World Vision

GLOBAL HEALTH & WASH

DEVELOPMENT ASSISTANCE FOR HEALTH

DONOR LANDSCAPE FOR HEALTH FINANCING

EMPOWER, EQUIP, ADVOCATE

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EXECUTIVE SUMMARY

As World Vision (WV) is initiating a new strategy for grant acquisition and management (GAM), a rapid assessment was made of the global donor landscape for health financing in order to better understand the scope of available funding and the feasibility of increasing WV's share for health programming. The global review includes an overview of trends in development assistance for health (DAH) from 2001–2012, a closer look at current official development assistance (ODA) and DAH levels, the grant-making priorities and modalities of major multilateral and bilateral donors[1] and the current WV DAH portfolio.

Development assistance for health from all sources gradually increased throughout the 1990s then rapidly increased from 2001–2010, reaching a historic high of US$28.2 billion[2] by 2010. Latest analysis[3] reveals a period of no growth in the past two years, with the total DAH decreasing slightly to $28.1 billion in 2012.

Within the overall growth in DAH, there have been significant changes in the channels of funding. Since 2001, steady growth in health funding of the bilateral government donors and the appearance of the vertical specialised funding channels for health (Global Fund, Global Alliance for Vaccines and Immunisations, etc.) were balanced by significant slowing of growth in funding for health from the World Bank, regional development banks and United Nations agencies. The proportion of DAH funding implemented through civil society organisations (CSOs) is not readily apparent from this global scan, but it can be estimated as a small portion of the total of DAH. The largest bilateral donors (including the US and Canada) channel the most DAH through NGOs, and the multilateral organisations, especially the International Finance Institutions (IFIs), are the least likely to fund NGOs either directly or indirectly. Among multilateral organisations, the Global Fund, Global Alliance for Vaccines and Immunisations (GAVI), UNICEF and the Open Society Foundations (OSF) present untapped opportunity.

Another current reality in the donor landscape for health is the decentralisation of donor decision-making and funding to country missions by

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[1] The terms 'bilateral donors' and 'bilaterals' refer to official government agencies responsible for overseas development assistance. 'Multilateral donors' and 'multilaterals' refer to organisations whose governance and/or funding sources include multiple governments and, in some cases, a mix of public and private sector organisations.
[2] All references to dollar amounts throughout this paper represent United States dollars (US$).
[3] Institute for Health Metrics and Evaluation, *Financing Global Health 2012: The End of the Golden Age?* Seattle, WA: IHME, 2012.

both multilateral and bilateral agencies. In response to the Paris and Rome declarations on aid effectiveness, donors for the most part are tying aid to the country health strategy and are coordinating sector strategies and funding gaps at the country level, thus reducing centralised grant solicitation or information. Donors and their intermediaries (such as national ministries of health) also vary greatly in their funding procedures. Tracking of programme and funding strategies, therefore, must be done at the country level to identify specific grant opportunities. The donor profiles making up the bulk of this report provide insight, where available, into their unique grant-making modalities.

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TRENDS IN DEVELOPMENT ASSISTANCE FOR HEALTH

SOURCES AND CHANNELS OF DAH

Sources of Development Assistance for Health (DAH) include the national treasuries of developed countries, the debt repayments from developing countries to the international financing institutions (IFIs) as well as private philanthropies and corporate donations. Funds from these sources are channelled to development programming principally through bilateral development assistance agencies in donor countries, multilateral development assistance entities, including the World Bank, regional development banks and United Nations agencies, and through the new public-private partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the Global Alliance for Vaccines Initiative (GAVI). Non-governmental organisations (NGOs) and private foundations are also channels of funding.[4]

OVERALL GROWTH

After two decades of remarkable growth, development assistance for health from all sources currently seems to have entered a period of no growth. From 1990 to 2001, DAH nearly doubled from $5.66 billion to $10.51 billion. Over the next decade, though, the pace accelerated even more quickly, with DAH almost tripling to $28.2 billion in 2010. Beginning in 2004, DAH increased annually by more than 8 per cent, reaching a peak of 17 per cent annual growth before slowing to just 6 per cent annually between 2007 and 2010.[5] In 2011, DAH fell for the first time since it has been tracked and then rose slightly in 2012. From 2010–2012, DAH dropped by $58 million to $28.1 billion, an annualised decrease of less than 0.1 per cent, perhaps signalling a new phase of no growth.[6]

CHANNELS OF FUNDING

Within the overall growth in DAH, there have been significant changes in the channels of funding. From 2001–2010, the steep rise in health funding of the bilateral government donors and the appearance and rapid growth of the

[4] This paper mainly discusses the channels of funding, rather than sources. Some funding flows from one channel (e.g. a bilateral agency) through another (e.g. a multilateral agency) before being transferred to implementing organisations. Estimates of funding for each channel avoid 'double counting' in such cases by subtracting any amounts from the originating donor agency that are included in the second.

[5] Institute for Health Metrics and Evaluation, *Financing Global Health 2011: Continued Growth as MDG Deadline Approaches*. Seattle, WA: IHME, 2011.

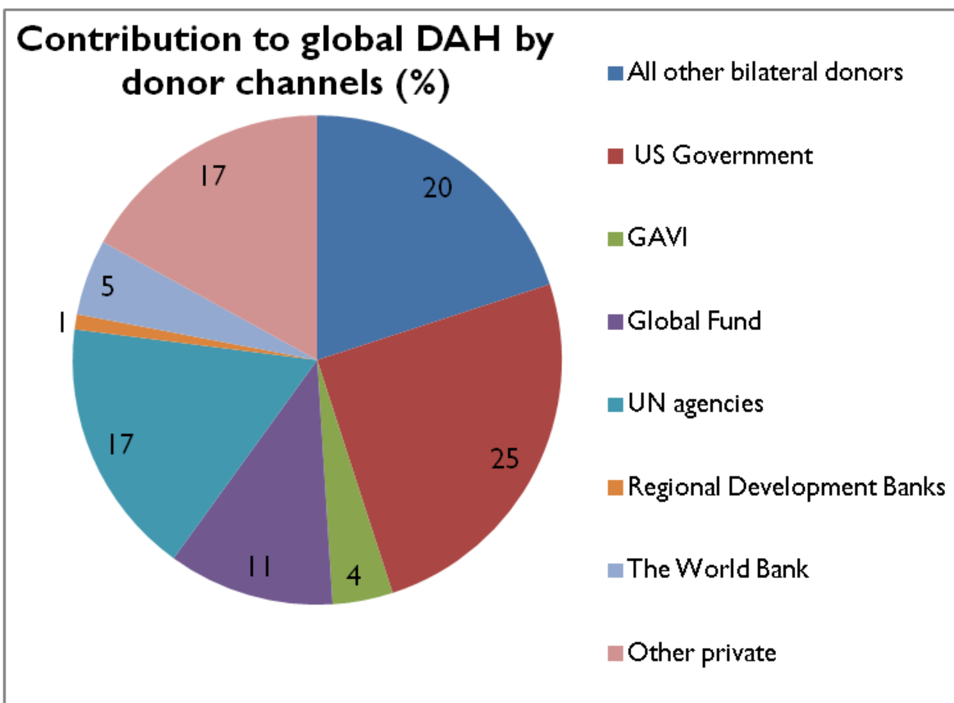
[6] Institute for Health Metrics and Evaluation, *Financing Global Health 2012: The End of the Golden Age?* Seattle, WA: IHME, 2012.

public-private specialised funding channels (Global Fund, GAVI, etc.) more than compensated for the significant slowing of growth in health funding from several large multilateral agencies, including the World Bank, regional development banks and UN agencies. In the past two years, a new trend seems to be emerging, characterised by slowing growth in the bilaterals and increases in some multilaterals.

