DFID HEALTH RESOURCE CENTRE

GHP Study Paper 1:

MAPPING GLOBAL HEALTH PARTNERSHIPS

What they are, what they do and where they operate

This paper forms part of the 2004 DFID Study: ***Global Health Partnerships: Assessing the Impact.***

Cindy Carlson

DFID Health Resource Centre
27 Old Street
London EC1V 9HL
Tel: +44 (0) 207 251 9555
Fax: +44 (0) 207 251 9552

The DFID Health Resource Centre (HRC) provides technical assistance and information to the British Government's Department for International Development (DFID) and its partners in support of pro-poor health policies, financing and services. The HRC is based at IHSD's UK offices and managed by an international consortium of five organisations: Ifakara Health Research and Development Centre, Tanzania (IHRDC); Institute for Health Sector Development, UK (IHSD Limited); ICDDR,B - Centre for Health and Population Research, Bangladesh; Sharan, India; Swiss Centre for International Health (SCIH) of the Swiss Tropical Institute, Switzerland.

Title: Mapping Global Health Partnerships

Author: Cindy Carlson

DFID Health Resource Centre
27 Old Street
London EC1V 9HL
Tel: +44 (0) 20 7251 9555
Fax: +44 (0) 20 7251 9552

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ACRONYM LIST

AAI	Accelerating Access Initiative to HIV Care
ACHAP	African Comprehensive HIV/AIDS Partnerships
AHPSR	Alliance for Health Policy and Systems Research
AMD	Alliance for Microbicide Development
AMP	African Malaria Partnership (GSK)
APOC	African Program for Onchocerciasis Control
CF	Concept Foundation
CICCR	Consortium for Industrial Collaboration in Contraceptive Research
CVP	Children's Vaccine Program at PATH
DPP	Diflucan Partnership Program
DNDi	Drugs for Neglected Diseases Initiative
DVP	Dengue Vaccine Project
EL-MDRTBP	Eli Lilly Multi-Drug Resistance Tuberculosis Partnership
EMVI	European Malaria Vaccine Initiative
FIND	Foundation for Innovative New Diagnostics
GAEL	Global Alliance to Eliminate Leprosy
GAELF	Global Alliance for the Elimination of Lymphatic Filiariasis
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines and Immunization
GBC	Global Business Coalition on HIV/AIDS
GCM	Global Campaign for Microbicides
GCWA	Global Coalition on Women and AIDS
GET 2020	WHO Alliance for the Global Elimination of Trachoma
GFATM	Global Fund to Fight AIDS, TB and Malaria
GFUNC	Gates Foundation/U. of North Carolina Partnership for the Development of New Drugs
GMAI	Global Media AIDS Initiative
GMP	Global Microbicide Project
GOARN	Global Outbreak Alert and Response Network
GPEI	Global Polio Eradication Initiative
GPHW	Global Public-Private Partnership for Hand Washing with Soap
GRI	Global Reporting Initiative
GWEP	Guinea Worm Eradication Program
HACI	Hope for African Children Initiative
HATC	HIV/AIDS Treatment Consortium (Clinton Foundation AIDS Initiative)
HHVI	Human Hookworm Vaccine Initiative
HIN	Health InterNetwork
HTVN	HIV Vaccine Trials Network
IAVI	International AIDS Vaccine Initiative
IDRI	Infectious Disease Research Institute
IOWH	Infectious Disease Research Institute
IPAAA	International Partnership Against AIDS in Africa
IPM	International Partnership for Microbicides
ITI	International Trachoma Initiative
JPMW	Japanese Pharmaceutical, Ministry of Health, WHO Malaria Drug Partnership

LAPDAP	*Name of anti-malarial treatment developed in public-private partnership*
LFI	Lassa Fever Initiative
MDP 1	Mectizan Donation Program
MDP 2	Microbicides Development Programme
MI	Micronutrient Initiative
MIM	Multilateral Initiative on Malaria
MMV	Medicines for Malaria Venture
MNT	Campaign to Eliminate Maternal and Neo-natal Tetanus
MTCT-Plus	Maternal to Child Transmission
MVI	Malaria Vaccine Initiative
MVP	Meningitis Vaccine Programme
NetMark Plus	*(insecticide treated net social marketing programme)*
PARTNERS	Partnership Against Resistant Tuberculosis: A Network for Equity and Resource Strengthening
PDVI	Paediatric Dengue Vaccine Initiative
PneumoADIP	Pneumococcal Accelerated Development and Introduction Plan
RBM	Roll Back Malaria
SCI	Schistosomiasis Control Initiative
SF	Secure the Future Initiative
SIGN	Safe Injection Global Network
Step Forward	*(international pharmaceutical company initiative to support AIDS orphans)*
TROPIVAL	*(French based R&D partnership for neglected diseases)*
VDP	Viramune Donation Program
VF	Vaccine Fund
Vision 2020	*(global initiative to eliminate unnecessary blindness)*
VITA	Vitamin A Global Initiative
VVM	Vaccine Vial Monitors
WPESS	WHO Programme to Eliminate Sleeping Sickness

ABBREVIATIONS

APOC	African Programme for Onchocercaisis Control
BPD	Building Partnerships for Development
CCM	Country coordinating mechanism
CCPP	Child Care Partnership Project
CEO	Chief Executive Officer
DAC	Development Assistance Committee (OECD)
DETR	Dept of the Environment, Transport and the Regions
DFID	Department for International Development
DJSI	Jones Sustainability Index
DOTS	Directly Observed Therapy, Short Course
EPI	Expanded Programme of Immunization
GAEL	Global Alliance to Eliminate Leprosy
GAELF	Global Alliance to Eliminate Lymphatic Filariasis
GAIN	Global Alliance to Improve Nutrition
GAVI	Global Alliance for Vaccines and Immunisation
GDF	Global TB Drug Facility
GFATM	Global fund to fight AIDS, Tuberculosis and Malaria
GFP	Global Funds and Partnerships
GHP	The Global Health Partnership
GPEI	Global Polio Eradication Initiative
IAVI	International AIDS Vaccine Initiative
ICC	Inter-agency Coordinating Committee
IDA	International development association
IMCI	Integrated Management of Childhood Illness
IMO/Pieca	International Maritime Organisation / International Petroleum Industry Environmental Conservation Association
ITI	International Trachoma Initiative
M&E	Monitoring and evaluation
MIM	Multilateral Initiative on Malaria
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSC	Maritime Stewardship Council.
MTEF	Medium Term Expenditure Framework
NGO	Non-Governmental Organisation
NID	National immunisation day
OCP	Onchocerciasis Control Programme
PEI	Polio Eradication Initiative
PEPFAR	Presidents Emergency Program for Aids Relief
PEST	In text already
PPP	public-private partnerships
PRSP	(Interim) Poverty Reduction Strategy Paper
RBM	Roll Back Malaria
SMART	Specific, Measurable, Achievable, Realistic and Time-Bound
SWAP	Sector Wide Approaches
TA	Technical Assistance
TDR	Tropical Disease Research
TOR	Terms of Reference
WEF	World Economic Forum
WHA	World Health Assembly
WHOEB	WHO Executive Board

INTRODUCTION

The purpose of mapping Global Health Partnerships (GHPs) is to provide a common understanding of what GHPs are, how they might be classified and how they operate. This paper explains the definition used by the project team in their work on 'Assessing the Impact of GHPs', outlines a classification system of GHPs to help with analysis of their impact and maps where GHPs are working globally.

1. DEFINITION OF A GLOBAL HEALTH PARTNERSHIP

Previous work[1] in this series defines the concept of Global Health Partnership in a broad manner:

Partnership: the key criterion is a collaborative relationship among multiple organisations in which risks and benefits are shared in pursuit of a shared goal. The focus is on more formal collaborative ventures and not exclusively on public-private partnerships, although these constitute the majority. Some important global health initiatives that are not partnerships per se, such as the World Bank's MAP, are not included.

Health: The goal of the partnerships has to concern the redress of health problems of significance for the poor in low- and middle-income countries.

'Global' is interpreted to capture initiatives that extend across or transcend national boundaries. In this paper for example, APOC – the African Programme for Onchocerciasis Control – is included as a GHP addressing a neglected disease, though technically it operates only within Africa rather than globally. It forms the main operating component of the Global Partnership to Eliminate River Blindness.

The World Bank's definition of global programs are those partnerships and related initiatives whose benefits cut across more than one region of the world, and in which the partners reach explicit agreements on objectives; agree to establish a new (formal or informal) organization; generate new products or services; and contribute dedicated resources to the program[2]. This is a tighter definition but can generally be applied to the GHPs covered in the study, other than the geographical limitation. See Appendix A for the full list of GHPs and their principal objectives.

[1] Buse K., 2004. *Global Health Partnerships: Mapping a shifting terrain*. London: DFID Health Resource Centre.

[2] Operations Evaluation Department, World Bank. *The World Bank's Approach to Global Programs: An Independent Evaluation.* The World Bank, August 1, 2002.

