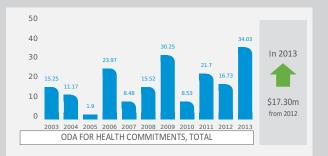
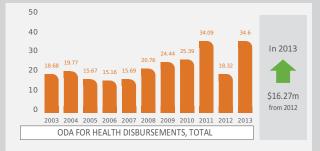


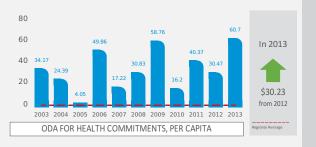
ODA Health Disbursements from 2003 to 2013 increased by 85%. In 2013 Other Health Purposes accounted for 77% of all disbursements. It was 2% in year 2003.

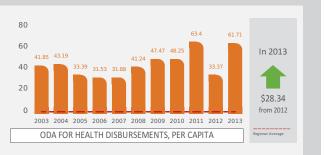
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Population as of 30 June (Millions)	0.45	0.46	0.47	0.48	0.49	0.50	0.51	0.53	0.54	0.55	0.56
Commitments TOTAL ODA (Million constant 2013 US\$)	230.27	156.79	250.65	352.70	350.10	368.25	338.83	415.10	316.96	265.77	292.13
Disbursements TOTAL ODA (Million constant 2013 US\$)	165.25	206.46	298.71	294.10	319.91	288.72	279.11	376.93	319.48	291.01	289.60
ODA for Health Commitments (Million constant 2013 US\$)	15.25	11.17	1.90	23.97	8.48	15.52	30.25	8.53	21.70	16.73	34.03
ODA for Health Disbursements (Million constant 2013 US\$)	18.68	19.77	15.67	15.16	15.69	20.76	24.44	25.39	34.09	18.32	34.60
RATIO Health/Total ODA Commitments	0.07	0.07	0.01	0.07	0.02	0.04	0.09	0.02	0.07	0.06	0.12
RATIO Health/Total ODA Disbursements	0.11	0.10	0.05	0.05	0.05	0.07	0.09	0.07	0.11	0.06	0.12
Health Commitments per Capita (constant 2013 US\$)	34.17	24.39	4.05	49.86	17.22	30.83	58.76	16.20	40.37	30.47	60.70
Health Disbursements per Capita (constant 2013 US\$)	41.85	43.19	33.39	31.53	31.88	41.24	47.47	48.25	63.40	33.37	61.71
Regional Avg Health Commitments per Capita (const. 2013 US\$)	0.48	0.57	0.50	0.59	0.59	0.61	0.94	0.80	0.65	0.59	1.05
Regional Avg Health Disbursements per Capita (const. 2013 US\$)	0.38	0.41	0.43	0.51	0.57	0.53	0.63	0.72	0.70	0.69	0.66
Total Expenditure on Health (curr US\$ p.c.)	44.76	46.22	69.10	63.31	67.11	71.93	91.49	94.87	81.45	100.65	100.27
General Government Expenditure on Health (curr US\$ p.c.)	41.28	42.45	65.01	58.95	62.44	66.72	86.52	89.59	77.38	95.03	94.23
Private Expenditure on Health (curr US\$ p.c.)	3.47	3.77	4.09	4.36	4.67	5.21	4.96	5.28	4.07	5.63	6.04

Purpose of Allocation of ODA for Health											
COMMITMENTS	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Health Policy & Admin Management	13.77	10.91	0.77	22.68	3.59	2.87	21.79	0.15	14.84	12.02	4.73
MDG6 (Control of HIV/AIDs, TB, Malaria and other diseases)	0.00	0.03	0.00	1.25	4.45	4.50	5.22	7.82	3.12	3.44	1.91
Other Health Purposes	1.44	0.15	0.96	0.03	0.43	8.15	3.24	0.56	3.20	1.22	26.67
Reproductive Health & Family Planning	0.03	0.07	0.18	0.00	0.00	0.00	0.00	0.00	0.54	0.05	0.72
Grand Total	15.25	11.17	1.90	23.97	8.48	15.52	30.25	8.53	21.70	16.73	34.03
DISBURSEMENTS	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Health Policy & Admin Management	17.87	18.35	13.14	14.86	13.74	0.98	1.97	14.54	26.96	12.27	4.73
MDG6 (Control of HIV/AIDs, TB, Malaria and other diseases)	0.08	0.51	0.64	0.14	1.35	15.20	17.15	7.41	3.54	4.64	2.81
Other Health Purposes	0.44	0.39	1.39	0.03	0.61	4.58	5.31	3.44	3.19	1.21	26.67
Reproductive Health & Family Planning	0.29	0.51	0.50	0.13	-0.01	0.00	-0.00	0.00	0.39	0.21	0.39
Grand Total	18.68	19.77	15.67	15.16	15.69	20.76	24.44	25.39	34.09	18.32	34.60
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TOTAL