Bilaterals are the most significant channels for DAH, together making up 45 per cent of all DAH in 2010, up from 30 per cent in 2001. Total DAH funding through bilateral agencies grew from $9.55 billion in 2008 to $12.16 billion in 2010, a 27 per cent increase, before declining slightly from 2011 to 2012. The US government has been by far the largest donor of DAH every year since 1990, providing $7 billion, or 25 per cent of total DAH in 2010. The United Kingdom is the second largest government funder of DAH. It showed a significant increase in funding, from $567 million in 2002 to $1.23 billion in 2007, before dropping its funding to $1.16 billion in 2010. Reductions among the bilaterals in the past two years have not been uniform, with Australia and the United Kingdom's DAH rising, and that of the biggest overall source, the United States, falling 3.3 per cent.

Among multilaterals, The Global Fund expenditures increased rapidly over the past decade to $3.3 billion in 2010, providing 11 per cent of total DAH, rising from 1 per cent in 2002. Its growth declined recently, to $3.1 billion. GAVI, though a smaller donor, grew rapidly through 2012, increasing disbursements to $1.8 billion, an extraordinary annual change of 41.9 per cent.

Overall, the UN provided 17 per cent of total DAH in 2010, down from 24 per cent in 2001. After that long decline, the percentage of DAH from all UN agencies increased slightly in the past two years, driven principally by increased expenditures by UNICEF. The World Bank's role as a channel for DAH also shrank over the decade, representing 5 per cent of all DAH in 2010, down from 17 per cent in 2001. However, 2012 also saw a correction in DAH for the Bank, with a 22 per cent increase from 2011–2012. The three regional development banks provided about 2 per cent of all health funding in 2008, and less than 1 per cent in 2010, with no change in the past two years.



(The balance is from private, NGO, corporate and recipient government sources).

PRIORITY HEALTH THEMES

- In terms of health focus or themes, HIV and AIDS received the most funding – up to 30 per cent of all DAH in 2010 – driven by the creation and swift growth of the US President's Emergency Fund for AIDS Relief and the Global Fund.
- Maternal, newborn and child health (MNCH) received about 23.3 per cent of all DAH in 2010, growing slightly over 2009. MNCH growth trends from 2009 to 2010 coincide with the creation of new MNCH initiatives such as the *Every Woman Every Child* initiative of 2010, which raised $20 billion. In 2012, the London Summit on Family Planning also succeeded in mobilising billions of dollars for MNCH.
- Tuberculosis and malaria funding grew steadily from 1990, with malaria having a stronger rate of growth than any other health focus from 2007–2008 and then declining in 2009–2010 as TB funding grew. Still, tuberculosis and malaria together received less than one-third of HIV and AIDS funding in 2010.
- Health-sector support (HSS) had a slow rate of growth, and then received a boost after the international donors committed to this focus in the 2005 Paris Declaration on Aid Effectiveness. HSS grew by $700 million from 2005 to 2010 to about 5 per cent of DAH in 2010.
- Noncommunicable disease (NCD) has consistently received the least amount of funding compared with other health focus areas at 0.8 per cent of the total. Interestingly, fully 42 per cent of NCD funding is from a private foundation, The Bloomberg Family Foundation, and another 26 per cent is from WHO.

Decentralised operations

All donor agencies have increasingly decentralised their funding operations to the country level in accord with the Accra and Rome aid effectiveness agreements. The trend is apparent among the multilateral organisations that have strengthened country and regional missions with decision-making authority in order to collaborate closely with national governments in the development of national plans that guide funding and programming priorities. The implication of this trend for WV is that tracking, planning and pre-positioning for health funding opportunities for most donors must be at the country level, involving familiarity with the national programme strategies and WV national office engagement with the local donor mission and the national Ministry of Health (MOH). Even the Global Fund, which has so far resisted the trend toward establishing local offices, is tying grant proposals closer to national disease strategy and strengthening local decision-making in its new funding mechanism, which is being phased in during 2013.

Recipients

Of the multilaterals, the World Bank and the three regional development banks expend all funding to national governments through credits and grants. A small amount of this is programmed by government for implementation by national civil society organisations or international NGOs (INGOs), but this is not consistently or transparently reported. The vast majority of UN agency funding is expended either directly on the agency's own research, technical assistance and programming or on national government programmes. However, funding opportunities for WV do exist as UNICEF, United Nations Population Fund (UNFPA) and GAVI have issued country- level calls for proposals addressed to civil society, and WHO has issued both the global TB Reach and the regional Rapid Access Expansion (RAcE) grant-making programmes, for which CSOs and NGOs are eligible. The Global Fund is an exception among the multilateral agencies, having been established as a global, centralised organisation focused on grant-making for health. Both CSOs and national governments (as well as the private sector) are eligible as recipients and sub-recipients of the Global Fund grants.

Funding modalities

About 38 per cent of funding for health in 2010 was channelled through NGOs; 25 per cent flowed through governmental entities; and the remaining 36.3 per cent was split among UN agencies and other multilaterals.

Bilateral donors

Various countries favoured different modes of delivery. The high proportion of spending on NGOs overall was driven predominantly by the large amount of DAH provided by the US to NGOs. The US provided 52 per cent of DAH through NGOs, while 48 per cent of Canada's DAH also flowed through these

organisations. Australia and Ireland delivered more than one-third of their DAH through NGOs. Korea channelled 80.6 per cent of DAH through governmental entities. On the other hand, most European countries preferred to channel support through the European Commission (EC) or multilateral organisations. Some European countries favoured particular multilaterals. For instance, Finland and Austria allocated a high proportion of DAH to UNFPA, while France spent 35 per cent of its DAH supporting the Global Fund. Germany, Japan and Italy tended to favour a mix of bilateral and multilateral organisations, with less than 10 per cent going to NGOs.

The modalities used by bilaterals to fund NGOs varies widely but funding is almost universally through competitive calls for proposals and tenders.

INTERNATIONAL FINANCING INSTITUTIONS

The international financing institutions (IFIs), including the World Bank and the regional development banks, make loans and grants directly to national governments in response to country plans. IFIs increasingly engage in dialogue and activity to include civil society in many aspects of development programming, including policy and strategy development, country assessment, programme design, monitoring and evaluation. However, this recent emphasis on strategic partnering has not translated into consistent or increasing transfers of funding to civil society organisations such as WV. In a limited number of exceptions, governmental recipients have awarded IFI funds to civil society implementing partners through a competitive bidding process. For instance, the World Bank's current Scaling Up Nutrition (SUN) programme emphasises involvement of community-based organisations. As an example, eight Area Development Programmes (ADPs) of WV Senegal among other CSOs are receiving funds from the government of Senegal for implementing a World Bank-funded nutrition programme. These types of programmes have remained small and rare because of weak government systems to manage sub-grants to civil society and because of the high risk for mismanagement. All such funding is competitive and awarded through standard procurement procedures such as tenders.

UN specialised agencies

The UN agencies are, for the most part, implementing organisations as well as channels of donor funding. They spend the vast majority of their budgets on their own programmes and technical assistance or in funding ministries of health for national health systems (policy and strategy, staffing, procurement and administrative systems), research and statistics.

Among the UN agencies, there are sporadic (not predictable) calls for proposals at the national level, open to either NGOs or governmental agencies, making up a small portion of the total health budgets. These

opportunities emanate from country plans, rather than from agency headquarters, meaning that tracking, identifying and positioning for the opportunities needs to be done at the national level. The UN organisations all have rigorous competitive procurement processes and do not generally accept unsolicited proposals from NGOs. The UN also has a procurement data base, the UN Global Marketplace, which is a central listing of all procurement requests from all agencies. This site, which can be found at https://www.ungm.org/, requires pre-registration of interested organisations and mainly requests offers for materials, construction and services such as studies and training, but it occasionally includes a request for proposal (RFP) for a development project. WV national offices have succeeded in winning some of these grants. (See Annex 3 for the full list of WV's multilateral grants for health in FY 2012.) Some support offices are also beginning to bid successfully on the technical services tenders, though not for health, as of yet.