2. A WORKING TYPOLOGY

A number of typologies have been suggested for classifying the different GHPs (Tidewater 2003; Buse 2004). The project team considered each of these, attempting to classify nineteen GHPs of interest to DFID (see below) against these existing typologies. The classification exercise highlighted a number of problems with previous typologies.. In this study, the project team adopted a typology proposed by DFID with the following four categories to classify GHPs:

- Research and Development: This includes GHPs that are involved in product discovery and development of new therapies (vaccines, treatments etc.);
- Technical assistance/service support: This includes GHPs that provide drug donations, support improved service access and give technical assistance;
- Advocacy (national and international levels): includes GHPs who advocate for increased international and national response to specific diseases, who fund-raise for specific control programmes etc.
- Financing: includes GHPs who provide funds for specific programmes (not as donations).

GHPs have then been classified against this typology as to whether they have a primary or secondary role in these areas. See Appendix B for tables showing GHP classification. This classification is based on the stated objectives of each GHP, as well as an understanding of the *modus operandi* of each one.

3. GLOBAL MAPPING OF GHPS

The project team also mapped where Global Health Partnerships provide support on a country by country basis, and analysed this against epidemiological and socio-economic information of these countries. The initial global mapping was done early in the project in order to inform decisions as to which countries to include in the country case study work.

Key findings are that the strongest correlation for a high number of GHPs operating in a country is the region the country belongs to, with Africa having consistently the highest number of GHPs per country, followed by Asia (East, Southeast and Central). Eastern and Central European countries have the lowest number of GHPs.

There appears to be a correlation between the per capita GDP and the number of GHPs operating in a country. In general, the lower the per capita GDP, the greater the number of GHPs, though this is inconsistent.

There is a moderate correlation between the prevalence rate or case number of a disease and the presence of the relevant GHP, as would be expected. However, without looking at GFATM support on a country by country basis, it is impossible to assess whether appropriate levels of GFATM funding are being received by each of its three target diseases in each country where it is present, based on the epidemiology of the disease in that country,

There is no apparent correlation between the number and type of GHPs operating in a country and:

- the type of government as measured on a scale of –10 (authoritarian) to +10 (fully democratic); or
- the percentage of spending on the health sector coming from the public purse.

Information from the full mapping exercise and analysis can be found in Appendix C.

4. LIMITATIONS

The team encountered a number of constraints in trying to identify a useful typology as well as in mapping and analysing GHPs on a global level. These included the following:

- While the list of GHPs is meant to be as exhaustive as possible, some are difficult to identify and new ones are set up on a frequent basis. Also, there are definitional difficulties and some of the organisations included on the list in Appendix A may not fit with everyone's interpretation of a GHP.
- GHPs are complex beasts and are not easily slotted into specific boxes on a table. Also, GHPs may change how they work depending on whether they are assessed at an international or national level. As such, the proposed classification found in Appendix B is open for further debate and discussion. For the purposes of this paper, it is their international 'face' that is being considered.
- The global mapping exercise focused primarily on those countries that appear to have the greatest number of active GHPs in-country. As such, not all countries have complete epidemiological or socio-economic information provided.

APPENDIX A – GLOBAL HEALTH PARTNERSHIPS – BASIC INFORMATION

Acronym	Mission, Aims and/or Objectives
AAI	• To make HIV/AIDS medicines including treatments for opportunistic infections and antiretroviral therapy and diagnostic equipment more available and affordable in the hardest-hit regions of the world • To work with governments, international organizations, private sector stakeholders, and others to find ways to broaden access to care while ensuring rational, affordable, safe and effective use of drugs for HIV/AIDS related illnesses • To coordinate action and facilitate negotiations with a range of suppliers for deeply discounted drug prices
ACHAP www.achap.org/	• To support the goals of the Government of Botswana to decrease HIV incidence by rapidly advancing HIV/AIDS prevention programs, healthcare access, patient management and treatment of HIV/AIDS in Botswana in a sustainable and comprehensive manner
AHPSR www2.alliance-hpsr.org/jahia/Jahia/cache/off	• To promote capacity for health policy and systems research on international issues • To develop the information for policy decisions in the health sector and other sectors which have a bearing on health • To stimulate the generation of knowledge which facilitates policy analysis and improves the understanding of health systems and policy process • To strengthen international research collaboration and information exchange among countries. • To identify influences on health systems which operate at the global level and promote appropriate research.
AMD www.microbicide.org	• To catalyse scientific progress, funding, and policy change in the field of topical microbicides to prevent sexually-transmitted infections. The Alliance works to achieve its mission through research, education, and advocacy; networking and convening across constituencies, disciplines, and sectors; and strategizing to identify gaps and obstacles and working toward their elimination • The Alliance plays a significant role not performed by any other entity, a role that integrates catalysis, communication, convening, and problem-solving, and ad hoc partnering as needed by the field writ large
AMP www.gsk.com/malaria/	• To support communities through the scale-up of effective behavioural development activities whose primary focus is malaria control • To raise awareness about the prevention and treatment of malaria • To improve the quality of related health services • To establish of an effective community-based system of prevention
APOC www.worldbank.org/afr/qper/apoc.htm *See Global Partnership to Eliminate River Blindness*	• To eliminate Riverblindness as a public health problem in all of Africa, where 99% of the world's cases occur. • To protect 109 million people on 19 African countries from contracting blinding Riverblindness and disfiguring skin disease • To prevent 43,000 cases of blindness annually, alleviate unbearable itching and eliminate unsightly skin disease. • To build national capacity and empower affected communities to sustainably address many diseases and health issues via community-directed drug distribution systems. •

Artesunate	• Emergency treatment of acute malaria in patients who cannot take oral medication and for whom injectable treatment is not available. Data has been submitted by WHO for regulatory approval. WHO intends when approval is obtained to include it on the WHO and National essential drug list.
Child Survival Partnership www.childsurvivalpartnership.org	• To provide a forum for coordinated action to address the major conditions that affect children's health, and enable governments and partners to agree on consistent approaches and stimulates concerted efforts towards their implementation. • To support countries with high child mortality to raise the profile of child survival; develop country-led strategies for child mortality reduction; strengthen coordination, communication and knowledge-sharing; Monitor the process and evaluate outcomes of child survival activities and track the allocation and use of financial resources at all levels; disseminate information and facilitate an exchange of knowledge, expertise and resources between all interested parties.
CICCR www.conrad.org/	• To fund research and development in not-for-profit research institutions working in collaboration with industrial partners • To increase the involvement of industry in developing new contraceptive agents that address the needs and perspectives of women • Identify leads under investigation in not-for-profit institutions, both in developed and developing countries, and encourage industry to collaborate with CICCR by providing support to investigators at not-for-profit institutions • The three priority areas for the development of new contraceptive methods are: 1) vaginal methods that prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS; 2) male methods; and 3) monthly methods for women
Coartem	• To supply a new therapy for drug resistant malaria at reduced cost. Co-developed by Novartis and called Coartem®, (a combination of artemether plus lumefantrine), the drug will be introduced as a first or second-line treatment for malaria, in areas where traditional treatment is no longer efficacious • To improve treatment regimens in malaria-endemic countries. Novartis will supply the drug in specially designed packs to facilitate adherence to treatment regimens by non-literates
Concept Foundation www.conceptfoundation.org	• Open access to top quality reproductive-health products at lowest possible prices through focused management of intellectual property to realize maximum public sector benefit • Improving availability of products at preferential prices that focus on the reproductive health needs of people in the developing world • Adaptation and transfer of production technologies into developing countries to improve availability of products through enhancing local manufacturing capabilities • Increasing the acceptance and popularizing the use of products that address the health needs of people in developing countries
CONRAD www.conrad.org/	• To develop better, safer and more acceptable methods of contraception, especially suitable for developing countries. • To expand the choice of contraceptive methods • To foster research development in the areas of contraceptive research, male methods and vaginal methods that prevent the transmission of HIV/AIDS, pregnancy and other sexually transmitted infections (STIs)
CVP	• To ensure that all children receive the full benefits of new, lifesaving vaccines without undue delay

