR FUNDING	# OF RECIPIENTS	% OF TOTAL DONOR FUNDING	
Europe	-	-	-	-	-
Africa	25	28%	43	56%	85%
North Africa	-	-	-	-	-
Sub-Saharan	25	29%	43	57%	85%
America	2	12%	11	87%	98%
North & Central America	-	-	5	98%	98%
South America	2	19%	6	79%	99%
Asia	2	3%	24	85%	88%
Far East Asia	2	0%	9	95%	95%
South & Central Asia	-	-	13	72%	72%
Middle East	-	-	2	91%	91%
Oceania	-	-	1	79%	79%
<b>Total</b>	<b>29</b>	<b>26%</b>	<b>79</b>	<b>57%</b>	<b>83%</b>

## RECIPIENTS

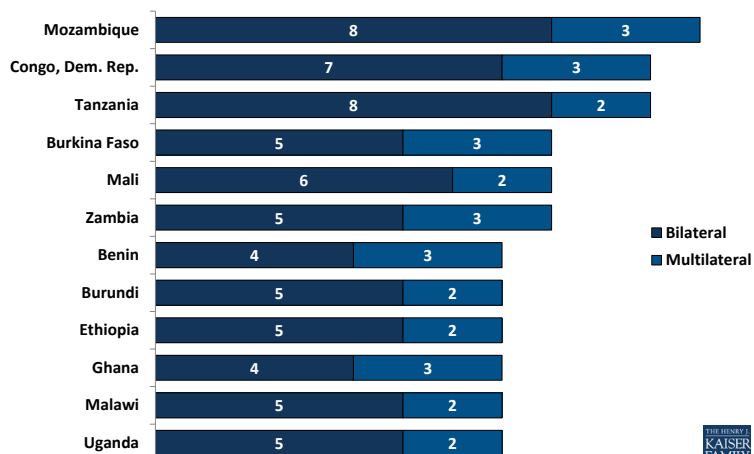
Recipient countries typically received assistance from many different donors. Looking at recipients of malaria assistance over the period 2009-2011, we found that the average number of donors providing malaria assistance in each recipient country was 3 (range: 1 donor to 11 donors). Of the 86 countries receiving assistance, 3 had 10 or more donors present: Mozambique (11), Democratic Republic of the Congo (10), and Tanzania (10). There were 12 countries with 7 or more donors (see Figures 1 and 2).

When measured by magnitude, the top 10 recipient countries, all of which are in Africa, accounted for 49% of total assistance: Nigeria (11%), Tanzania (6%), Ethiopia (6%), Democratic Republic of the Congo (5%), Kenya (5%), Uganda (3%), Madagascar (3%), Ghana (3%), Rwanda (3%), and Mozambique (3%).

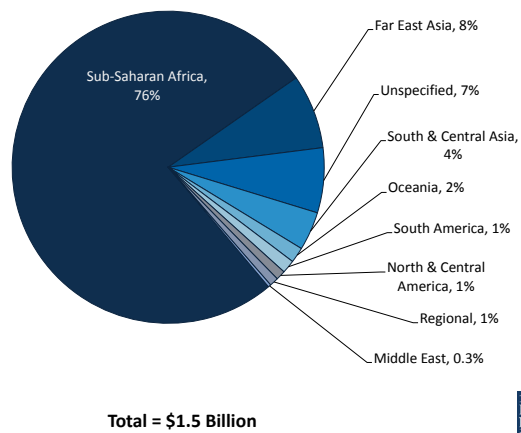
Looking regionally, on average, each donor gave assistance to two of the seven regions that received assistance (the Europe and North Africa regions did not receive any malaria assistance). Only one donor, the Global Fund, was present in all seven regions.

More donors gave assistance to Sub-Saharan Africa than to any other region, with 20 of the 24 bilateral donors and all three multilateral donors providing assistance to SSA (23 donors in total) over the study period. The region also received the greatest proportion of funds (76%) of any region, followed by Far East Asia (8%) and South & Central Asia (4%). 7% of donor funding was not specified by recipient country or region (See Figure 3 and Table 4).