In recent years, three regular grant programmes have emerged from health multilaterals that disburse funding directly to civil society: the Global Fund, TB Reach and RAcE. The TB Reach, from which WV has been awarded three grants, is managed globally by the Stop TB Partnership, with technical and administrative support from WHO. There have been three annual calls for country-based proposals since 2010. The more recent RAcE programme from WHO, focused on community case management for malaria, issued a first wave of calls for five African countries in 2012. Both TB Reach and RAcE are funded by special funds from the Canadian government and are highly competitive. They represent strong opportunities for WV.

New public-private multilateral donors

The Global Fund was founded specifically as a grant-making agency for financing rapid scale-up of prevention, care and treatment of HIV, malaria and tuberculosis. The Global Fund has not established country offices, retaining its secretariat entirely in Geneva, issuing global calls for proposals and working through the Country Coordinating Mechanism (CCM) for design, Local Fund Agents (LFA) for monitoring, and UN specialised agencies (WHO, UNAIDS) for technical health policy. The Global Fund's founding principles also emphasised country ownership but added the nuance that country ownership does not mean government ownership; and the Global Fund created structures such as the CCM and policies such as dual-track financing to ensure that civil society was involved in all phases of project preparation as well as being eligible as grant recipients and implementers. The Global Fund is currently in the process of changing its grant funding mechanism to bring it into closer alignment with national health strategies, and there is currently some uncertainty as to how accessible the new, less-centralised 'iterative' grant decision-making process will be for civil society.

GAVI is also a grant-making organisation but on a different model. It disburses the majority of its grants to national governments for strengthening vaccine delivery systems and piloting new or under-used vaccines. GAVI piloted a programme of disbursing grants to local community-based organisations and NGOs from 2009–2010, and is committed to partnering with civil society. No WV offices presented proposals or won funding from GAVI so far, but, especially in view of GAVI's rapid growth, it should present more opportunities for WV implementers in the future.

This survey included the Open Society Foundations because it represents another 'new' kind of multilateral donor, raising its funds from multiple private foundations. Mainly focused on human rights and democracy strengthening, with about 10 per cent of its funds going for health, the Open Society Foundations nevertheless has prioritised grant-making to civil society organisations and thus should offer some opportunity for resource mobilisation for WV. It is a small centralised organisation that issues its calls for proposals on its website.

WV GRANT REVENUE FOR HEALTH

In FY 2012, WV offices reported commitments of $35.67 million for 53 health grants from multilateral organisation donors. Of this, about $34 million (87 per cent) was from the Global Fund alone. During the same period, a total of $73 million in approximately 64 grants was reported from bilateral governments. Of this, about $42 million (58 per cent) was from US government sources.

FY12 World Vision commitments for health from grants ($US)						
	Health	HIV and AIDS	WASH	Total	Largest donor	
Bilateral	24,427,852	29,465,761	19,090,043	72,983,656	58%	USG
Multilateral	29,743,230	1,640,964	4,285,179	35,669,373	87%	Global Fund
Total	54,171,082	31,106,725	23,375,222	108,653,029		

Source: World Vision Financial Reports Service Centre

The current WV portfolio is heavily weighted toward grants from one multilateral agency (the Global Fund) and one government donor (the United States). This weighting generally reflects the dominance of those donors in the overall DAH, and their strategy of funding NGOs. However, this situation reveals not only portfolio risk but a failure to capture the full opportunity presented by the other donors.

MULTILATERAL DONOR PROFILES

From information available on the websites and in published materials of ten major multilateral organisations, it can be seen that in the most recent year available, these agencies disbursed about $13.7 billion for health (Annex 1). While the World Health Organization (WHO) is the largest multilateral agency in overall expenditures for health, it actually allocates a very small (though undocumented) portion to NGO implementing partners in grants and contracts. On the other end of the spectrum, the Global Fund was established as a grant-making agency with a health mission that intentionally includes NGOs as grantees. There could be additional opportunity for WV health funding among some of the other multilateral organisations such as GAVI, UNICEF and UNFPA.

As the following profiles of multilateral agencies show, and as summarised in Annex 1, the International Finance Institutions are generally investing less than 10 per cent of their portfolios in health, and together contribute less than 6 per cent of all DAH. In addition, the vast majority of IFI funding is not directly disbursed or available to international or national NGOs, although the exact amount available as grant funding or contracts to civil society is unclear due to a lack of transparency regarding end-users of IFI funding.

A. World Health Organization

The World Health Organization is a specialised agency of the United Nations focused on global health. WHO provides both thought leadership and technical support, while monitoring health trends and setting health analysis norms and standards. WHO prioritises six objectives in their global health agenda:

1. promoting development: providing leadership on matters critical to health and engaging in partnerships where joint action is needed
2. harnessing research, information and evidence: shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
3. strengthening health systems: setting norms and standards and promoting and monitoring their implementation
4. fostering health security: articulating ethical and evidence-based policy options
5. improving performance: providing technical support, catalysing change and building sustainable institutional capacity
6. enhancing partnerships: monitoring the health situation and assessing health trends.

WHO is currently composed of 194 member nations. According to its 2010–2011 Financial Report, WHO's total programme expenditure in FY 2011 was $3.866 billion. Forty-six per cent of WHO programmatic expenses was allocated for salaries and another 14 per cent was for technical assistance contracts. Only 12 per cent was for transfers and grants to counterparts for agreed activities, mainly ministries of health. In FY 2010, WHO programme budget allocations were as follows:

Strategic objectives		Total 2010–2011	Portion
1	Communicable diseases	$1,738,012,574	41.4%
2	HIV and AIDS, TB & Malaria	$455,737,202	10.9%
3	Chronic noncommunicable conditions	$98,149,321	2.3%
4	Child, adolescent, maternal, sexual & reproductive health, and healthy ageing	$191,968,220	4.6%
5	Emergencies & disasters	$321,352,761	7.7%
6	Risk factors for health	$96,568,813	2.3%
7	Social and economic determinants of health	$37,059,105	0.9%
8	Healthier environment	$85,080,130	2.0%
9	Nutrition, food safety and food security	$62,291,834	1.5%
10	Health systems and services	$298,851,836	7.1%
11	Medical products and technologies	$137,717,147	3.3%
12	WHO leadership, governance & partnerships	$264,850,993	6.3%
13	Enabling & support functions	$411,796,013	9.8%

With a few exceptions, WHO does not provide grants to private organisations, and the vast majority of its budget is spent on its own programming, including technical assistance to national ministries of health. A handful of special programmes and departments issue grant funding for research. The Tropical Disease Research (TDR) and Reproductive Health and Research (RHR) programmes are the principal mechanisms for grant funding within WHO. Neither of these programmes issue programme implementation grants, only funding for research.

Funding opportunities from WHO for WV

TB Reach is a grants programme implemented by the Stop TB Partnership. The TB Reach grants are funded by a grant from the Canadian government

to the Stop TB Partnership. WHO has a dual responsibility in its partnership with the Stop TB Partnership: 1) providing guidance on global policy and 2) housing the Stop TB Partnership Secretariat, a small team that administers TB Reach based on the policies, guidelines, human resources management and subject matter expertise of WHO.

TB Reach grants focus on reaching people who have limited or no access to TB services. Through wave-based competitive global calls for country-based proposals, TB Reach awards grants of up to $1 million for a one-year period to institutions and organisations that submit successful proposals. TB Reach has so far completed three annual global calls for proposals. These have been highly competitive, with the awards going to a wide variety of organisations, including national research institutes and health ministries, hospitals, foreign and national universities, specialised TB organisations, national NGOs and consortia as well as a few international NGOs. So far, WV has submitted proposals for each wave, and was awarded two grants in wave 1 (Rwanda and Somalia) and one grant in wave 2 (Guatemala).