www.childrensvaccine.org/	• To put immunization at the top of the global health agenda • To develop new financing solutions for immunization • To collaborate on research to provide reliable information for decision-makers • Support new technologies to improve immunization delivery. • Targets include yellow fever, Hib, Japanese encephalitis, rotavirus, and pneumococcus
DPP www.diflucanpartnership.org/en/welcome	• To offer Diflucan antifungal medicine at no charge to low-income HIV/AIDS patients in the least developed countries most in need, as identified by the United Nations • To reach all patients suffering from cryptococcal meningitis or esophageal candidiasis who cannot afford treatment • To train healthcare workers in opportunistic infections and their appropriate diagnosis and treatment • To ensure ongoing monitoring and support from partner governments • To work with the UN and WHO to ensure that the Diflucan Partnership expands and reaches as many patients as is possible in the targeted countries
DNDi www.dndi.org/	• Build a needs-driven portfolio of short, medium, and long-term R&D projects • Raise awareness about making available drugs for neglected diseases • Build R&D capacity in countries where these diseases are endemic
DVP	• Development of DengueVac, a dengue vaccine developed by the University of Mahidol. • The worldwide license for production and marketing rights has been given to Pasteur Merieux Connaught for 20 years in return for a technology transfer fee • The vaccine has been tested in 3 Phase I trials in the USA and Thailand • The vaccine is expected to be ready for global use in 2004
EL-MDRTBP	• To share of drug manufacturing technology with nations most at risk in order to convert their existing facilities to produce capreomycin and cycloserine • To train in prevention, treatment and surveillance • To develop jointly with the WHO and the International Union Against Tuberculosis and Lung Disease guidelines for nurses for treating TB and MDR-TB around the world • To increase drug supply and discounting price (the value of this discount is approximately $25 million (USD).
EMVI www.emvi.org/	• To contribute to the global efforts to control malaria by providing a mechanism for accelerated development and clinical trials of malaria vaccines • To promote affordability and accessibility of malaria vaccines in Developing Countries. • To bridge the conceptual and operational gaps between the bench product - i.e. candidate molecules - and further validation, limited production and clinical testing, thus making further industrial development and production feasible • To fund research and development, including clinical trials, with a supra national focus • To create a technical and financial environment in which potential malaria vaccines can be brought to clinical trials in humans • To improve the flow of information between the European scientific community, partners in Developing Countries, relevant

	organisations/institutions, and vaccine manufacturers (private and public), in order to facilitate co-operation • To provide a forum to enhance general and political awareness of the importance of controlling malaria • To provide a forum for the EC and EU Member States Research and Development Ministries/Agencies for consultation on the role and development of malaria vaccines in the wider context of malaria control

FIND www.finddiagnostics.org	• To accelerate the development, evaluation, and appropriate use of high-quality yet affordable diagnostic tools for infectious diseases in developing countries (initial focus on TB) • To develop diagnostic approaches that have been proven in principle and transform them into effective products, in partnership with academia, public and private research institutes and industry • To compare and evaluate these products in coordinated laboratory and field trials • To demonstrate the impact of these improved tools on disease control
GAEL www.who.int/lep/	• To make a concerted and coordinated effort to achieve the elimination of leprosy as a public health problem from every endemic country, at the national level by 2005 • To ensure that all leprosy patients, wherever they may live, and however poor, have free and equal access to the most modern of treatment available
GAELF www.filariasis.org/	• To reduce, interrupt and eliminate transmission of lymphatic filariasis • To reduce, alleviate and prevent morbidity (suffering and disability) in affected individuals through the use of Albendazole, provide a deworming benefit to endemic populations • To provide strengthening benefits to the health services
GAIN www.gainhealth.org/	• To support food fortification and other sustainable nutrition strategies in order to save lives and improve health, productivity, and cognitive function. • To improve the micronutrient status of individuals living in developing countries • To support developing countries in food fortification efforts, undertaken in the context of broader micronutrient strategies, that will reduce micronutrient malnutrition in developing countries, particularly through increased consumption of micronutrient-rich foods.
GATBDD www.tballiance.org	• To accelerate the discovery and/or development of cost-effective new drugs that: 1. Shorten or simplify treatment of TB, 2. Provide effective treatment of multi-drug-resistant TB, 3. Improve the treatment of latent TB infection, and 4. Can be made affordable and accessible in TB endemic countries
GAVI	• Mission: to protect children of all nations and of all socioeconomic levels against vaccine-preventable diseases • Improve access to sustainable immunization services • Expand the use of all existing safe and cost-effective vaccines, and promote delivery of other appropriate interventions at immunization contacts • Support the national and international accelerated disease control targets for vaccine-preventable diseases • Accelerate the development and introduction of new vaccines and technologies • Accelerate R&D efforts for vaccines needed primarily in developing countries • Make immunization coverage a centerpiece in international development efforts

GBC www.businessfightsaids.org/	• Increase significantly the number of companies committed to tackling AIDS, and to make business a valued partner in the global efforts against the epidemic • Implementing prevention and care programs and policies for employees and immediate communities • Bringing business core strengths of creativity and flexibility to improve the reach and effectiveness of AIDS programs • Leadership and advocacy by business leaders, lobbying for greater action and partnerships with governments and civil societies
GCM www.global-campaign.org/	• Raise awareness and mobilize political support for increased funding for microbicide research, female condom and cervical barrier methods • Create a supportive policy environment for the timely development, introduction and use of new prevention technologies • Ensure that as science proceeds, the public interest is protected and the rights and interests of trial participants, users, and communities are fully represented and respected
GCWA	• To address the increasing global impact of AIDS on women and girls • To help meet a series of ambitious international targets • To support the wider global AIDS response • To improve prevention for women and girls • To address severe societal and legal inequities which compound the impact of HIV and AIDS on women and girls • To prevent HIV infection among girls and young women • To reduce violence against women • To protect the property and inheritance rights of women and girls • To ensure equal access by women and girls to care and treatment • To support improved community-based care, with a special focus on women and girls • To promote access to new prevention options for women, including microbicides • To support on-going efforts towards universal education for girls
GET 2020 www.who.int/pbd/trachoma/pressrel.htm	• Global elimination of blinding trachoma by 2020 • To implement the SAFE strategy consisting of Surgery, Antibiotic treatment, promotion of Facial cleanliness and initiation of Environmental changes to reduce the transmission of trachoma • To combine the above components with medical, behavioural and environmental strategies through the targeting of communities • To include sanitary infrastructure and services, lifestyle and health related behavioural aspects in aiming at a sustainable and long lasting reduction or elimination of trachoma
GFATM www.theglobalfund.or	• To finance a dramatic turn-around in the fight against AIDS, tuberculosis and malaria • To attract, manage and disburse additional monies with less bureaucracy for recipient countries, allowing more effective

g/en/	use of donor resources, and fewer transaction costs for all • To direct financial resources where they are needed most and ensure that they are used effectively
GFUNC	• to develop potent, safe, orally active and economical new drugs to treat African trypanosomiasis and leishmaniasis • To carry out Phase II Clinical Trials of the initial drug (DB289) for African trypanosomiasis • To synthesis, screen and develop second generation compounds related to DB289 for the treatment of African trypanosomiasis • To synthesize, screen and develop novel compounds for the treatment of leishmaniasis. Studies by the consortium have already shown that compounds structurally related to DB289 are active, both in vivo and in vitro, against leishmaniasis
Global Buruli's Ulcer Initiative www.who.int/gtb-buruli/initiative/index.html	• To advocate for Buruli ulcer as a health and developmental problem • To seek partnership for control and research • To co-ordinate global control and research efforts.
Global Partnership to Eliminate River Blindness www.worldbank.org/afr/gper/partnerships.htm	• To eliminate Riverblindness as a public health problem in all of Africa, where 99% of the world's cases occur. NB The Global Partnership is an umbrella term for the Onchocerciasis Control Program (OCP) and the African Program for Onchocerciasis Control (APOC). The OCP ran from 1974-2002 in 11 West African countries. It halted transmission and virtually eliminated Riverblindness throughout participating countries, though operations continue in five Special Intervention Zones. For current operations, see *APOC* above.
GMAI	• To activate media organizations to reach the world's people – especially youth - with information about how to prevent and treat HIV and to help combat AIDS-related stigma and discrimination
GMP www.conrad.org/	• To speed the development and testing of microbicides, topical applications containing compounds that disable or block agents causing sexually transmitted infections (STIs) • To allow systematic screening of candidate leads and parallel testing of candidate microbicides in human trials in order to accelerate lead-time from laboratory to the market
GOARN www.who.int/csr/outbreaknetwork/en/	• To contribute towards global health security • To combat the international spread of outbreaks • To ensure that appropriate technical assistance reaches affected states rapidly • To contribute to long-term epidemic preparedness and capacity building
GPEI www.polioeradication.org/	• The goal is to have interrupted transmission of wild poliovirus by end-2004 and to certify the world polio-free in 2008 • To conduct effective and high quality supplementary immunization activities, including national immunisation days and mop-up campaigns to interrupt wild poliovirus transmission • To develop and sustain certification standard surveillance and laboratory systems that can rapidly identify polio-infected

	areas • To ensure laboratory containment of wild poliovirus stocks • To develop a consensus strategy to stop polio immunisation after certification of eradication • To use polio eradication to strengthen and expand routine immunisation services

GPHW www.globalhandwashing.org	• To reduce the incidence of diarrhoeal diseases in poor communities through public-private partnerships promoting hand washing with soap • To implement large scale hand washing interventions and use lessons to promote the approach at global level • Programs include producing teacher lesson plans, distributing educational posters, and developing mass media campaigns during infectious disease outbreaks
GRI www.globalreporting.org/	• To research and develop a standardized protocol for companies to publicly report information on HIV/AIDS policies, practices and programs
GWEP www.cartercenter.org/healthprograms/showdoc.asp?programID=1&submenu=healthprograms	• To accelerate the eradication of guinea worm disease by the year 2005 • To implement effective case containment measures in all endemic villages • To maintain a community-based surveillance system with monthly reporting of cases, supervision, and integration of surveillance for other major preventable diseases (where appropriate and feasible) • To target specific interventions (provision of safe water, health education, community mobilization, filter distribution, and treatment of selected water sources) • To maintain global and national dracunculiasis databases for monitoring of the epidemiological situation and map all endemic villages • To sustain advocacy for eradication of the disease • To certify dracunculiasis eradication country by country worldwide
HACI www.hopeforafricanchildren.org/	• To mobilize a global initiative to address the needs of African children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels • To build awareness and reduce the stigma surrounding HIV/AIDS • To extend the life of the parent-child relationship through prevention and treatment, including nutrition and home based care • To prepare families for the loss of a parent through succession planning as well as psycho-social and economic support • To ensure the child's future by securing continued access to education and health care following the death of one or both parents
HATC	• Assist countries in implementing large-scale, integrated care, treatment, and prevention programmes that will turn the tide on the AIDS epidemic • Pioneering new approaches to the scale-up of high quality treatment in the developing world. It is introducing total quality management and collaborative learning models into the care and treatment deliver systems