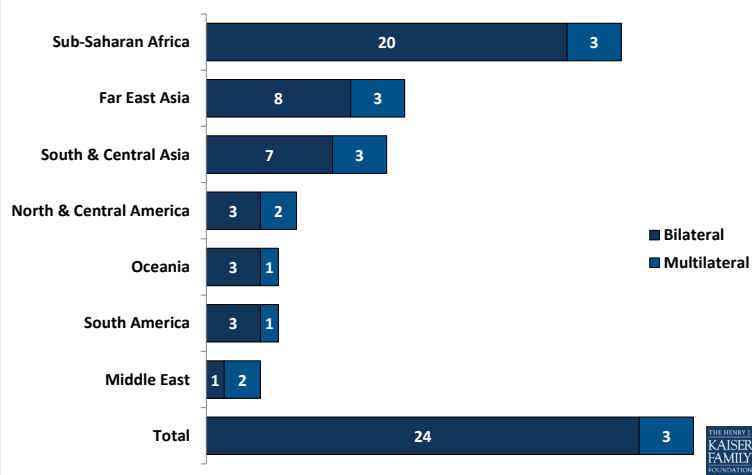
**FIGURE 2: COUNTRIES WITH 7 OR MORE DONORS, 2009-2011**



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

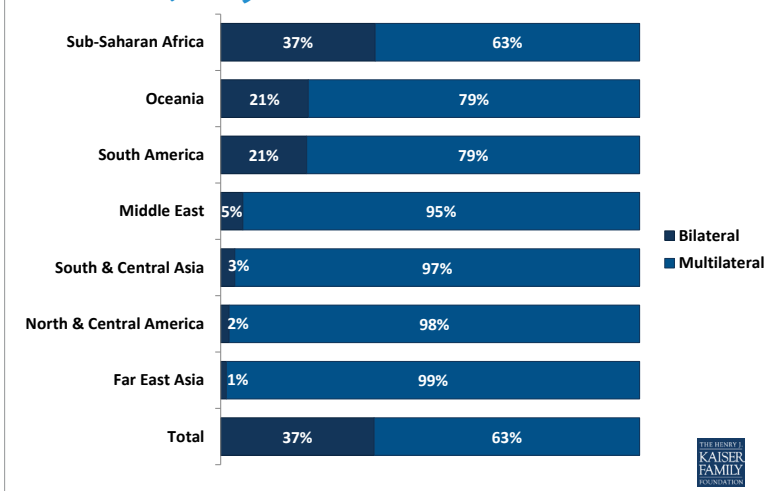


**FIGURE 4: TOTAL NUMBER OF DONORS, BY REGION, 2009-2011**



In each of the seven regions that received funding, multilateral funding comprised more than 60% of the total. The amount of assistance received from bilateral channels differed by region (Figure 5). For example, countries in Far East Asia, North & Central America, South & Central Asia, and the Middle East all received less than 10% of their funding through bilateral programs. Countries in Oceania and South America received over 20% of their assistance from bilateral sources, and in Sub-Saharan Africa the bilateral share was 37%. In every region the Global Fund was the predominant donor, providing more than 50% of malaria assistance and in three regions, it was the source for over 90% of funding: North & Central America (98%), Far East Asia (95%), and the Middle East (91%).

**FIGURE 5: BILATERAL & MULTILATERAL BREAKDOWN, BY REGION, 2009-2011**



The next largest donor after Global Fund differed by region: sub-Saharan Africa (U.S., 29%), South & Central Asia (World Bank, 24%), South America (U.S., 19%), Oceania (Australia, 18%), Middle East (Kuwait, 5%), Far East Asia (World Bank, 3%), and North & Central America (Spain, 2%). See Table 4 and Appendix Tables for further information.