TB Reach Awards 2010–2012

Wave & Year	Amount awarded	Grants awarded	Applications	Success ratio	WV awards
Wave 1, 2010	$18.4 million	30	192	16%	2
Wave 2, 2011	$29.2 million	45	318	14%	1
Wave 3, 2012	$27.0 million	37	320	12%	0

A new grants programme from WHO called Rapid Access Expansion Programme 2015 (RAcE) was established in mid 2012. The main objective of RAcE 2015 is to catalyse the scale-up of community case management of malaria (CCMm) and integrated community case management (iCCM), which includes the treatment of pneumonia and diarrhoea, as an integral part of government health services in sub-Saharan Africa. Under the RAcE 2015 Programme, WHO intends to award grants of about US$2 million annually, renewable for up to five years, to selected institutions or organisations submitting successful proposals that aim to strengthen either CCMm or iCCM. As of this writing, the WHO call for proposals for four countries is closed and two WV programmes, Niger and Mozambique, have applied for this funding. The results are not known. There may be future rounds of this grant facility and WV Global Health and WASH should make efforts to keep informed.

Resources

- World Health Organization. (2008). Financial report and audited financial statements for the financial period 1 January 2010 to 31 December 20011. Retrieved from http://www.who.int/about/resources_planning/A65_29-en.pdf.
- Stop TB Partnership. (2012). *About TB Reach*. Retrieved from http://www.stoptb.org/global/awards/tbreach/about.asp.
- World Health Organization. (2012). *About WHO*. Retrieved from http://www.who.int/about/en/index.html.
- World Health Organization. (2012). *The WHO agenda*. Retrieved from http://www.who.int/about/agenda/en/index.html.

B. United Nations Children's Fund

The United Nations Children's Fund (UNICEF) is a specialised agency of the United Nations that advocates for children, helps meet their basic needs and provides long-term developmental assistance for the rights of children and mothers living in poverty, violence, disease or discrimination. UNICEF's programmes are aligned with the Millennium Development Goals, UN Charter, the Convention on the Rights of the Child as well as the Global Movement for Children. UNICEF is active in more than 190 countries through country programmes and its own national committees.

UNICEF programmes prioritise five focus areas: child development and survival, basic education and gender equality, HIV and AIDS in children, child protection, and policy advocacy and partnerships. In addition to these five focus areas, UNICEF programmes include efforts in nutrition, early childhood, health, immunisation, life skills, pandemic influenza, and water, sanitation and hygiene (WASH).

In FY 2011, UNICEF programme expenditures totalled $3.8 billion in regular resources (non-emergency or 'other'). According to its most recent Annual Report, the disbursements of UNICEF expenditures were as follows:

1.	Young child survival and development	$1,500 million
2.	Basic education and gender equality	$709 million
3.	Child protection	$339 million
4.	Policy Advocacy	$553 million
5.	HIV and AIDS	$152 million
6.	Institutional budget	$70 million
7.	Other interventions	$21 million

UNICEF partners with other organisations on certain global advocacy programmes but largely uses its funding to operate local programmes in each region. In FY 2011, World Vision International (WVI) contributed $403,540 to

UNICEF. UNICEF does not have a grant-making programme at global headquarters to provide institutional grants to international NGOs.

Funding opportunity from UNICEF for WV

UNICEF has a decentralised structure in which country offices are the primary point of decision-making. UNICEF works through partnerships with all types of civil society organisations (CSOs) at the sub-national and national levels, including international and national NGOs, faith-based organisations (FBO) and community-based organisations. The benefits that UNICEF brings to a partnership include convening power, capacity building, technical expertise and effective procurement as well as financial resources. Partnerships can be formal or informal. UNICEF uses three modalities for formal partnerships:

1. **Memorandum of Understanding** for a strategic alliance between UNICEF and an organisation or network of CSOs that doesn't usually involve a transfer of resources.
2. **Programme Cooperation Agreement**, which is a legally binding document and usually involves a transfer of resources. The purpose and objectives are jointly determined by all the parties involved. There are two types, depending on whether the funds transfer is more or less than $100,000.
3. **Small-scale funding agreements**, a legally binding grant instrument used when UNICEF's contribution is $20,000 or less.

When the CSO will provide a specific service or good to achieve a predetermined result, the UNICEF office may choose to *contract* the organisation on a ***special services agreement***. Such contracts are not partnerships because UNICEF retains the primary responsibility for determining the design, management and results of the contractual relationship.

Partnerships can be initiated either by a CSO or by UNICEF, throughout its country programme life cycle. A typical UNICEF country programme lasts for five years and involves three main phases, each of which may have a role for WV and other CSOs:

1. **Situation analysis and preparation of the programme**: This can involve child-focused CSOs, such as WV, in the formulation of the Common Country Assessment (CCA) and UNICEF's contribution to the country's UN Development Assistance Framework (UNDAF); CSO programming partners might be included in the five-year programme at this stage, with delegated responsibility for parts of the programme.

2. **Implementation of the programme**: UNICEF may initiate a partnership with a call for proposal, or a CSO may make direct inquiries to the UNICEF country or regional office.
3. **Monitoring and evaluation of results**: CSOs involved in the programme as well as others may be engaged in monitoring and evaluation.

The partnering process is highly participatory, involving joint design, capacity assessment, discussions of risks and roles, development of results framework and work planning. The funding amount for individual partnerships tends to be small to moderate.

UNICEF is also a key player in humanitarian emergencies, responsible within the Inter-agency Standing Committee's global cluster system for working with CSOs in the child-focused areas, and it issues relatively small grants at national level for these activities.

Resources

- United Nations Economic and Social Council. (2011). *United Nations Children's Fund interim financial report and statements for the year ended 31 December 2010, the first year of the biennium 2010–2011*. Retrieved from http://www.unicef.org/about/execboard/files/2011-ABL6_Interim_Financial_Report-ODS-English.pdf.
- United Nations Children's Fund. (2012). *What we do*. Retrieved from http://www.unicef.org/whatwedo/index.html.
- United Nations Children's Fund. (2012). *UNICEF Annual Report 2011*. Retrieved from http://www.unicef.org/publications/index_62537.html.
- United Nations Children's Fund. (2012). *Civil society guide to working with UNICEF*. Retrieved from http://www.unicef.org/about/partnerships/files/civil_society_guide_LoRes.pdf.

C. The United Nations Population Fund

The United Nations Population Fund (UNFPA) is a United Nations specialised organisation that supports countries in using population data for policies and programmes to reduce poverty and improve health. The goals of UNFPA are achieving universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and accelerating progress on the International Conference for Population and Development agenda and Millennium Development Goal (MDG) 5 (reducing maternal mortality). UNFPA also focuses on improving the lives of youths and women by advocating for human rights, gender equality and adolescent reproductive health, and by promoting the understanding of population dynamics.

UNFPA partners with governments, communities, NGOs and the private sector to undertake censuses, surveys and related research, and to strengthen national population and health statistics. The organisation also provides global procurement of contraceptive medicines and strengthens countries' delivery systems. It promotes strategies and policies to reduce maternal mortality, including a global programme to train and equip midwives and other health workers and to prevent and treat obstetric fistula. UNFPA leads efforts in adolescent sexual and reproductive health, prevention of HIV and STIs, promoting social change for a positive socio-cultural enabling environment, empowering women and girls, and reducing gender-based violence.

Within the coordinated interagency response to disasters, UNFPA takes the lead in providing supplies and services to protect reproductive health, emphasising the special needs and vulnerabilities of women and young people.

It is a largely decentralised organisation with five regional offices and six sub-regional offices in the field that coordinate work in about 150 countries. Programme and project decisions are made at country level in agreements with the national government.

In 2010, UNFPA total expenditures were $824 million. UNFPA project expenditures were distributed to the following **regions**:

UNFPA expenditures by region	
Sub-Saharan Africa	37%
Asia and the Pacific	26%
Arab States	7%
Latin America and the Caribbean	11%
Eastern Europe and Central Asia	5%
Global or other programmes	14%

The 2010 report also shows the percentage of assistance given to each **programme area**:

UNFPA expenditures by programme area	
Reproductive health	48%
Gender equality and women's empowerment	12%
Population and development	21%
Programme coordination and assistance	20%

And by **implementing partner**:

UNFPA expenditures by implementing partner	
NGOs	11.3%
Governments	21.0%
UNFPA	65.0%

The majority of UNFPA's resources are distributed to country governments and through UNFPA-managed programmes. Opportunities for private sector companies and NGOs usually come through government procurements and national calls for proposals. Many of UNFPA's priorities in reproductive health are in line with WVI's capabilities, and local opportunities may exist, based on a country's needs and government call for proposals.