HHVI www.sabin.org/hookworm.htm	• To develop a recombinant antigen vaccine to prevent human hookworm infection that will benefit the developing world countries
HIN www.healthinternetwork.org/	• To establish key alliances in the areas of health information, technology, training, connectivity and infrastructure building • To strengthen public health services using Internet technologies • To enhance communications within public health community through access to medical and scientific journals being available on the Internet to medical schools and research institutions in developing countries • To improve global public health by facilitating the flow of health information worldwide • To provide and promote training, information and communications technology applications for public health
HTVN www.hvtn.org/	• To speed the development of an effective HIV vaccine • To conduct all phases of clinical trials, from evaluating candidate vaccines for safety and the ability to stimulate immune responses, to testing vaccine efficacy.
IAVI www.iavi.org	• To ensure the development of safe, effective accessible preventive HIV vaccines for use throughout the world • Build worldwide demand for HIV vaccines through advocacy and education by mobilizing support for accelerated vaccine development • Advance scientific progress by supporting promising vaccine development partnerships and moving them forward in as fast a time period as possible as well as identifying and filling other scientific gaps • Foster an environment for successful vaccine development by expanding public-private collaboration and creating incentives for private sector investment and participation in HIV vaccine development • Assure global access by creating the policies now that will be necessary to get the vaccine to all those who need it
IDRI www.idri.org/	• To translate ideas to products for the control of diseases, of the developing world • To identify early scientific leads for vaccines, diagnostics, or therapeutics • To develop these leads into products that can ultimately be produced in the countries that need them
IOWH www.oneworldhealth.org	• To ensure new drug development for diseases that affect people in the developing world. • To enlist the capability of the developing world to manufacture new drugs following registration, thereby contributing to their affordability • To establish a drug development training fellowship for scientists from the developing world, so that R&D can eventually be equitably distributed around the globe • To improve global health by developing new therapies for neglected diseases via partnerships with international and

	government agencies, the pharmaceutical industry and academia
IPAAA	• To reduce the number of new HIV infections in Africa, promote care for those who are infected with the virus and mobilise society to stop the advance of AIDS • To address social, economic and cultural inequalities as well as injustices which are the root causes of the epidemic; and not just health issues • To contribute to global efforts to curtail the spread of HIV in Africa and reduce its impact on human, social and economic development • To increase the resources available to national governments and communities to mount an adequate response to the AIDS epidemic • To ensure that countries are linked to sub-regional, regional and international resources and initiatives in order to benefit from other international and regional investments in addressing the epidemic • To step up prevention programmes
IPM www.ipm-microbicides.org/	• To increase the efficiency of the development and delivery of a microbicide by expanding the breadth and level of public and private sector funding • To identify and fill critical gaps in research & development, access, and advocacy • To leverage partnerships with both new and existing public and private players • To help to raise awareness of microbicides everywhere
ITI www.trachoma.org/home.asp	• ITI is dedicated to the elimination of blinding trachoma • To target support for expanded implementation of the SAFE strategy through: Surgery, Antibiotics, Face washing, and Environmental change • To coordinate distribution of Pfizer's donation of Zithromax for trachoma control to ensure its appropriate use • To collaborate with international agencies and governmental and nongovernmental agencies to support GET 2020
JPMW	• To foster the discovery and development of new antimalarials to reduce the malaria burden in endemic countries • To test over 10,000 compounds of diverse chemical structure from the chemical libraries of 14 Japanese pharmaceutical companies, over the next five years, for antimalarial activity • To register at least one antimalarial within the next 10 years suitable for the treatment of malaria in endemic countries
LAPDAP	• To develop "LAPDAP" (chlorproguanil-dapsone) as an effective oral treatment for uncomplicated malaria, primarily for use in Sub-Saharan Africa, but also in other regions of the world where it may be appropriate • Phase III trials on LAPDAP were conducted in Gabon, Kenya, Malawi, Nigeria and Tanzania
LFI	• To improve the control of Lassa fever and encourage the development of, new and affordable interventions • To systematically assess the social and economic impact of Lassa fever in Sierra Leone and characterize the different interventions available in terms of impact, time frame, sustainability and their relative cost effectiveness • To define the extent of the disease burden and risk in qualitative terms, backed up with the quantitative data where it exists • To support and build capacity at the current treatment facility Sierra Leone and develop the prevention response at the community level

	• To identify the most cost effective interventions for the control of the disease • To identify partners for developing new interventions

MDP 1 www.mectizan.org/	• To donate Mectizan for onchocerciasis worldwide to bring the disease under control as a public health problem, and for the elimination of lymphatic filariasis (LF) in Africa where onchocerciasis and LF co-exist • To serve as an independent organization to facilitate the donation and delivery of Mectizan to countries in Africa and Latin America endemic for onchocerciasis, and to countries in Africa where onchocerciasis and lymphatic filariasis co-exist
MDP 2 www.mdp.mrc.ac.uk/	• To determine the scientific mechanisms underlying the activity of microbicidal agents • To conduct pre-clinical evaluation of potential microbicides • To undertake Phase I and Phase II studies of new products and combinations in healthy female volunteers and women with HIV • To compare different products and formulations in healthy female volunteers in terms of their cervico-vaginal distribution and retention by imaging • To undertake feasibility studies and Phase II microbicide trials as a prelude to Phase III studies • To undertake in Africa a multinational Phase III, randomised, double blind, placebo controlled trial of candidate compounds • To address issues raised by the availability of an effective microbicide in relation to their widespread introduction through collaborations with behavioural scientists, health economists and mathematical modellers
MI www.micronutrient.org	• To end micronutrient malnutrition throughout the world. • To increase access to essential micronutrients • To stimulate and support national actions to eliminate micronutrient malnutrition • To introduce and expand food fortification and dietary supplementation programs • To advance global ability to address iron deficiency anemia, and to encourage international development efforts to alleviate the burden of micronutrient malnutrition.
MIM www.mim.su.se/	• To strengthen and sustain, through collaborative research and training, the capability of malaria endemic countries in Africa to carry out research required to develop and improve tools for malaria control • To raise international public awareness of the problem of malaria • To promote global communication and co-operation in malaria research and training • To ensure research findings are applied to malaria treatment and control.
MMV www.mmv.org/pages/page_main.htm	• To bring public, private and philanthropic sector partners together to fund and manage the discovery, development and registration of new medicines for the treatment and prevention of malaria in disease-endemic countries • To build a pipeline of the best potential antimalarial projects available in the global research community through a competitive proposal process and to manage the portfolio to maximize the results for the benefit of malaria-endemic countries. A successful pipeline will generate at least one new technically appropriate, cost-effective, accessible and affordable antimalarial drug every five years
MNT	• The global elimination of maternal and neonatal tetanus as a public health problem for women and newborns by the year 2005 • Routine immunization of pregnant women

	• Supplemental TT (tetanus toxoid) immunization to all women of childbearing age (15-45) in high-risk districts • Promoting hygienic birthing practices
MTCT-Plus www.mtctplus.org	• To provide basic care for prevention and/or treatment of HIV-related opportunistic infections and treatment with antiretroviral drugs • To work through existing mother-to-child transmission (MTCT) programs that use well-established treatments, including single doses of nevirapine administered to the pregnant mother and infant • To provide technical assistance, additional staff training if required, oversight, and drugs including antiretroviral therapy
MVI www.malariavaccine.org/	• To accelerate the development of malaria vaccines and ensure their availability and accessibility in the developing world • To assess the most promising malaria vaccine candidates • To advance the creation of combination and multi-valent vaccines • To improve the investment environment for malaria vaccine development and delivery
MVP www.meningvax.org/	• To eliminate epidemic meningitis as a public health problem in sub-Saharan Africa through the development, testing licensure, and widespread use of conjugate meningococcal vaccines • To develop meningococcal conjugate vaccines that are appropriate for use in Africa • To create pathways for the licensure of vaccines • To assure production in sufficient volume at a price that facilitates wide use in Africa • To monitor the effectiveness and safety of the vaccines in controlled clinical trials • To investigate innovative ways to finance the procurement of vaccines through local, country, and other global programs • To introduce the vaccines through mass and routine immunization in synergy with other public health programs
NetMark PLUS www.netmarkafrica.org/	• To reduce the impact of malaria in sub-Saharan Africa through the increased use and sustainable supply of insecticide treated mosquito nets (ITNs), and insecticide treatments kits for nets • To strengthen and sustain, through collaborative research and training, the capability of malaria endemic countries in Africa to carry out research required to develop and improve tools for malaria control. • To raise international public awareness of the problem of malaria • To promote global communication and co-operation in malaria research and training • To ensure research findings are applied to malaria treatment and control
PARTNERS www.taskforce.org/tbhome.html	• Demonstrate the success of TB control programs that combine DOTS with control of MDR-TB in Peru and Tomsk and take this integrated TB control program to scale in Peru • Define and establish the necessary infrastructure in Peru to sustain a successful integrated program after the project ends; define the parallel infrastructure that will be required to expand and sustain the program in Tomsk after the project ends • Articulate the components of a replicable, generic model, drawing on the lessons from Peru and Russia, for integrated programs that could be replicated in other high-burden countries, and provide a methodology for doing so • Provide strategies and a demonstration platform to strengthen the global TB control effort through lessons from the