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

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

Recipients	All Donors	Percent of Total	Australia	Austria	Belgium	Canada	EU Institutions	Finland	France	Germany	Greece	Ireland	Italy	Japan	Korea	Luxembourg	Netherlands	New Zealand	Norway	Portugal	Spain	Switzerland	United Kingdom	United States	DAC Countries
<b>Europe Total</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Africa Total	1187.64	77%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	6%	28%	37%
Africa Regional	7.14	0%	-	-	-	94%	0%	-	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	4%	-	100%
North Africa Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Saharan Africa Total	1180.50	76%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	6%	29%	37%
America Total	38.31	2%	-	-	-	0%	-	-	1%	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	-	13%
America Regional	1.92	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19%
North & Central America Total	15.21	1%	-	-	-	0%	-	-	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	-	2%
South America Total	23.10	0%	-	-	-	-	-	-	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19%
Asia Total	190.28	12%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	21%
Asia Regional	5.24	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3%
Far East Asia Total	118.87	8%	1%	-	-	0%	-	-	0%	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	100%
South & Central Asia Total	61.79	4%	-	-	-	0%	-	-	0%	-	-	-	0%	2%	0%	-	-	-	-	-	-	-	1%	-	3%
Middle East Total	4.38	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5%
Oceania Total	24.75	2%	18%	-	-	-	-	-	0%	-	-	-	-	3%	-	-	-	-	-	-	-	-	-	-	21%
All Recipients	1540.98	100%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	7%	26%	36%
Unspecified	104.01	7%	0%	-	-	0%	-	-	0%	-	-	-	-	-	-	-	-	-	1%	0%	2%	0%	44%	48%	97%

Recipients	Global Fund	IDA	UNICEF	Multilaterals Total	Kuwait (KFAED)	UAE	Non-DAC Countries Total
<b>Europe Total</b>	-	-	-	-	-	-	-
Africa Total	56%	6%	1%	63%	-	-	-
Africa Regional	-	-	-	-	-	-	-
North Africa Total	-	-	-	-	-	-	-
Sub-Saharan Africa Total	57%	6%	1%	63%	-	-	-
America Total	87%	0%	0%	87%	-	-	-
America Regional	81%	-	-	81%	-	-	-
North & Central America Total	98%	-	0%	98%	-	-	-
South America Total	79%	-	-	79%	-	-	-
Asia Total	85%	10%	0%	95%	0%	-	0%
Asia Regional	-	-	-	-	-	-	-
Far East Asia Total	95%	3%	0%	99%	-	-	-
South & Central Asia Total	72%	24%	1%	97%	-	-	-
Middle East Total	91%	4%	-	95%	5%	-	5%
Oceania Total	79%	-	-	79%	0%	-	-
All Recipients	57%	6%	0%	63%	0%	3%	3%
Unspecified	-	-	-	-	-	-	-

**LEGEND:**

- Less than \$1 million
- Between \$1 and \$5 million
- Between \$5 and \$10 million
- Between \$10 and \$25 million
- Between \$25 and \$50 million
- More than \$50 million

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

## REGIONAL LANDSCAPE

This section reviews the donor landscape by region in more detail. Full details by region are available in the appendix tables at the end of this report. NOTE: The Europe and North Africa regions did not receive malaria assistance over the period studied.

### ***Africa: Sub-Saharan Africa***

Sub-Saharan Africa (SSA) had the greatest number of recipient countries of any region, with 46 (though it also had the greatest overall number of countries of any region). It was also the region that received by far the largest share of assistance (76% of global malaria funding) and had largest number of donors (23, including 20 bilateral donors and all 3 multilateral donors).

The five countries accounting for the largest share of funding in SSA were: Nigeria (14% of SSA total, from 6 donors), Tanzania (8%, from 10 donors), Ethiopia (8%, from 7 donors), Democratic Republic of the Congo (7%, from 10 donors), and Kenya (6%, from 6 donors). Three SSA countries – Mozambique, Tanzania, and Democratic Republic of the Congo – received assistance from 10 or more donors. 21 of the 46 SSA countries receiving assistance had 5 or more different donors.

The Global Fund (57%) and the U.S. (29%) accounted for about 85% of total malaria assistance to the region, providing more than 90% of the funding in 30 SSA countries and 100% in 4 countries (Equatorial Guinea, Namibia, South Sudan, and Swaziland). All other donors combined accounted for 15% of total malaria assistance to the region; the largest of these other donors were the U.K. and the World Bank (each provided 6% of the regional total).

### ***Americas: North/Central America***

There were 5 recipient countries in the North/Central America region and 5 different donors present in the region (3 bilateral and 2 multilateral). The region received 3% of all malaria assistance.