Resources

- United Nations Population Fund. (2010). *UNFPA Annual Report 2011*. Retrieved from UNFPA – Annual Report 2011.
- United Nations Population Fund. (2012). *For customers*. Retrieved from http://www.unfpa.org/public/home/procurement/pid/8638.
- United Nations Population Fund. (2012). *The NGO Advisory Panel*. Retrieved from http://www.unfpa.org/public/home/about/pid/6469.
- United Nations Population Fund. (2012). *UNFPA worldwide*. Retrieved from http://www.unfpa.org/worldwide/index.html.

D. The Global Alliance for Vaccines and Immunisation

The Global Alliance for Vaccines and Immunisation (GAVI) is a global public–private health partnership that saves children's lives through increased access to immunisation in poor countries. GAVI provides support and facilitates unique partnerships among developing and donor nations, private businesses and major multilateral organisations such as WHO, UNICEF, World Bank and the Gates Foundation. By creating a single decision-making body focused on immunisation, GAVI leverages the specific skill sets of its partners to strengthen strategy, policy, advocacy, fundraising, vaccine development, procurement and delivery in developing countries.

GAVI is a grant-making organisation, with the majority of funds going directly to national governments for vaccine programme support, vaccine campaigns, new vaccine pilots and health systems strengthening. Fifty-seven countries are currently eligible for GAVI support. Eligibility is limited to countries with a per capita Gross National Income (GNI) below or equal to $1,520. For country programme support, applications for funding are submitted by the national government, signed by ministers of health and finance; there is also a multi-

year plan for new and under-used vaccines support. The GAVI health systems funding scheme operates on a rolling basis for countries requesting support for health system strengthening. HSS support funding is performance based and is linked to improvements in immunisation coverage and equity of access. GAVI's HSS platform is based on the principles of the International Health Partnership (IHP+) in that programmes are country driven, country aligned, harmonised, predictable, collaborative, catalytic, innovative, result oriented and sustainable. For the next four years, GAVI has outlined four strategic goals:

1. Vaccine: Accelerate the update and use of under-used and new vaccines.
2. Health Systems: Strengthen the capacity of integrated health systems to deliver immunisation.
3. Financing: Increase the predictability of global financing and improve the sustainability of national financing for immunisation.
4. Market Shaping Goal: Shape vaccine markets.

According to its 2011 Financial Report GAVI spent $1,240 million in global programme expenses.

Civil society support

In 2012, GAVI provided no new funding to NGO or charitable organisations directly. However, from 2006–2011, GAVI provided $22 million in support to CSOs through two channels:

- **CSO Type A** funding, available to all GAVI-eligible countries, was aimed at strengthening the role and representation of CSOs in country-level coordination. In 2008, the first full year of such support, this type of support went to Democratic Republic of Congo, Ethiopia, Ghana, Indonesia and Pakistan ($700,000).
- **CSO Type B** funding disbursed $22 million to support pilot projects by CSOs complementing the work of governments by direct involvement in implementing health system strengthening and immunisation. Recipients include Afghanistan, DR Congo, Ethiopia, Indonesia and Pakistan.

The GAVI support to CSOs was intended to encourage an increase in involvement of CSOs in immunisation, child health and HSS, and to develop closer working relationships between the public sector and civil society in the delivery of health care, particularly immunisation. Examples of how CSO funding has been used include

- raising community awareness to improve maternal and child health in Ethiopia and Pakistan
- engaging the Scout movement in Indonesia in immunisation activities
- collaborating with the private sector to reach rural communities in Afghanistan.

The CSO funds were awarded following rigorous participatory planning processes within each country, involving the MOH and/or the Health Sector Coordinating Committee, civil society and GAVI as well as technical partners, generally capped with a competitive bid. It does not appear that any WV offices participated in this programme. Most type A and type B funding activities concluded about the end of 2011 and early 2012.

Opportunities for WV

In January 2012, GAVI decided that all future funding to civil society organisations will be through the Health Systems Funding platform (HSFP) and will offer programmatic support to civil society organisations in several ways:

Support country-level CSOs to increase capacity and strengthen networks

In September 2011, Catholic Relief Services (CRS), on behalf of the GAVI CSO constituency, was contracted by GAVI to manage a programme of support to CSOs to promote active engagement of CSOs in the HSFP. This support seeks to increase the capacity of civil society organisations, as well as strengthen country-level civil society networks to coordinate effective engagement of CSOs in national health-sector planning and policy processes, including coordinating mechanisms.

Promote involvement of CSOs in the implementation of HSS

Support for civil society organisations can be requested through the HSFP. The allocation of funds for CSOs is determined at the country level, based on the national health strategy and scope of identified CSO activities and implementation. Funds are channelled through the government to identified civil society partners, but direct funding for CSO activities can also be requested as part of the HSFP application. It is possible for countries with ongoing HSS support to consider reprogramming to allow CSOs to have a more active role in programme delivery, including requesting GAVI to channel funds directly to CSO recipients.

In exceptional circumstances, provide direct support to CSOs on a country-by-country basis

While the provision of funds to CSOs through the HSFP is the recommended approach, GAVI has flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. In environments of political fragility, post-conflict instability and/or weak immunisation systems, CSOs play a unique role in direct service delivery, management and monitoring and approaches will be developed in response to country-specific analysis. Proposals for directly funding CSOs will be considered on a country-by-country basis, taking into consideration countries where CSOs play an important role in vaccine delivery and where the relationships between government and CSOs are not well established.

The GAVI website has a robust 'Country Hub' of pages specific for each country. Country pages may be the best source of information and country-specific opportunities for WV.

Resources

- GAVI Alliance. (2010). *Consolidated financial statements and independent auditors' report for the year ended 31 December 2009*. Retrieved from http://www.gavialliance.org/funding/financial-reports/.
- GAVI Alliance. (2011). *GAVI Alliance annual financial report 2010*. Retrieved from http://www.gavialliance.org/funding/financial-reports/.
- GAVI Alliance. (2012). *About the Alliance*. Retrieved from http://www.gavialliance.org/about/.
- GAVI Alliance. (2012). *Country hub*. Retrieved from http://www.gavialliance.org/country/.
- GAVI Alliance. (2012). *Progress report 2011*. Retrieved from http://www.gavialliance.org/results/
- GAVI Alliance. (2010). *Funding for civil society organisations: Case studies*. Retrieved from http://www.gavialliance.org/support/cso/.

E. The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is a public-private partnership and international financing institution that was created to generate and disburse funding to prevent and treat HIV and AIDS, TB and malaria across the world. The Global Fund has approved almost $23 billion in grants since 2002. The Global Fund's founding principles make clear that it operates as a 'financial instrument', not an organisation that implements or executes programmes. It supports programmes that evolve from national strategic health plans and provides funding based on need and programme performance.

According to its most recent Annual Report, in 2011, the Global Fund invested $2.64 billion in grants to 151 countries. Of that grant funding, 56 per cent was for HIV and AIDS programmes, 17 per cent was for TB, and 27 per cent was for malaria. Global Fund grant portfolios for each country are publicly available on the website and include a history of funding, performance and other metrics. Regional allotments were as follows:

- Sub-Saharan Africa: 55 per cent
- East Asia and Pacific: 15 per cent
- South Asia: 8 per cent
- Eastern Europe and Central Asia: 8 per cent
- Latin America and Caribbean: 7 per cent
- Middle East and North Africa: 8 per cent.