	PARTNERS project
PDVI www.pdvi.org/	• To raise awareness and work with public and private partners in the North and the South in order to accelerate the development and introduction of a dengue vaccine that is appropriate, safe and accessible to poor children in endemic countries • Conduct policy studies to better understand national priorities on dengue • Coordinate country surveys needed to better define the burden of dengue illness • Commission multi-disciplinary analyses on the impact of dengue to better define social and economic costs and market potentials for pediatric dengue vaccines • Prepare and launch a scientific blueprint charting the challenges (4 strains, safety) and opportunities (biotechnology, new vaccine approaches) that must be met to achieve a safe, effective and affordable vaccine • Support R&D (phase 3 field sites, safety, new vaccines) and enhance developing country science capacity • Work and plan ahead with many stakeholders and organizations to accelerate the introduction of a pediatric dengue vaccine in endemic countries
PneumoADIP www.preventpneumo.org	• Accelerate the evaluation of, and access to, new life saving pneumococcal vaccines for the world's poorest children • Establish the value of vaccination by demonstrating the burden of meningitis and pneumonia caused by pneumococcal bacteria and demonstrate the value of preventing it through vaccination • Communicate knowledge about burden of disease and the value of vaccination by assuring that the researched based evidence is communicated effectively to key decision makers through appropriate and effective communication channels • Deliver the value of the vaccine by assuring that there is a predictable supply of quality vaccine to an affordable price and an adequate system to deliver it to the children who need it
RBM www.rbm.who.int/partnership/	• To increase global political commitment to tackle malaria more effectively through coordinated action • To assist the health sector to focus resources on high disease burdens such as malaria and cost-effective intervention package • To increase the commitment, among the research community and private sector • To discover new products and cost effective control tools
SCI www.schisto.org/	• To encourage development of a sustainable schistosomiasis control programme in sub Saharan Africa • In the selected countries: (1) to reach at least 75% of school-age children and other high-risk groups with chemotherapy - praziquantel and albendazole; (2) reduce schistosomiasis-related morbidity in high risk groups; (3) reduce prevalence and intensity of schistosomiasis infections; (4) reduce burdens due to intestinal helminths in the targeted populations • Create a demand for sustained schistosomiasis control • To promote access to anthelminthic drugs and good case management in the regular health system
SF www.securethefuture.	• To prevent HIV/AIDS and Sexually Transmitted Infections • To reduce the impact of HIV/AIDS (in South Africa, Botswana, Namibia, Lesotho, Swaziland, Senegal, Cote d'Ivoire, Mali and Burkina Faso) on individuals by empowering infected and affected women and children

com/	• To expand access to treatment in a number of ways • To provide grants for medical research and community outreach and education. It also encourages and funds capacity-building educational programs in medicine, healthcare and public health
SIGN www.who.int/injection_safety/en/	• Create and maintain a common strategic framework • Promote exchange of ideas and information to encourage research on innovative, cost-effectiveness solutions • Coordinate advocacy and communication strategies.
Step Forward www.stepforwardforchildren.org/home.htm	• To improve the lives of orphans and vulnerable children affected by the AIDS pandemic, to increase their chances of not just surviving the impact of AIDS, but of becoming productive members of their societies • Improve local health services and infrastructure • Increase voluntary HIV counseling and testing services • Strengthen primary and secondary education programs • Address basic community needs such as clean, safe water, and helping people to generate needed income
Stop TB Partnership www.stoptb.org/	• Ensure that every TB patient has access to TB treatment and cure • Stop Transmission of TB • Protect vulnerable populations from TB • Reduce the social and economic toll that TB exerts on families, communities, and nations • Stop TB priorities are to expand, adapt, and improve strategies to control and eliminate TB in support of the World Health Assembly Targets set by 2005 (70% Case-detection and 85% Cure-rates), and the Millennium Development Goals
TROPIVAL www.tropival.org/index.php	• To coordinate R&D projects conducted between public laboratories and pharmaceutical companies as well as to propose treatments adapted to populations living in poor conditions • To bring together researchers, industrialists, sponsors and international organizations around potential projects that would ultimately provide the right to treatment to those populations most in need • To identify pre-development projects and new formulation adapted to developing countries as well as seek potential sponsors
VDP www.pmtctdonations.org/en/welcome/	• To prevent mother-to-child-transmission (MTCT) of HIV-1 • To provide Viramune free of charge for a period of five years to developing countries in the context of a feasible, sustainable, technically and ethically appropriate MTCT prevention programme.
VF www.vaccinefund.org/	• To mobilize resources for, champion, monitor the results of, and help sustain GAVI • To mobilize resources to achieve immunization sufficiency and sustainability • To achieve recognition of and support for the VF mission so as to maximize the value of its brand • To manage the VF for efficiency and accountability for results • To ensure with GAVI partners that a secure supply of all relevant vaccines are accessible to all target countries • Provides countries with resources to strengthen routine immunization services; pays for vaccines against hepatitis B, Hib

	disease and yellow fever, and safe injection materials

Vision 2020 http://www.who.int/pbd	• To eliminate by the year 2020 the main causes of blindness in order to give all people in the world, particularly the millions needlessly blind, the Right to Sight • To increase awareness of blindness as a major public health issue • To control the major avoidable causes of blindness • To make available appropriate technology, infrastructures and human resources. • To give support to National committees and/or programmes for the prevention of blindness, towards achieving Vision 2020 goals
VITA	• To improve the nutrient content of staple foods through food fortification • To reach implementation of national scale, high coverage vitamin A supplementation programs for children under five in the poorest and hardest to reach remote areas • To ensure sustainability of VA programs by mainstreaming programs within the policies, funding mechanisms and strategies for country Ministries of Health • To develop alternative mechanisms for VA supplement distribution during phase out of National Immunization Days to ensure continuing high coverage of children 6-59 months • To build and strengthen programs for improved delivery of post-partum vitamin A supplements • To monitor the growth of other public health interventions such as measles vaccinations, whilst delivering vitamin A supplements.
VVM www.who.int/vaccines.access/vacman/vvm/vvmmainpage.htm	• To improve quality control during immunisation programmes using labels whereby health workers can determine heat exposure and degradation of the vaccine • To improve the management of vaccine and reduce wastage • To determine vaccine safety or whether it should be discarded
WPESS	• To coordinate a new partnership for the surveillance, control, and treatment of sleeping sickness integrating supply agreements, disease management, and research • Advocacy and awareness: rescuing the disease from oblivion and increasing the visibility of efforts. • Partnership: rallying partners to support an elimination programme • Support: strengthening the organization and implementation of control activities in countries • Coordination a multiple company donation programme • Research: encouraging research institutes to fund and implement research on drugs, diagnosis and applied research • Information management and dissemination: exchanging information and providing training to those involved in sleeping sickness activities

Source: updated from Buse K., 2004. *Global Health Partnerships: Mapping a shifting terrain*. London: DFID Health Resource Centre.

APPENDIX B: GLOBAL HEALTH PARTNERSHIPS – MAPPING BY COUNTRY EXERCISE

Purpose

To provide a global picture of where Global Health Partnerships provide support on a country by country basis, and with an overview of key country characteristics that might effect GHP support.

Methodology

The mapping exercise looked at a number of variables, which included:

- Global Health Partnerships
- Country GDP per capita
- Prevalence or cases of specific diseases of interest to target GHPs
- Demographic characteristics
- Poverty characteristics
- Political characteristics
- Health system characteristics, in terms of levels of financing.

These were then analysed by converting the table into a spreadsheet and sorting the data, using the number of GHPs as the independent variable, and all other factors as dependent variables. Full information was gathered for only a selection of countries in each region, focusing on those countries of greatest interest to DFID, as well as those with the largest number of GHPs providing support.

Findings

As far as the type of government is concerned, as measured on a scale of –10 (authoritarian) to +10 (fully democratic), there is no apparent correlation between the number and type of GHPs operating when looked at by type of government

As far as public spending on health is concerned, there is no correlation between the percentage of spending on the health sector coming from the public purse and the number or type of GHPs operating in a country.