The largest share of assistance within the region went to Haiti (43% of regional total, from 3 donors), followed by Guatemala (23%, from 1 donor) and Nicaragua (16%, from 1 donor).

The Global Fund was the largest donor in the region (giving 98% of assistance), followed by Spain (2%). The other three donors (Canada, Italy, and UNICEF) each gave less than 1% of the regional total. Two countries had more than one donor: Haiti and the Dominican Republic.

### ***Americas: South America***

There were 7 recipient countries in the South America region and 4 different donors present in the region, (3 bilateral and 1 multilateral). The region received 1% of all malaria assistance.

The largest share of assistance within the region went to Brazil (30% of regional total, from 3 donors), followed by Colombia (25%, from 1 donor), and Peru (12%, from 2 donors).

The Global Fund was the largest donor in the region (giving 79% of assistance), followed by the U.S. (19%), and France (1%). Three countries in this region had more than one donor: Brazil (3), Bolivia (2), Peru (2).

### ***Asia: Far East Asia***

There were 9 recipient countries in the Far East Asia region, 11 different donors were present in the region (8 bilateral and 3 multilateral), and the region received 8% of all malaria assistance.

The largest share of assistance within the region went to Indonesia (27% of regional total, from 5 donors), followed by China (21%, from 1 donor), Cambodia (18%, from 2 donors), and Philippines (10%, from 2 donors).

The Global Fund was the largest donor in the region (giving 95% of assistance), followed by the World Bank (3%) and Australia (1%). Three countries in this region had 3 or more donors: Indonesia (5), Laos (4), and Thailand (3).

### ***Asia: Middle East***

There were 2 recipient countries in the Middle East region, and 3 donors (1 bilateral and 2 multilateral). The region received less than 1% of all malaria assistance.

The largest share of assistance within the region went to Yemen (64% of regional total, from 3 donors). Iran received 36% from 1 donor).

The Global Fund was the largest donor in the region (giving 91% of assistance), followed by Kuwait (5%) and World Bank (4%).

### ***Asia: South-Central Asia***

There were 14 recipient countries in the South-Central Asia region, which received assistance from 10 different donors (7 bilateral and 3 multilateral). The region received 4% of all malaria assistance.

The largest share of assistance within the region went to India (26% of regional total, from 4 donors), followed by Afghanistan (19%, from 2 donors), Bangladesh (13%, from 3 donors), Myanmar (12%, from 6 donors), and Sri Lanka (9%, from 1 donor).

The Global Fund was the largest donor in the region (giving 72% of assistance), followed by the World Bank (24%), and Japan (2%). Six countries in the region had more than one donor: Myanmar (6 donors), India (4), Bangladesh (3), Afghanistan, Nepal, and Pakistan (each with 2 donors).

### ***Oceania***

Three countries in the Oceania region received malaria assistance from 4 donors (3 bilateral donors and 1 multilateral donor). The region received 2% of all malaria assistance.

Papua New Guinea accounted for the largest share of assistance to the region (58%, from 2 donors). It is worth noting that regional, rather than country specific funding, accounted for the second largest share of assistance to the region (22%).

The Global Fund was the largest donor to Oceania, providing 79% of the region's malaria assistance, followed by Australia (18%) and Japan (3%).



## CONCLUSIONS

The donor landscape for malaria is varied and complex, featuring a sizeable number of donors and recipients. This study found that between 2009 and 2011, 27 donors (24 bilateral and 3 multilateral) provided malaria assistance to 86 different countries across seven regions. Donors spread their assistance fairly broadly, giving to an average of 11 different countries each. The large number of donors and the geographic breadth of their assistance suggest that ensuring adequate communication with and coordination among multiple donors may be important in reducing administrative and opportunity costs faced by recipient countries and achieving greater efficiencies with malaria assistance.