In addition to regional investment statistics, the 2011 Global Fund Annual Report provides a breakdown of each grant portfolio by type of expenditure:

- Health products and health equipment: 21 per cent
- Medicines: 19 per cent
- Programme management: 17 per cent
- Human resources: 15 per cent
- Training: 10 per cent
- Infrastructure and other equipment: 8 per cent
- Other: 6 per cent
- Monitoring and evaluation: 4 per cent.

The Global Fund considers its grants to be 'country owned' and demand driven. Any public, private or non-governmental organisations are eligible as principle recipients, if they meet capacity standards set by the donor and provide interventions for the treatment and prevention of HIV, TB and malaria that are technically sound and cost-effective and that are approved and presented by the Country Coordinating Mechanism. Principal recipients usually manage any number of sub-recipients responsible for implementation of activities. The application process until recently involved centralised global annual rounds-based calls for proposals. However, a new grant funding mechanism is currently being prepared for implementation in late 2013 that will involve a more iterative process, based on a concept note preceded and followed by consultations between the country and the Global Fund. The concept note may include one or all three diseases as well as health and community systems strengthening (HCSS), and should be based on the national strategy for the three diseases. Global Fund policy recommends a 'dual-track financing' mechanism, which stipulates that grants in each country include both government and non-government principal recipients.

Every proposal must be submitted by a CCM, which is a stakeholder body established for transparency, wide consultation and inclusion of people affected by the diseases. CCM roles and responsibilities include the following:

1. Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders.
2. Document a transparent process for the nomination of all new and continuing principal recipients.
3. Submit and follow an oversight plan for all financing approved by the Global Fund.
4. Membership includes people living with HIV and people affected by TB or malaria.

5. All CCM members representing NGO constituencies are to be selected by their own constituencies, based on a transparent process developed within each constituency.
6. Develop and publish a policy to manage conflict of interest that applies to all members across all CCM functions.

WV opportunity

The Global Fund has already issued $22 billion of grants, including to about 74 countries where WV is present. Since round two in 2002, WV has been a principal recipient of nine grants in seven countries and sub-recipient of another 72 grants, for a total cumulative portfolio of $357 million in 2012. The call for new proposals was cancelled in 2011 and 2012, due to a funding crisis and restructure of the organisation and its grant-making structures. Nevertheless, WV offices made a number of new proposals and signed a number of new grants and sub-grants in both 2011 and 2012, from funding approved in earlier rounds. In many countries, the CCM or principal recipients continue to issue appeals for expression of interest or proposals based on earlier grant funding, which can be opportunities for WV as both principal recipient and sub-recipient. In addition, approximately $1.9 billion of new funding will become available in 2013, to be allocated through a piloting of the new funding mechanism described above; there will also be a replenishment in 2013, which will determine the funding available for the next three years. WV national offices need to continue to engage with their CCMs and national disease strategy in order to pre-position and prepare for the new funding model. The Global Fund Unit in Global Health and WASH was established to assist WV offices with donor intelligence, pre-positioning and technical support during proposals and implementation.

Resources

- The Global Fund. (2011). *The Global Fund Annual Report 2010*. Retrieved from http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2010Annual_Report_en/.
- The Global Fund. (2012). *Grant portfolio*. Retrieved from http://portfolio.theglobalfund.org/en/Home/Index.
- The Global Fund. (2012). *The Global Fund Annual Report 2011*. Retrieved from http://www.theglobalfund.org/documents/publications/annual_reports/Corporate_2011Annual_Report_en/.
- The Global Fund. (2012). *About the Global Fund.* Retrieved from http://www.theglobalfund.org/en/about/whoweare/.

F. Inter-American Development Bank

The Inter-American Development Bank (IDB) supports multi-sectoral efforts in Latin America and the Caribbean to reduce poverty and inequality. IDB is the

largest source of development financing for Latin America and the Caribbean and is composed of 48 member countries, 26 of which are borrowing members. In 2011, IDB approved $10.9 billion in loans and grants ($238 million in grants). IDB provides concessional financing options, called grant financing, that include a combination of fixed rate interest below 1 per cent as well as grace periods of 6–40 years depending on the specific terms.

IDB categorises approved projects into four sectors: 1) infrastructure and environment, 2) institutional capacity and finance, 3) social sector, 4) integration and trade. Health initiatives fall within the social sector category. In 2011, 9 per cent of IDB's total approved funds were allocated for social sector projects. Just over 1 per cent ($128 million across 5 projects) of the total approved loans and grants were awarded for health initiatives in 2011.

IDB works with member-country governments to establish or support heath programmes based on their three priorities:

1. **integrated primary health care**: programmes that offer community-oriented services, continuity of care and appropriate mechanisms for referrals to higher levels of care – including maternal and child health care
2. **health systems organisation and performance**: monitors and incentivises mechanisms for health-care delivery to underserved regions
3. **priority setting in health**: leverages multilateral partnerships to support health system goals that are of high quality and efficiency, are financially protected, and provide an equitable distribution of health benefits.

Based on a review of the literature, it appears Haiti is currently the only country receiving health-project grants from IDB; all other countries are recipients of investment loans for health. All health funding is currently awarded to national government projects. NGOs may inquire with IDB country offices or representatives regarding partnerships or programme assistance opportunities.

Opportunity for WV

IDB also provides funding for water and sanitation programmes. The majority of these funds are provided as loans to the public sector, but IDB has a number of special programmes that provide grant funding to NGOs at the request of governments. For example, the AquaFund grant is an award for any project that that contributes to water-related elements of the Millennium Development Goals. AquaFund resources are to be used for technical assistance, policy and capacity development, knowledge creation and dissemination, project preparation and community pilot projects.

Resources

- Inter-American Development Bank. (2011). *Annual Report 2010*. Retrieved from http://www.iadb.org/en/annual-meeting/2011/annual-report,2674.html.
- Inter-American Development Bank. (2012). *About the Inter-American Development Bank*. Retrieved from http://www.iadb.org/en/about-us/about-the-inter-american-development-bank,5995.html.
- Inter-American Development Bank. (2012). *Annual Report 2011*. Retrieved from http://www.iadb.org/en/annual-meeting/2012/annual-report-2011,6410.html?arlang=en.
- Inter-American Development Bank. (2012). *Countries*. Retrieved from http://www.iadb.org/en/countries/select-a-country,1000.html.

G. African Development Bank

The Africa Development Bank (AfDB) is a financing institution to help reduce poverty, improve living conditions and mobilise resources for Africa's economic and social development. AfDB is headquartered in Tunisia but strives for a decentralised operations structure with 23 field and country offices across the continent. AfDB shareholders include 77 member countries, 53 of which are African countries and 24 non-African, non-regional members. The Roadmap on Decentralisation, adopted in April 2011, provides guidance for the transfer of greater decision-making authority to the field offices. A fairly recent reform is the establishment of two pilot regional resource centres in Nairobi and Pretoria in 2012.

The institution's resources come from a combination of loan repayment income, funds raised or borrowed on international capital markets, and special funds, including the Arab Oil Find, Special Emergency Assistance Fund for Drought and Famine in Africa, and the Special Relief Fund. AfDB is the parent organisation managing special funds through the African Development Fund (ADF), which is the concessional window for the bank, and the Nigeria Trust Fund (NTF), which assists the development efforts of AfDB's low-income member countries.