There is a moderate correlation between the prevalence rate or case number of a disease and the presence of the relevant GHP, as would be expected. However, it is impossible to state whether GFATM is providing appropriate levels of funding for each of its three target diseases in each country where it is present, based on the epidemiology of the disease in that country, without looking at GFATM support on a country by country basis.

There would appear to be a correlation between the per capita GDP and the number of GHPs operating in a country, though this is inconsistent.

The strongest correlation is between the what region the country is part of and the number of GHPs operating in that country, with Africa having consistently the largest number of GHPs per country, followed by Asia (East, Southeast and Central). Eastern and Central European countries have the lowest number of GHPs.

COUNTRY MAPPING DETAILS

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
											Polity Index of Democracy/Autocracy (-10=fully autocratic, 10=fully democratic)	Total expenditure in international dollars	Public expenditure in international dollars	Out-of-pocket expenditure in international dollars
AFRO	Angola	APOC, GAVI, GAEL, GFATM, (IPAAA), (VDP), WPESS	US$ 701	5.50%	887	197	3.9	0	Population = 12.8 million APGR = 2.9%<15– 47.4% Life expectancy = 40 IMR = 154/1000	% < 1$ per day = n/a Gini Index: n/a	-3	47	28	19
	Benin	AMP, GAVI, GAELF, GFATM, GWEP, (IPAAA), (LFI), MVP, (NetMark-Plus), RBM, (VDP)	US$ 368	3.61%	1,070	36	<1	26	Population = 6.4 million APGR = 2.5% <15 – 43% Life expectancy = 50.6 IMR = 94/1000	%< $1/day= n/a Gini Index: n/a	6	39	18	21

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Botswana	ACHAP, DPP, GBC, GFATM, (IPAAA), SF, (VDP)	US$ 3066	39%	48,700	224	0	0	Population = 1.7 million APGR = 0.2%<15 – 40% Life expectancy = 39.7 IMR = 80/1000	%< $1/day = Gni index: = 63	9	213	133	80
	Burkina Faso	AMP, GAVI, GAEL, GAELF, GET-2020, GFATM, GWEP, (IPAAA), (LFI), SCI, SF, Step Forward, (VDP)	US$ 215	6.50%	600	157	0	175	Population – 12.3 million APGR = 3.0%<15– 48.9% Life expectancy = 45.7 IMR = 104/1000	%<$1/day = 61.2%Gini Index = 48.2	-3	37	12	26
	Burundi	APOC, GAVI, GAEL, GFATM, (IPAAA), (VDP)	US$ 99	8.90%	48,090	170	0	0	Population = 6.4 million APGR = 3.1% <15 – 47.5% Life expectancy = 40.9 IMR = 114/1000	%<$1/day= 58.4%Gini index = 33.3	-1	26	9	17

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Cameroon	APOC, GAVI, GFATM, (IPAAA), MVP, (NetMark-Plus), (VDP), SCI, WPESS	US$ 599	11.80%	2900	96	0.6	0	Population = 15.4 million APGR = 1.4%<15– 42.7% Life expectancy = 46.2 IMR = 99/1000	%<$1/day= 33.4%Gini index = 47.7	-4	86	17	69
	Cape Verde	GAEL, (VDP)	US$ 1,317									60	38	22
	CAR	APOC, GAVI, GAEL, GFATM, (IPAAA), MVP, (VDP), WPESS	US$ 257	12.90%	2200	255	2	0	Population = 3.8 million APGR– 1.4%<15 – 43% Life expectancy = 39.5 IMR = 115/1000	%<$1/day= 66.6%Gini index = 61.3	6	33	23	10
	Chad	APOC, GAVI, GFATM, (IPAAA), MVP, (NetMark-Plus), (VDP), SCI, WPESS	US$ 202	3.61%	197	168	0	0	Population = 8.1 million APGR = 2.9%<15– 46.6% Life expectancy = 44.7 IMR = 117/1000	%<$1/day= n/aGini index: n/a	-2	35	28	7

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Comoros	GAVI, GAEL, GFATM, (IPAAA), (VDP)	US$ 386					0				47	32	15
	Congo	APOC, DPP, GAVI, (IPAAA), MNT, (VDP), WPESS	US$ 896					0			-6	101	37	64
	Cote d'Ivoire	GAVI, GFATM, GWEP, (IPAAA), (LFI), SF, (VDP), WPESS	US$ 634					42		%<$1/day= 12.3%	4	57	22	35
	DRC	APOC, GAVI, GAEL, GFATM, (IPAAA), Stop TB, (VDP), WPESS	US$ 99	4.90%	2960	184	1	0	Population = 49.8 million APGR = 2.8%<15– 46.8% Life expectancy = 41.8 IMR = 129/1000	%<$1/day= n/aGini index: n/a	interregnum	21	1	20
	Equitorial Guinea	APOC, (IPAAA), (VDP)						0			-5	89	51	38

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Eritrea	RBM, GAVI, GAEL, GFATM, (IPAAA), (VDP)	US$ 164	2.80%	3479	249		0	Population = 3.8 million APGR = 3.1%<15- 45.7% Life expectancy = 52.7 IMR = 72/1000	%<$1/day= n/aGini index: n/a	-6	24	13	11
	Ethiopia	APOC, DOO, GAVI, GET-2020, GWEP, GFATM, (IPAAA), ITI, MNT, MVP, NetMark-Plus, RBM, Stop TB, (VDP)	US$ 95	6.41%	556	179		13	Population = 67.3 million APGR = 2.4%<15– 45.8% Life expectancy = 45.5 IMR= 116/1000	%<$1/day= 81.9%Gini index = 57.2	1	20	7	13
	Gabon	APOC, GFATM, (IPAAA), (VDP)	US$ 3,497					0			4	196	130	66

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Gambia	DPP, GAVI, GAEL, GFATM, (IPAAA), (LFI), MVP, (VDP)	US$ 291					0			-5	52	24	28
	Ghana	AMP, CF, DPP, GAELF, GAVI, GBC, GET-2020, GWEP, GFATM, (IPAAA), ITI, (LFI) NetMark-Plus, RBM, SCI, (VDP). WPESS	US$ 269	PLA = 3% Malaria = 15,344/100,000 TB = 145/100,000	15,344	145	0.3	8,285	Population = 20 million APGR = 2.0%<15– 40.6% Life expectancy = 57.9 IMR = 57/1000	%<$1/day= 44.8%Gini index=39.6	2	45	21	24
	Guinea	GAVI, GFATM, (IPAAA), (LFI), MVP, (VDP), WPESS	US$ 394					0			-1	52	30	22

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Guinea-Bisau	GAVI, GFATM, (IPAAA), MVP, (VDP)	US$ 162					0			6	54	41	13
	Kenya	APOC, DPP, GAVI, GAWLF, GBC, GFATM, HACI, (IPAAA), MTCT-PLUS, (NetMark-Plus), RBM, SCI, Stop TB, (VDP) WPESS	US$ 371	15%	545	249	0.10	0	Population = 31.1 million APGR = 1.2%<15– 42.7% Life expectancy = 44.6 IMR = 78/1000	%<$1/day – 23%Gini index = 44.5	-2	58	37	21
	Lesotho	DPP, GAVI, GFATM, (IPAAA), SF, (VDP)	US$ 386				0.1	0			in transition	100	73	27

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Liberia	APOC, GAVI, GFATM, (IPAAA), (LFI), (VDP), WPESS	N/a					0			0	33	22	11
	Madagascar	GAVI, GFATM, (IPAAA), (VDP)	US$ 288					0			7	108	100	8
	Malawi	APOC, DPP, GAVI, GET-2020, GFATM, HACI, (IPAAA), RBM, SCI, (VDP)	US$ 166	15%	25,948	242	0.5	0	Population = 11.6 million APGR = 1.9%<15– 45.9% Life expectancy = 37.5 IMR = 114/1000	%<$1/day= 41.7%Gini index = 50.3	7	47	29	18

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Mali	AMP, GAVI, GET-2020, GFATM, GWEP, (IPAAA), ITI, (LFI), MVP, NetMark-Plus, SF, RBM, SCI, (VDP)	US$ 239	1.65%	4008	295	0.5	824	Population = 12.3 million APGR = 3.1%<15– 49.2% Life expectancy = 48.6 IMR = 141/1000	%<$1/day= 72.8%Gini index = 50.5	6	31	15	16
	Mauritania	GAVI, GFATM, GWEP, (IPAAA), MVP, (VDP)	US 366				0.3	13			-6	73	22	51
	Mozambique	APOC, CF, DPP, GAVI, GFATM, HATC, (IPAAA), MTCT-Plus, (NetMark-Plus), Stop TB, (VDP)	US$ 200	13%	18,115	125	3.4	0	Population = 18.2 million APGR = 1.5%<15-44% Life expectancy = 38 IMR = 125/1000	%<$1/day= 37.9%Gini index = 39.6	6	46	36	10

