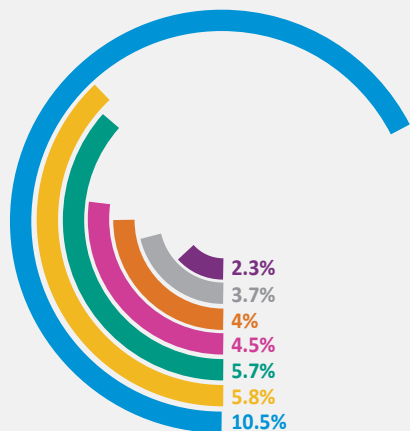
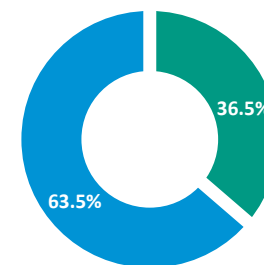


### 7 LARGEST DISBURSEMENTS (2009-2010)



<b>\$131.71m</b>	2010   GLOBAL FUND	Standard Control including HIV/AIDS
<b>\$73.38m</b>	2010   UNITED STATES	Standard Control including HIV/AIDS
<b>\$72.18m</b>	2009   GLOBAL FUND	Malaria Control
<b>\$56.24m</b>	2010   GLOBAL FUND	Standard Control including HIV/AIDS
<b>\$50.34m</b>	2009   UNITED STATES	Standard Control including HIV/AIDS
<b>\$46.03m</b>	2009   GLOBAL FUND	Malaria Control
<b>\$29.49m</b>	2010   UNITED KINGDOM	Basic Health Care



**1893** Other Disbursements (2009-2010)

**7** Largest Disbursements (2009-2010)

### DISBURSEMENT SOURCES OF ODA IN 2008-2010

In Million constant 2009 US\$	Total
<b>Bilateral</b>	
Australia	3.06
Austria	4.96
Belgium	0.06
Canada	63.46
Denmark	2.59
Finland	1.61
France	0.43
Germany	3.28
Greece	-
Ireland	22.73
Italy	20.18
Japan	18.32
Korea	4.30
Luxembourg	0.34
Netherlands	43.42
Norway	16.84
Spain	37.40
Sweden	9.37
Switzerland	0.11
United Arab Emirates	0.12
United Kingdom	77.49
United States of America	656.85

In Thousand constant 2008 US\$	Total
<b>Multilateral</b>	
AfDF	13.04
AFESD	0
AsDB Special Fund	0
EU Institutions	8.09
GAVI	91.93
GEF	525.12
Global Fund	525.13
IDA	55.24
IDB Special Fund	0
OFID	0
UNAIDS	5.12
UNDP	9.31
UNFPA	26.11
UNICEF	43.44
UNPBF	9.31
UNRWA	0
WFP	0.37

**SOURCE:** This information was extracted on 21/12/2010 from the Creditor Reporting System (CRS) database maintained by the Organization for Economic Co-operation and Development (OECD), Statistics Department (<http://stats.oecd.org/Index.aspx>). | **DEFINITIONS:** CRS financial data presented here are commitments. A commitment is a firm written obligation by a government or official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions and for specified purposes for development purposes. Yearly commitments are presented as three-year moving averages in order to smooth trends, and in constant 2008 US\$ to ensure comparability over years. ODA for health is presented in US\$ per capita per year and according to allocation (i.e. policy purpose). Policy purposes used here are based on the original CRS statistical purpose codes, but have been aggregated to reflect, as far as possible, global health development benchmarks (i.e. MDGs; Reproductive Health & Family Planning). | **ACRONYMS:** AFRO-WHO African Region; AMRO-WHO Region of the Americas; EMRO-WHO Eastern Mediterranean Region; EURO-WHO European Region; MDG-Millennium Development Goals; SEARO-WHO South-East Asia Region; UN-United Nations; WPRO-WHO Western Pacific Region.

### 5 LARGEST SOURCES OF ODA FOR HEALTH



**76.6%**

**37.2%** United States

**29.8%** Global Fund

**5.2%** GAVI

**4.4%** United Kingdom

**4%** Canada

**23.4%** Other Sources