In 2011, AfDB approved operations totalling $5.72 billion:

- Loans: $3.55 billion (60 operations)
- Grants: $578.7 million (75 operations)
- Heavily Indebted Poor Countries Fund (HIPC): $1.35 billion (7 transactions)
- Equity participations: $53.4 million (7 investments)

- Special funds: $188.1 million appropriated for the following nine operations:

  1. African Water Facility
  2. Rural Water Supply and Sanitation Initiative
  3. Global Environment Facility
  4. Global Agriculture and Food Security Program
  5. Climate Investment Fund
  6. Congo Basin Forest Fund
  7. Fund for African Private Sector Assistance
  8. Zimbabwe Multi-donor Trust Fund
  9. Migration and Development Trust Fund

AfDB operations are distributed over seven sectors:

AfDB distribution of funding by sector 2011	
Operational Sector	**% of Total Expenditures**
Infrastructure	38
Multi-sector	20.7
Finance	19.4
Social	10.9
Industry	7.1
Agriculture & Rural Development	3.5
Environment	0.2

WV health programmes are most aligned with the social sector, which includes education, health, population, gender equity and stand-alone poverty alleviation projects. In 2011, AfDB issued 22 grants in the amount of $61.82 million for the social sector, none of which were identified as health-specific programmes. Five grants were given to education programmes, and 17 more for ‘other’ programmes within the social sector. An example of an ‘other’ social sector programme is the project for the Improvement of Health Services Delivery at Mulago Hospital in Kampala, Uganda. This project received a $56 million grant, and it targeted vocational training, investments in information, communications and telecommunications (ICT) infrastructure and establishment of a health-management system.

AfDB is engaged in interagency efforts such as the Harmonization for Health in Africa initiative, which includes the World Bank, UNICEF, UNAIDS, UNFPA, WHO, USAID and JICA.

Funding modalities

AfDB makes loans and grants to national governments and the private sector in Africa. AfDB does not usually provide direct funding to NGOs. Interested WV offices should contact AfDB country offices regarding partnerships or other resource opportunities. AfDB Country Pages on the AfDB website are a useful source of country-specific information, including current news, projects and contact information.

In July 2012, the AfDB approved a Civil Society Engagement Strategy paper. The strategy aims to increase CSO involvement in policy, national strategy development, project design and implementation, and monitoring and evaluation. The specific objectives of the framework are as follows:

- Strengthen the AfDB's capacity to build cooperative working modalities with CSOs.
- Promote staff interactions with CSOs in a way that enhances the AfDB's work and contributes to the effectiveness of its support.
- Provide operational guidance for the AfDB's headquarters, regional resource centres, country offices and project staff.

The development of this strategy may enhance opportunities for funding to CSOs at the local level in the future.

Resources

- African Development Bank. (n.d.). *The 2011–2013 programme and budget.* Retrieved from http://www.afdb.org/en/about-us/structure/programming-budget-department/.
- African Development Bank. (2010). *Financial Statements and Report of the Independent Auditor Year Ended December 31, 2010.* Retrieved from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Financial-Information/AfDB_Eng%202011.pdf.
- African Development Bank. (2011). *2011 Annual Report.* Retrieved from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/AfDB%202012%20EN_WEB.pdf.
- African Development Bank. (2012). *Framework for Enhanced Engagement with Civil Society Organizations July 2012.* Retrieved from http://www.afdb.org/fileadmin/uploads/afdb/Documents/Policy-Documents/Framework%20for%20Enhanced%20Engagement%20with%20Civil%20Society%20Organizations.pdf.

H. Asian Development Bank

The Asian Development Bank (ADB) aims for a poverty-free Asia through investment in infrastructure, health-care services, financial and public administration systems, and management of natural resources. ADB provides countries with loans, grants, policy dialogue, technical assistance and equity

investments. In addition to partnering with national governments in the Asia and Pacific regions, ADB actively invests in private sector projects that will underpin development and improve lives locally. ADB membership is composed of 48 Asian and Pacific Island countries as well as 19 non-regional member countries.

In 2011, ADB operations totalled $21.72 billion through a combination of ADB and special funds ($14.02 billion) and co-financing with its partners ($7.69 billion). In 2011, ADB provided a total of $614 million in grants, all of which are funded through the federal government of each country. ADB provides resources based on nine sectors:

1. Agriculture and natural resources
2. Education
3. Energy
4. Finance
5. Health and social protection
6. Industry and trade
7. Public-sector management
8. Transport and ICT
9. Water supply and municipal infrastructure.

Within the health sector, ADB focuses on programmes that support health infrastructure, public expenditure management, community of practice and regional public goods. Of particular interest for WV is the category of regional public goods, which includes prevention and control measures for infectious diseases (notably, HIV and AIDS and avian influenza). Resources for health-sector programmes are distributed by ADB developing member governments.

ADB finances water projects that raise awareness on water issues, expand knowledge of water sector issues through research, test and pilot innovative water-project ideas on a small scale or establish partnerships among water utilities, agencies and organisations. Approvals for water loans in 2011 totalled $2.33 billion.

Funding modalities

For the most part, ADB does not fund NGOs directly, but instead lends money to the host governments. ADB's Country Partnership Strategy (CPS) is the primary guide that governs the allocation of resources for each country. NGOs and CSOs are encouraged to familiarise themselves with the CPS for each country when seeking financial or technical support. ADB works with NGOs and CSOs on three levels: 1) policy level, 2) country strategy level, 3) project level. ADB monitors and partners with NGOs and CSOs through the NGO and Civil Society Center and CSO Cooperation Network, which engages CSOs in dialogue, identifies strategic partnerships and provides

resources, guidance and training to ADB clients. Since 2010, all ADB developing member countries reported some type of civil society participation in their ADB-funded projects, which includes a small number of grants.

The latest Civil Society Annual Report (2010) showed that the health sector and water-supply sector received 4 per cent and 13 per cent of CSO funding (loans and grants) respectively. Examples of health-sector projects include HIV and AIDS prevention and awareness programmes and extending the reach of primary health care. As an example, in Bangladesh, the Urban Primary Health Care Project is a cooperative effort among 12 NGOs that provide community-based services for maternal and child health services, family planning, childcare services and immunisations.

For water programmes, currently NGOs and CSOs are encouraged to apply for direct funding through the Pilot and Demonstration Activities of the Cooperation Fund for the Water Sector. The Cooperation Fund for the Water Sector issues grant resources for programmes focused on better understanding of sector issues, advancement of reform measures and development of capacities in developing member countries. The Cooperation Fund for the Water Sector totals $21.5 million in grants.

Resources

- Asian Development Bank. (2009). *Annual Report 2008 volume 2 financial report*. Retrieved from http://www.adb.org/sites/default/files/Annual-Report-2008-Vol02.pdf.
- Asian Development Bank. (2012). 'ADB and civil society'. Retrieved from http://www.adb.org/site/ngos/main.
- Asian Development Bank. (2012). *ADB Cooperation with Civil Society. Annual Report 2010*. Retrieved from http://www.adb.org/sites/default/files/2010-ngo-annual-report.pdf.
- Asian Development Bank. (2012). *Annual Report 2011 volume 1*. Retrieved from http://www.adb.org/sites/default/files/adb-ar2011-v1.pdf.
- Asian Development Bank. (2012). *Annual Report 2011 volume 2 Financial Report*. Retrieved from http://www.adb.org/sites/default/files/adb-ar2011-v2.pdf.
- Asian Development Bank. (2012). *Key facts*. Retrieved from http://www.adb.org/about/key-facts.

I. The World Bank/ International Development Association

The World Bank comprises five institutions managed by 188 member countries; the two institutions most concerned with development finance are the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA). The IBRD aims to reduce poverty in middle-income and credit-worthy poorer countries, while IDA

focuses exclusively on the world's poorest countries. The majority of funding for health in the poorest countries where WV is present comes from IDA.

The International Development Association aims to reduce poverty in the world's poorest countries by providing interest-free loans and grants that foster economic growth and recovery from conflict or natural disaster, invest in people and improve living conditions. There are currently 81 countries receiving IDA support, 39 of which are in Africa. Eligibility for IDA support is determined by a country's GNI and is updated annually. In fiscal year 2012, countries with GNI per capita below $1,175 were eligible for IDA support, with two exceptions, India and Pakistan, which are referred to as 'blend' countries (wealthy countries with pockets of extreme poverty).