In the period 2012-2013 the total amount of US\$ Million 52.92 was disbursed from donors for implementation in 89 different transfers

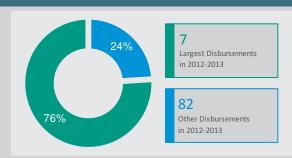
HOW MUCH DONORS DISBURSED IN 2012-2013								
Bilateral	Number of Disbursements	Total	Multilateral/Foundation	Number of Disbursements	Total			
Australia	24	44.04	BMGF	1	0.11			
Italy	1	0.02	EU Institutions	1	0.01			
Japan	26	3.23	GAVI	3	0.68			
New Zealand	2	0.18	IDA	1	0.25			
Republic of Korea	1	0.03	The Global Fund	2	2.42			
			WHO	27	1.97			
			TOTAL	35	5.43			

83.2% Australia 6.1% Japan 4.6% The Global Fund 3.7% WHO 1.3% GAVI

5 LARGEST SOURCES OF DISBURSEMENTS FOR HEALTH IN 2012-2013

Region; EURO-WHO European Region; MDG-Millennium Development Goals; SEARO-WHO South-East
Asia Region; UN – United Nations; WPRO-WHO Western Pacific Region; AfDB-African Development Bank;
AfDF-African Development Fund; Arab Fund (AFESD)-Arab Fund for Economic and Social Development;
ASDB Special Funds-Asian Development Bank; BADEA-Banque Arabe de Développement Economique en
Afrique; CEB-Council of Europe Development Bank; EU Institutions-Europpean Commission, European
Community; GAVI-Global Alliance for Vaccines and Immunization; IDA-International Development
Association (World Bank); IDB Sp.Fund-Inter-American Development Bank, Special Fund; OFID-OPEC Fund
for International Development; The Global Fund to Fight AlDS, Tuberculosis and Malaria;
UNAIDS-Joint United Nations Programme on HIV/AIDS; UNDP - United Nations Development Programme;
UNFPA-United Nations Population Fund; UNICEF-United Nations Children's Fund; UNPFP-United Nations Fund; UNFPA-United Nations Fund; UNFPA-United Nations Fund; UNFPA-United Nations Children's Fund; UNFPA-United Nations Fund; UN

			7 largest SINGLE disbursements in 2012-2013
\$19.02m	2013	AUSTRALIA	Basic health care
\$9.13m	2012	AUSTRALIA	Health policy & admin. management
\$3.12m	2013	AUSTRALIA	Health policy & admin. management
\$3.01m	2013	AUSTRALIA	Basic health care
\$2.90m	2013	AUSTRALIA	Basic health care
\$1.71m	2012	AUSTRALIA	Malaria control
\$1.46m	2012	AUSTRALIA	Population policy and admin. mgmt



SOURCE: This information was extracted on 23/09/2015 from the Creditor Reporting System (CRS) database maintained by the Organization for Economic Co-operation and Development (OECD), Statistics Department (https://stats.oecd.org/Index.aspx?DataSetCode=CRS1).

DEFINITIONS: CRS financial data presented here are commitments and disbursements. 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 development purposes. A disbursement is the release of funds to, or the purchase of goods or services for, a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. It can take several years to disburse a commitment. Yearly commitments and disbursements are presented in constant 2013 US\$ to ensure comparability over years. ODA for health volumes are also 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. MDG6; Reproductive Health & Family Planning).

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