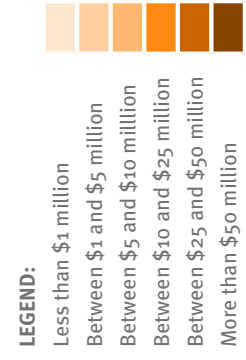
Still, when measured by magnitude of assistance, donor support for malaria was dominated by a few donors. The Global Fund was the single largest donor providing 57% of total assistance, followed by the U.S. (26%). Together these two donors were present in 80 of the 86 recipient countries and accounted for more than 70% of assistance in every region and over 90% of the total in four of the seven regions. The top five donors (Global Fund, U.S., U.K., the World Bank, and Canada) alone provided over 97% of malaria assistance; the other 22 donors together comprised less than 3%. The predominance of malaria assistance coming from only a few sources points to potential vulnerabilities should the scope and/or magnitude of their funding commitments change in the future.

Each recipient country received aid from an average of 3 different donors over this period, though the number varied significantly across countries (see map in Figure 1). Three recipient countries had 10 or more donors providing them with malaria assistance, while there were 12 countries with seven or more donors. These data suggest that ensuring recipient countries themselves have access to information about the donors working in their countries on malaria may be an important ingredient to achieving greater efficiencies and promoting country ownership.

As donors and recipient countries look forward to the future, and seek ambitious goals for their malaria programs such as working toward elimination and even eradication, it will be more important than ever to ensure there is adequate and fruitful coordination between donors and recipients in order to achieve the greatest return possible on the global investments being made in the malaria response.