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Namibia	DPP, GFATM, (IPAAA), SF, (VDP)	US$ 1,730					0			6	311	161	150
	Niger	GPEI, GAVI, GFATM, GWEP, ITI, (LFI), MVP, SCI, (VDP)	US$ 175	n/a	1693	150	0.7	279	Population = 11.1 million APGR = 3.6%<15-49.9% Life expectancy = 46.2 IMR = 156/1000	%<$1/day= 61.4%Gini index = 50.5	4	27	13	14
	Nigeria	APOC, GAELF, GAVI, GET_2020, GFATM, GPEI, GWEP, HATC, (IPAAA), (LFI), MNT, MVP, NetMark-Plus, RBM, SCI, Stop TB, (VDP), WPESS	US$ 319	5.80%	30	196	0.5	1,459	Population = 117.8 million APGR = 2.3%<15-44.8% Life expectancy = 51.5 IMR = 110/1000	%<$1/day= 70.2%Gini index = 50.6	4	35	10	25

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Rwanda	APOC, DPP, GAVI, GFATM, HATC, (IPAAA), MTCT-Plus, (VDP)	US$196					0			-4	36	18	18
	Sao Tome & Principe	GAVI, (IPAAA), (VDP)	US$ 311					0				45	34	11
	Senegal	DPP, GAVI, GFATM, GPHW, HATC, (IPAAA), (LFI), MVP, NetMark-Plus, RBM, SF, (VDP)	US$ 476					0			8	72	40	32
	Seychelles	(IPAAA), (VDP)						0				470	358	112

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Sierra Leone	GAVI, GAEL, GFATM, (IPAAA), (LFI), MTCT-Plus, MVP, (VDP), WPESS	US$ 146	0.70%	44,695 (6)	258	3.5	0	Population = 4.6 million APGR = 2.4%<15-44% Life expectancy = 34.2 IMR = 182	%<$1/day= 57%Gini index = 62.9	interregnum	31	3	28
	South Africa	CF, DPP, GBC, GFATM, HATC, (IPAAA), MTCT-Plus, Stop TB, (VDP)	US$ 2,620				0	0		Gini index: 59.3	9	367	184	183
	Sudan	AMP, APOC, GAVI, GAEL, GAELF, GFATM, GWEP, (IPAAA), ITI, MVP, RBM, (VDP), WPESS	US$ 395	2.60%	13,934	142	0.3	20,299	Population = 32.2 million APGR = 1.8%<15-39.9% Life expectancy = 55.6 IMR = 65/1000	N/aGini index: n/a	-7	43	9	34

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Swazailand	DPP, GAEL, GBC, GFATM, (IPAAA), SF, (VDP)	US$ 1,175				0	0				119	86	33
	Tanzania	APOC, DPP, GAVI, GAELF, GFATM, HATC, (IPAAA), ITI, RBM, SCI, StopTB, Step Forward, (VDP), WPESS,	US$ 271	7.83%	1,207	212	1.6	0	Population = 35.6 million APGR = 1.8%<15- 45.6% Life expectancy = 43.3 IMR = 104/1000	%<$1/day= 19.9%Gini index = 38.2	2	36	22	14
	Togo	AMP, GAVI, GAELF, GFATM, GWEP, (IPAAA), (LFI), (VDP)	US$ 270				0.9	622			-2	35	15	20

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Uganda	AMP, APOC, DPP, GAVI, GAEL, GAELF, GBC, GET-2020, GFATM, GWEP, HACI, HATC, (IPAAA), MTCT-Plus, NetMark-Plus, SCI, Stop TB, (VDP), WPESS	US$ 249	5%	46	187	0.3	13	Population = 24.2 million APGR = 3.5%<15-50% Life expectancy = 46.2 IMR = 79/1000	%<1/day=82.2%Gini index = 37.4	-4	44	17	27

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Zambia	DPP, GAVI, GAEL, GAELF, GBC, GFATM, (IPAAA), MTCT-Plus, NetMark-Plus, RBM, SCI, (VDP)	US$ 354	21.52%	34,204	445	0.3	0	Population = 10.6 million APGR = 1.3%<15-46.4% Life expectancy = 32 IMR = 112/1000	%<1/day= 63.7%Gini index = 52.6	1	59	34	25
	Zimbabwe	DPP, CF, RBM, GAVI, GAELF, GFA, (IPAAA), RBM, Stop TB, (VDP), TM	US$ 706				0	0		Gini index: 56.8	-5	129	62	67
EMRO	Afghanistan	GAVI, GAEL, GFATM, GPEI, Stop TB, (VDP)	N/a				0		Population = 22 million IMR = 165/1000	N/aGini index: n/a	-7	28	11	17
	Bahrain		US$ 12,189				0.6					519	315	204

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Djibouti	GAVI, (VDP)	US$ 894				0.4					48	35	13
	Egypt	GPEI, GAELF, GFATM, (VDP)	US$ 1,511				0.3			Gini index: 34.4	-6	118	32	86
	Iran	GFATM	US$ 1,767				0				3	200	86	114
	Iraq		N/a				0				-9	110	65	45
	Jordan	GFATM					0				-2	177	119	58
	Kuwait						0				-7	605	529	76
	Lebanon		US$ 3,811				0				interruption	470	167	303
	Libya						0				-7	222	120	102
	Morocco	ITI, GFATM, (VDP)	US$ 1,173				0.1				-6	160	65	95
	Oman						0				-9	302	182	120
	Pakistan	CF, GAVI, GET-2020, GFATM, GPEI, MNT, Stop TB, (VDP)	US$ 415	0.11%	58	178	0.1		Population = 146 million APGR = 2.4%<15- 41.8% Life expectancy = 61 IMR = 84/1000	%<1/day= 13.4%Gini index = 33	-6	71	16	55
	Palestine						0					0		
	Qatar						0					1105	635	470
	Saudi Arabia						0				-10	332	297	35

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Somalia	GFATM, MNT, (VDP)					0.4					11	8	3
	Syria						0				-7	109	37	72
	Tunisia						0				-3	227	100	127
	UAR						0					0		
	Yemen	GAVI, GAELF, GFATM	US$ 514				0.2			Gini index: 33.4	-2	32	12	20
SEARO	Bangladesh	CF, GAVI, GAEL, GAELF, GFATM, MNT, Stop TB, (VDP)	US$ 350	<.1%	40	211	0.5		Population = 140.9 million APGR = 1.8%<15- 38.8% Life expectancy = 61.4 IMR = 51/1000	%<$1/day= 36%Gini index = 31.8	6	70	32	38
	Bhutan	GAVI	US$ 644				0.2				-8	82	38	44
	DPR Korea	GAVI					0.1				-9	39	33	6

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	India	CF, GAVI, GBC, GET-2020, GPEI, GPHW, GAELF, GFATM, MNT, Step Forward, Stop TB, (VDP)	US$462	0.79%	7	199	3.3		Population = 1,033 milliion APGR = 1.3%<15-33.7% Life expectancy = 63.9 IMR= 67.5/1000	%<$1/day= 34.7%Gini index = 37.8	9	82	11	71
	Indonesia	CF, GAVI, GAELF, GFATM, Stop TB, (VDP)	US$ 695	0.10%	920	321	0.8		Population = 214 million APGR = 1.1%<15-30.4% Life expectancy = 66.8 IMR = 33/1000	%<$1/day= 7%Gini index = 30.3	7	47	21	26
	Maldives	(VDP)	US$ 2,082				0.6					249	159	90
	Myanmar	CF, GAVI, GAELF, GFATM, Stop TB, (VDP)	N/a				0.6				-7	79	10	69

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Nepal	GAVI, GAELF, GET-2020, GFATM, GPHW, ITI, (VDP)	US$ 236				3				6	41	11	30
	Sri Lanka	CF, GAVI, GFATM, (VDP)	US$ 849				0.9				5	75	35	40
	Thailand	CF, GBC, GFATM, HATC, MTCT-Plus, Stop TB, (VDP)	US$ 1,874				0.3				9	322	108	214
	Timor-Leste	GFATM										0		
WPRO	Brunei											857	348	509
	Cambodia	CF, DPP, GAVI, GAEL, GFATM, Stop TB, (VDP)	US$ 278	2.70%	476	560	0.5		Population = 13.5 million APGR = = 2.2%<15-42.5% Life expectancy = 57.4 IMR = 97/1000	%<$1/day= n/aGini index = = 40.4	2	73	7	66

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	China	CF, GAVI, GAEL, GBC, GFATM, GPHW, Stop TB, (VDP)	US$ 911	0.11%	1	107	0		Population = 1,285 million APGR = 0.6%%<15- 24.3% Life expectancy = 71 IMR = 31/1000	%<$1/day= 16.1%Gini index = 40.3	-7	73	18	55
	Cook Islands	GAELF										344	264	80
	Fed. Micronesia											234	216	18
	Fiji	GAELF	US$ 2,061								in transition	214	148	66
	Guam											0		
	Lao PDR	GAVI, GFATM, (VDP)	US$ 326								-7	53	33	20
	Marshall Islands	(VDP)										238	177	61
	Mongolia	(VDP)									10	59	56	3
	Papua New Guinea	GAEL, GFATM, (VDP)	US$ 563								10	76	59	17