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

Recipients	All Donors	Percent of Total	Australia	Austria	Belgium	Canada	EU Institutions	Finland	France	Germany	Ireland	Italy	Japan	Korea	Luxembourg	Netherlands	New Zealand	Norway	Portugal	Spain	United Kingdom	United States	DAC Countries	Global Fund	IDA	UNICEF	Multilaterals Total	Number of Donors
Angola	26.25	2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	70%	28%	1%	0%	30%	4
Benin	25.67	2%	-	-	0%	0%	-	-	4%	-	-	-	-	-	-	-	-	-	-	-	-	52%	56%	6%	1%	30%	7	
Botswana	0.01	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	70%	38%	6%	0%	44%	4
Burkina Faso	32.70	3%	-	-	-	-	-	-	1%	3%	-	3%	2%	-	-	-	-	-	-	-	-	11%	17%	75%	7%	1%	100%	1
Burundi	14.16	1%	-	-	1%	0%	-	-	1%	-	-	-	-	-	-	-	-	-	-	-	1%	24%	17%	65%	7%	83%	8	
Cameroon	26.29	2%	-	-	1%	0%	-	0%	0%	-	-	-	-	-	-	-	-	-	-	0%	4%	24%	1%	29%	6%	71%	7	
Central African Rep.	0.77	0%	-	-	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	0%	0%	0%	1%	93%	0%	99%	5	
Chad	9.61	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	98%	2%	2%	100%	2	
Comoros	1.97	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14%	99%	2%	2%	100%	2	
Congo Dem. Rep.	77.28	7%	0%	0%	0%	-	-	-	-	0%	1%	1%	1%	1%	1%	-	-	-	-	11%	11%	14%	27%	52%	19%	1%	73%	10
Congo Rep.	4.75	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1%	1%	98%	2%	2%	99%	3	
Cote d'Ivoire	31.30	3%	-	-	3%	3%	-	0%	0%	-	-	-	-	-	-	-	-	-	-	-	1%	0%	100%	98%	0%	100%	4	
Djibouti	0.15	0%	-	-	-	-	-	-	0%	-	-	-	-	-	-	-	-	-	-	-	-	1%	0%	98%	0%	100%	3	
Equatorial Guinea	4.01	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	100%	-	100%	2	
Eritrea	9.58	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	100%	-	100%	1	
Ethiopia	94.23	8%	0%	0%	0%	0%	-	-	-	-	1%	1%	1%	1%	1%	-	-	-	-	0%	23%	24%	97%	75%	2%	99%	4	
Gabon	1.71	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23%	1%	100%	76%	1%	76%	7
Gambia	7.83	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2%	2%	0%	100%	-	100%	2	
Ghana	51.85	4%	-	-	-	-	-	-	-	-	0%	0%	0%	0%	0%	-	-	-	-	0%	2%	41%	46%	40%	1%	0%	98%	4
Guinea	4.43	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	16%	42%	59%	40%	1%	0%	41%	7
Guinea-Bissau	4.05	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	42%	100%	100%	100%	0%	0%	100%	2
Kenya	72.57	6%	-	-	-	0%	-	-	-	-	0%	0%	0%	0%	0%	-	-	-	-	26%	26%	35%	62%	38%	0%	38%	6	
Lesotho	0.00	0%	-	-	-	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	-	-	1	
Liberia	18.32	2%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75%	25%	0%	0%	25%	3	
Madagascar	52.21	4%	-	-	-	-	-	-	-	0%	0%	0%	0%	0%	0%	-	-	-	-	-	-	42%	42%	57%	1%	1%	58%	4
Malawi	39.37	3%	-	-	-	5%	-	0%	0%	-	0%	0%	0%	0%	0%	-	-	-	-	1%	48%	42%	46%	8%	0%	46%	7	
Mali	19.57	2%	-	-	-	2%	-	0%	0%	-	2%	2%	2%	2%	2%	-	-	-	-	1%	87%	54%	8%	92%	0%	8%	8	
Mauritania	0.19	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93%	0%	7%	100%	2
Mozambique	44.97	4%	-	-	-	9%	1%	-	0%	-	0%	0%	0%	0%	0%	-	-	-	-	0%	5%	53%	68%	26%	6%	1%	32%	11
Namibia	2.21	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Niger	12.02	1%	-	-	-	1%	-	-	-	-	-	-	16%	7%	7%	-	-	-	-	-	-	7%	17%	67%	8%	8%	83%	5
Nigeria	163.34	14%	-	-	-	1%	-	-	-	-	-	2%	2%	2%	2%	-	-	-	-	9%	9%	7%	18%	56%	26%	0%	82%	6
Rwanda	45.16	4%	-	-	1%	0%	-	-	-	-	-	0%	0%	0%	0%	-	-	-	-	-	-	36%	38%	62%	26%	0%	62%	5
Sao Tome & Principe	1.09	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15%	15%	83%	2%	85%	3	
Senegal	20.87	2%	-	-	-	0%	-	2%	2%	-	-	0%	0%	0%	0%	-	-	-	-	1%	28%	67%	69%	31%	0%	0%	31%	6
Sierra Leone	9.43	1%	-	-	-	0%	-	-	-	-	-	-	5%	5%	5%	-	-	-	-	-	13%	35%	62%	62%	2%	65%	6	
Somalia	3.14	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13%	13%	87%	-	-	87%	2	
South Africa	0.01	0%	-	-	-	55%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	
South Sudan	8.92	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18%	82%	-	45%	2	
Sudan	21.67	2%	-	-	-	9%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3%	9%	18%	77%	-	82%	2	
Swaziland	1.42	0%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	0%	21%	100%	-	79%	6	
Tanzania	96.57	8%	0%	0%	0%	0%	0%	-	-	0%	0%	0%	0%	0%	0%	1%	-	-	-	0%	1%	43%	-	57%	0%	100%	1	
Togo	10.12	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	0%	40%	43%	57%	0%	0%	57%	10
Togo	10.12	1%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	1%	40%	43%	57%	0%	0%	57%	10
Uganda	53.61	5%	0%	0%	0%	0%	-	-	-	0%	0%	0%	0%	0%	0%	-	-	-	-	0%	4%	42%	0%	99%	1%	100%	3	
Zambia	29.31	2%	-	-	0%	0%	-	-	-	0%	0%	0%	0%	0%	0%	-	-	-	-	20%	20%	49%	46%	54%	0%	54%	7	
Zimbabwe	16.95	1%	-	-	-	2%	-	-	-	-	-	-	0%	0%	0%	-	-	-	-	-	1%	2%	70%	23%	8%	30%	8	
South of Sahara, regional	8.87	1%	-	2%	-	35%	5%	-	1%	11%	-	-	0%	0%	0%	-	-	-	-	1%	28%	5%	5%	95%	1%	95%	6	
Sub-Saharan Africa Total	1180.50	100%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%	6%	29%	37%	57%	6%	63%	23	
Number of Recipient Countries	46	-	4	0	0	4	3	2	7	0	1	5	13	4	1	1	1	1	1	10	14	25	35	43	11	38	45	



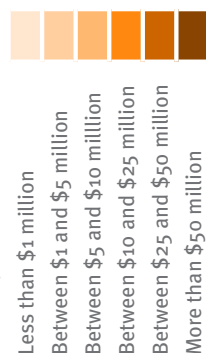
**APPENDIX TABLE 2. NORTH/CENTRAL AMERICA REGION: MALARIA DONORS AND RECIPIENT COUNTRIES, 2009-2011**

Recipients	All Donors	Percent of Total	Canada	Italy	Spain	DAC Countries	Global Fund	UNICEF	Multilaterals Total	Number of Donors
Dominican Republic	1.41	9%	1%	-	-	1%	99%	-	99%	2
Guatemala	3.49	23%	-	-	-	-	100%	-	100%	1
Haiti	6.52	43%	-	0%	-	0%	100%	0%	100%	3
Honduras	1.07	7%	-	-	-	-	100%	-	100%	1
Nicaragua	2.42	16%	-	-	-	-	100%	-	100%	1
North & Central America, regional	0.30	2%	-	-	100%	100%	-	-	-	1
<b>North &amp; Central America Total</b>	<b>15.21</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>	<b>98%</b>	<b>5</b>
Number of Recipient Countries	5	-	1	1	0	2	5	1	5	-

**APPENDIX TABLE 3. SOUTH AMERICA REGION: MALARIA DONORS AND RECIPIENT COUNTRIES, 2009-2011**

Recipients	All Donors	Percent of Total	France	Spain	United States	DAC Countries	Global Fund	Multilaterals Total	Number of Donors
Bolivia	1.14	5%	0%	-	-	0%	100%	100%	2
Brazil	6.36	30%	-	0%	2%	2%	98%	98%	3
Colombia	5.37	25%	-	-	-	-	100%	100%	1
Ecuador	1.61	8%	-	-	-	-	100%	100%	1
Guyana	0.88	4%	-	-	-	-	100%	100%	1
Peru	2.56	12%	10%	-	90%	100%	-	-	2
Suriname	1.20	6%	-	-	-	-	100%	100%	1
South America, regional	2.07	10%	-	-	81%	81%	19%	19%	2
<b>South America Total</b>	<b>21.17</b>	<b>100%</b>	<b>1%</b>	<b>0%</b>	<b>19%</b>	<b>21%</b>	<b>79%</b>	<b>79%</b>	<b>4</b>
Number of Recipient Countries	7	-	2	1	2	3	6	6	-

**LEGEND:**



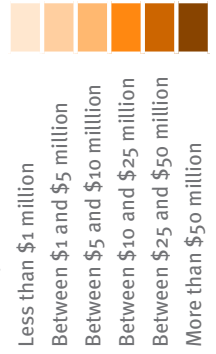
**APPENDIX TABLE 4. FAR EAST ASIA, MALARIA DONORS AND RECIPIENT COUNTRIES, 2009-2011**

Recipients	All Donors	Percent of Total	Australia	Canada	EU Institutions	France	Germany	Japan	New Zealand	United States	DAC Countries	Global Fund	IDA	UNICEF	Multilaterals Total	Number of Donors
Cambodia	21.96	18%	-	-	-	-	-	-	-	1%	1%	99%	-	-	99%	2
China	24.52	21%	-	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Indonesia	32.44	27%	-	-	-	0%	-	0%	0%	1%	1%	99%	-	0%	99%	5
Korea, Dem. Rep.	4.41	4%	-	-	-	-	-	-	-	-	-	100%	-	0%	100%	2
Laos	5.74	5%	-	-	-	0%	-	-	-	0%	0%	90%	10%	0%	100%	4
Philippines	11.86	10%	8%	-	-	-	-	-	-	8%	8%	92%	-	-	92%	2
Thailand	8.01	7%	-	-	4%	-	0%	-	-	4%	4%	96%	-	-	96%	3
Timor-Leste	2.31	2%	-	-	-	-	1%	-	-	1%	1%	99%	-	-	99%	2
Vietnam	7.60	6%	-	-	-	-	-	-	-	-	-	55%	45%	-	100%	2
Far East Asia, regional	0.02	0%	-	100%	-	-	-	-	-	-	100%	-	-	-	-	1
<b>Far East Asia Total</b>	<b>118.87</b>	<b>100%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>95%</b>	<b>3%</b>	<b>0%</b>	<b>99%</b>	<b>11</b>
Number of Recipient Countries	9	-	1	0	1	1	1	2	1	2	6	9	2	3	9	-