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Philippines	CF, GAEL, GAELF, GFATM, Stop TB, (VDP)	US$ 912	<.1%	15	226	0.4		Population = 77.2 million APGR = 1.6%<15 - 37/1% Life expectancy = 70 IMR = 29/1000	%<$1/day= 14.6%Gini index = 46.1	8	97	48	49
	Republic Korea		US$ 8,917								8	696	325	371
	Vanuatu	GAELF, (VDP)	US$ 1,058									85	55	30
	Vietnam	CF, GAVI, GAEL, GAELF, GFATM, ITI, Stop TB, (VDP)	US$ 411	0.30%	95	93	0.1		Population = 79.2 million APGR = 1.9%<15- 32.6% Life expectancy = 69.2 IMR = 30/1000	%<$1/day= 17.7%Gini index = 36.1	-7	65	13	52
PAHO	Argentina	CF, GAEL	US$ 7,116								8	741	473	268
	Bahamas	HATC										1185	614	571
	Belize	CF, GFATM	US$ 3,258									212	109	103

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Bolivia	CF, GFATM, GAVI, (VDP)	US$ 936	0.10%	378	116			Population = 8.5 million APGR = 1.5%<15- 39.3% Life expectancy = 63.9 IMR = 60/1000	%<$1/day= 14.4%Gini index= 44.7	9	142	90	52
	Brazil	CF, Stop TB, (VDP)	US$ 2,915				4.1				8	403	208	195
	Chile	CF, GAEL, GFATM	US$ 4,314								9	567	285	282
	Colombia	CF, GAEL, GFATM, (VDP)	US$ 1,915								7	407	276	131
	Costa Rica	GFTAM	US$ 4,159								10	486	377	109
	Cuba	GFTAM, (VDP)									-7	110	96	14
	Dominican Republic	GAEL, GAELF, GFATM, HATC, (VDP)	US$ 2,494	2.50%	6	88			Population = 8.5 million APGR = 1.3%<15-33% Life expectancy = 66.7 IMR: 44/1000	%<$1/day= <2%Gini index= 47.4	8	152	78	74

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Ecuador	CF, GAEL, GFATM, (VDP)									6	170	98	72
	El Salvador	CF, GFATM, (VDP)	US$ 2,147								7	228	85	143
	Guatemala	CF, GFATM, (VDP)									8	81	55	26
	Guyana	GAEL, GFATM, (VDP)	US$ 912								6	129	103	26
	Haiti	CF, DPP, GAVI, GAELF, GFATM, HATC, (VDP)	US$ 460	6.10%	15	190			Population = 8.1 million APGR = 1.3%<15- 39.8% Life expectancy = 49.5 IMR: 79/1000	%<$1/day= n/aGini index= n/a	-2	52	18	34
	Honduras	CF, GAVI, GFATM, (VDP)	US$ 970								7	150	56	94
	Jamaica	CF, GFATM, (VDP)									9	169	120	49
	Mexico	CF, GAEL	US$ 6,214								8	394	172	222
	Nicaragua	GFATM, (VDP)									8	140	80	60

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Panama	GFATM	US$ 3,511								9	449	332	117
	Paraguay	CF, GAEL, GFATM, (VDP)									7	187	73	114
	Peru	CF, GFATM, GPHW, (VDP)	US$ 2,051								in transition	221	98	123
	Puerto Rico											0		
	Suriname	GFATM, (VDP)										256	87	169
	Trinidad/Tob		US$ 6,752								10	314	190	124
	Uruguay		US$ 5,554								10	354	172	182
	Venezuela	CF	US$ 5,073								7	298	201	97
EURO	Albania	GAVI, (VDP)	US$ 1,300								5	63	49	14
	Armenia	GAVI, GFATM, (VDP)	US$ 556	0.15%	4	47			Population = 3.1 million APGR = 0.3%<15: 22.5% Life expectancy = 72 IMR = 31/1000		5	152	63	89
	Azerbaijan	GAVI, (VDP)	US$ 688								-7	48	38	10

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Georgia	GAVI, GFATM, (VDP)	US$ 594								5	94	8	86
	Kyrgyzstan	GAVI, GFATM, (VDP)	US$ 308	<.1%	0	88			Population = 5 million APGR = 1.2%<15: 35.4% Life expectancy = 68.6 IMR = 52/1000	%<$4/day= 88%Gini index= 29	-3	66	46	20
	Moldova	GAVI, GFATM, (VDP)	US$ 346								7	133	100	33
	Tajikistan	GFATM, (VDP)	US$ 169	<.1%	303	83			Population = 6.1 million APGR = 1.2%<15: 38.5% Life expectancy = 68.8 IMR = 53/1000	N/aGini index= 34.7	-1	93	82	11
	Turkmenistan	GAVI, (VDP)	US$ 1,097									90	77	13
	Ukraine	GAVI, GFATM, (VDP)	US$ 766								7	127	96	31

HO egion	Country	GHPs (1)	GDP per capita (2)	Persons Living with AIDS % population	Malaria per 100,000	TB per 100,000	Leprosy per 10,000 (3)	Guinea Worm # of cases reported 2003 (4)	Demographic Data	Poverty Data	Political Characteristic (5)	Health System Characteristics (6)		
	Uzbekistan	GAVI, GFATM, (VDP)	US$ 450	<.1%	1	63			Population = 25.3 million APGR = 1.4%<15- 35.4% Life expectancy = 69.7 IMR = 52/1000	N/aGini index= 26.8	-9	109	88	21

Key to GHP Mapping Tables

**A GHP in brackets covers the country but does not necessarily operate in it at present*

(1) GHP information was provided from individual GHP websites. Therefore the information is only as accurate and up to date as the websites are themselves.

(2) All figures and definitions are from the UNDP's Human Development Report 2003, unless otherwise stated.

GDP =.GDP converted to US dollars using the average official exchange rate reported by the International Monetary Fund. An alternative conversion factor is applied if the official exchange rate is judged to diverge by an exceptionally large margin from the rate effectively applied to transactions in foreign currencies and traded products.

Epidemiological information: PLA = Estimated percentage of Adults between the ages of 15 and 45 living with AIDS at the end of the year. Malaria figures represent total number of cases report by the country to the WHO, divided by the total population and then multiplied by 100,000 to give a comparison rate. A similar calculation is made for TB (tuberculosis) to provide a TB case rate.

Demographic Data: All population figures are 2001 estimates. APGR = Annual Population Growth Rate – the APGRs presented here are the estimated ones for 2001-2015. %<15 is the Percentage of the Population aged less than 15 in 2001.

Poverty data: Population below income poverty line - This is set of < US$ 1 per day for low and some medium income countries. For OECD, CIS and CCE countries this is set at a series of levels, including <US$ 4/day, or the national poverty line. A further indicator of the distribution of income is the Gini index. The Gini index is used to measure the extent to which income distribution between individuals and families in a country deviates from equal distribution. A '0' represents perfect equality while '100' represents perfect inequality. To put this into context, the Gini index for the Nordic countries is around 25. For the US it is 40.8, and for the UK it is 36.

(3) Leprosy prevalence: information was provided by ILEP (International Leprosy Eradication Partners) 2002/2003 annual report, available on their website.

(4) Guinea Worm cases: information was provided by the Guinea Worm Eradication Programme's website.

(5) Political system: Measures of polity taken from EarthTrends 2003 report, which provides information on the degree of democracy in individual countries. (EarthTrends Data Tables: Environmental Governance and Institutions)

(6) Health Systems information: Public v Private – based on data presented in the World Health Report 2000 Table 8 – National Health Accounts

(7) Sierra Leone malaria prevalence: Provided by the Statistics for Sierra Leone website, relating to 2002 prevalence.

APPENDIX C – DFID INTEREST

1. Classification of the 19 GHPs of interest to DFID – international level

P = primary role; S – secondary role

GHP	Research and development	International and National Advocacy	Financing	Technical support, service delivery, donations and discounted products
APOC		S	S	P
DNDi	P	S		P
GAEL		S		P
GAELF		S		P
GAVI		S	P	S
GFATM		S	P	S
GPEI		S	S	P
GWEP		S	P	S
IAVI	P	S		
IPM		P		
ITI		S		P
MDP 2*	P			
MIM	P	S		
MMV	P			
MVI	P	S		
RBM		P		S
SCI		S	P	S
Stop TB		S		P
WPESS		S		P

* Microbicides Development Programme

2. Classification of GHPs involved in HIV/AIDS, Malaria and TB

GHP	Research and development	International and national advocacy	Financing	Technical support, service delivery, donations and discounted products
HIV/AIDS	CICCR CONRAD GMP IAVI IPM HTVN MDP (2)	GBC GCM GCWA GMAI GRI	GFATM	AAI ACHAP CF DPP HACI HATC IPAAA MTCTPlus SF Step Forward VDP
Malaria	Artesunate DNDi EMVI JPMW MIM MMV MVI LAPDAP TROPIVAL	Roll Back Malaria	GFATM	AMP Coartem NetMark Plus
TB	Aeras FIND GATBDD TROPIVAL	Global Partnership to Stop TB	GFATM	EL-MDRTBP GLC GDF