**APPENDIX TABLE 5. SOUTH & CENTRAL ASIA, MALARIA DONORS AND RECIPIENT COUNTRIES, 2009-2011**

Recipients	All Donors	Percent of Total	Austria	Canada	Germany	Italy	Japan	Norway	United Kingdom	DAC Countries	Global Fund	IDA	UNICEF	Multilaterals Total	Number of Donors
Afghanistan	11.55	19%	-	-	-	-	-	-	-	-	78%	22%	-	100%	2
Azerbaijan	1.05	2%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Bangladesh	7.93	13%	0%	0%	-	-	-	-	-	0%	100%	-	-	100%	3
Bhutan	0.52	1%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Georgia	0.35	1%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
India	16.33	26%	-	-	0%	-	-	-	-	0%	25%	74%	0%	100%	4
Kyrgyz Republic	0.85	1%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Myanmar	7.39	12%	-	-	-	1%	15%	3%	8%	27%	63%	-	10%	73%	6
Nepal	3.73	6%	-	-	-	-	-	-	-	-	100%	-	0%	100%	2
Pakistan	4.07	7%	-	-	-	-	-	-	-	-	100%	-	0%	100%	2
Sri Lanka	5.81	9%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Tajikistan	1.75	3%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
Turkmenistan	0.00	0%	-	-	-	-	-	-	-	-	-	-	-	100%	1
Uzbekistan	0.47	1%	-	-	-	-	-	-	-	-	100%	-	-	100%	1
South & Central Asia, regional	0.00	0%	-	100%	-	-	-	-	-	100%	-	-	-	-	1
<b>South &amp; Central Asia Total</b>	<b>61.79</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>	<b>3%</b>	<b>72%</b>	<b>24%</b>	<b>1%</b>	<b>97%</b>	<b>10</b>
Number of Recipient Countries	14	-	1	1	1	1	1	1	1	3	13	2	5	14	-

**LEGEND:**



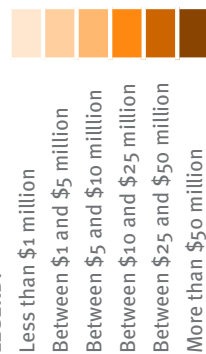
**APPENDIX TABLE 6. MIDDLE EAST REGION: MALARIA DONORS AND RECIPIENT COUNTRIES, 2009-2011**

Recipients	All Donors	Percent of Total	DAC Countries	Global Fund	IDA	Multilaterals Total	Kuwait (KFAED)	Non-DAC Countries Total	Number of Donors
Iran	1.57	36%	-	100%	-	100%	-	-	1
Yemen	2.80	64%	-	86%	6%	92%	8%	8%	3
<b>Middle East Total</b>	<b>4.38</b>	<b>100%</b>	<b>-</b>	<b>91%</b>	<b>4%</b>	<b>95%</b>	<b>5%</b>	<b>5%</b>	<b>3</b>
Number of Recipient Countries	2	-	0	2	1	2	1	1	-

**APPENDIX TABLE 7. OCEANIA REGION: MALARIA DONORS AND RECIPIENT COUNTRIES, 2009-2011**

Recipients	All Donors	Percent of Total	Australia	France	Japan	DAC Countries	Global Fund	Multilaterals Total	Number of Donors
Papua New Guinea	14.28	58%	0%	-	-	0%	100%	100%	2
Solomon Islands	4.14	17%	80%	-	20%	100%	-	-	2
Vanuatu	0.97	4%	100%	-	-	100%	-	-	1
Oceania, regional	5.36	22%	-	0%	-	0%	100%	100%	2
<b>Oceania Total</b>	<b>24.75</b>	<b>100%</b>	<b>18%</b>	<b>0%</b>	<b>3%</b>	<b>21%</b>	<b>79%</b>	<b>79%</b>	<b>4</b>
Number of Recipient Countries	3	-	3	0	1	3	1	1	-

**LEGEND:**



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