In fiscal year 2011, IDA commitments totalled $16.3 billion, of which $2.7 billion were provided on grant terms. IDA programmes are broken down into six sectors:

Sector	Percentage
Infrastructure	42%
Public administration and law	23%
Social sector	20%
Agriculture	8%
Industry	6%
Finance	1%

In the social sector, health programmes are guided by the Health Nutrition and Population (HNP) strategy. In FY11, IDA mobilised nearly $1 billion in HNP investments distributed as follows:

Health focus area	Percentage
Health systems strengthening	30%
Child health	18%
TB and malaria	12%
Population and reproductive health	11%
HIV and AIDS	10%
Water safety/hygiene	14%

The World Bank's multi-sector approach to health outcomes has gained momentum, with about a third of lending for health coming from operations in social protection, poverty reduction, economic policy and public-sector governance.

Published project profiles in countries like Bangladesh, Senegal and Afghanistan highlight improvements in access to maternal and child health services. As an example, in Senegal, the World Bank supports an innovative, multi-sector health-and-nutrition programme that operates at the community level in collaboration with local governments, district health authorities and civil society organisations. WV Senegal is a partner in this project, receiving funding from the government of Senegal in eight ADPs for a total of $614,000 in grants.

The World Bank is involved in numerous partnerships with organisations such as GAVI, Roll Back Malaria, UNAIDS, the International Health Partnership and the Malaria Control and Evaluation Partnership in Africa.

IDA also provides resources for clean water and sanitation initiatives, mostly as they relate to national infrastructure and development. A number of community-level water projects are noted as subsidiary projects of large-scale government-funded development programmes for water-delivery systems.

World Bank loans and grants are provided only to national governments and their official ministries or departments. However, each IDA country has a searchable, fully developed website created by the World Bank. NGOs should inquire to individual country field offices or country representatives regarding partnerships, grant resources or advisement.

Resources

- International Health Partnership. (2012). *What we do*. Retrieved from http://www.internationalhealthpartnership.net/en/about-ihp/what-we-do/.
- International Development Association. (2003). *IDA grants – implementation in FY03*. Retrieved from http://www.worldbank.org/ida/papers/IDA13_Replenishment/Mid-Term/MTRgrantsFY03.pdf.
- International Development Association. (2012). *IDA & Health*. Retrieved from http://www.worldbank.org/ida/topic/health.html.
- International Development Association. (2012). *IDA Results by Country*. Retrieved from http://www.worldbank.org/ida/country.html.
- International Development Association. (2012). *What is IDA?* Retrieved from http://www.worldbank.org/ida/what-is-ida.html.
- World Bank. (2012). *Health Overview*. Retrieved from http://www.worldbank.org/en/topic/health/overview.

J. Open Society Foundations

Open Society Foundations (OSF) is a grant-making organisation comprising more than 30 global, non-profit foundations. OSF has a presence in more than 70 countries and supports programmes related to justice and human rights, freedom of expression, and access to public health and education. The Open Society Foundations' mission is 'to build vibrant and tolerant societies whose governments are accountable and open to the participation of all people'.

In 2010, Open Society Foundations awarded more than 4,500 grants in the amount of $612 million. Of the $223 million distributed to various thematic programmes, public health received $35.9 million, or roughly 16 per cent of the funding. The total 2010 breakdown of foundation expenditures per country is as follows:

Albania	$3,131,000	**Macedonia**	$5,791,000
Armenia	$3,950,000	**Moldova**	$10,816,000
Azerbaijan	$4,054,000	**Mongolia**	$1,208,000
Bosnia & Herzegovina	$3,803,000	**Montenegro**	$1,070,000
Bulgaria	$4,250,000	**Poland**	$6,116,000
Czech Republic	$2,054,000	**Romania**	$5,694,000
East Africa	$10,864,000	**Russia**	$6,373,000
Estonia	$2,608,000	**Serbia**	$7,284,000
Georgia	$4,899,000	**Slovakia**	$2,762,000
Guatemala	$1,272,000	**South Africa**	$7,641,000
Haiti	$5,736,000	**Southern Africa**	$29,994,000
Kazakhstan	$3,189,000	**Tajikistan**	$4,288,000
Kosovo	$4,045,000	**Turkey**	$2,118,000
Kyrgyzstan	$4,357,000	**Ukraine**	$12,420,000
Latvia	$4,925,000	**West Africa**	$7,897,000

Current Open Society Foundations funded health topics include

1. Access to medicines
2. Accountability in health
3. Drug policy reform
4. Harm reduction
5. Health financing

6. Health media
7. HIV and AIDS
8. Law and health
9. Mental health
10. Palliative care
11. Roma health
12. Sexual health and rights
13. Tuberculosis.

The Open Society Foundations award grants following at least two processes. Some thematic programmes pre-register organisations whose work aligns with the OSF objectives and then issue invitations to selected organisations to submit proposals. Other OSF programmes issue standard open solicitations for proposals and provide grant application guidelines. In both cases, civil society organisations are often welcome applicants. Current calls for proposals include seven health-related grant opportunities. The website includes a search mechanism for open, ongoing or closed grants, searchable by keyword, region or issue. There is no published request-for-proposal schedule, but it appears that new calls for proposals are issued intermittently throughout the year.

Grant titles

1. Rights-based Policing and the Importance of Collaboration: Collaborating with law enforcement to improve the health and rights of people who use drugs or engage in sex work.
2. Fighting Torture in Health Care: Advancing advocacy efforts to address torture in health care and ensure government accountability.
3. Governance of Genetic Information: Protection of basic rights of vulnerable populations affected by the proliferation of genetic technologies.
4. Intellectual Property Reform: Strengthening a vibrant knowledge ecology based on private property rights and the commons.
5. Mental Health Initiative: Stimulating the reform of national health, social welfare, education and employment policies.
6. Open Society Initiative for Eastern Africa: Applications from pro-democracy organisations in the region.
7. Tackling Drug Addiction: Universal access to treatment services for all in need, regardless of insurance or income.

As revealed by the grant titles and descriptions, many of OSF grants are geared towards human rights, advocacy and public policy programmes, rather than community-based interventions.

Resources

- Open Society Foundations. (2009). *Soros foundations network report 2008*. Retrieved from http://www.opensocietyfoundations.org/reports/soros-foundations-network-2008-annual-report.
- Open Society Foundations. (2012). *2010 expenditures*. Retrieved from http://c14989882.r82.cf2.rackcdn.com/pdfs/osf-expenditures-2010.pdf.
- Open Society Foundations. (2012). *About us: Mission & values*. Retrieved from http://www.soros.org/about/mission-values.
- Open Society Foundations. (2012). *Grants, scholarships, and fellowships*. Retrieved from http://www.soros.org/grants.
- Open Society Foundations. (2012). *OSF advances 2010–2011*. Retrieved from http://www.soros.org/sites/default/files/open-society-20120515.pdf.

BILATERAL DONOR PROFILES

The largest bilateral funders of health in terms of amount and portion of their official development assistance (ODA)[7] include the United States, the European Commission,[8] the United Kingdom, Australia, Finland, Ireland and Sweden. Every bilateral agency sets its own ODA priorities and health-sector focus according to national policy, in collaboration with host country nations and in coordination with other donors for optimum aid effectiveness. Among government agencies there is wide variation in transparency of reporting the proportion of ODA allocations among government budget support, project aid and NGOs and in their funding procedures. WV support offices in donor countries are responsible for engaging with their respective bilateral donors, researching the funding modalities and opportunities, and developing GAM strategies appropriate to the donor.

The total ODA for the most recent reporting year for each of 14 agencies in 12 countries is shown in Annex 2. They include 10 countries where WV has a support office and two countries that are traditionally generous with health aid where WV does not currently have a support office (Sweden and Denmark). In one of the countries, the United States, health programming from three separate government agencies is provided. The total health aid from these countries reported on their websites was $14 billion, or about 22 per cent of their overall ODA, excluding donations to multilaterals. Of this amount, the US government is by far the largest contributor to health aid and also to direct funding of NGOs for health globally.

WV received about $21.6 million in grants from bilateral sources in FY 2012 or about 0.2 per cent of the gross availability. As mentioned above, this does not reflect the real market penetration since, for many donors, the majority of funding is not allocated in the form of grants to NGOs.

A. Australian Agency for International Development

The Australian Agency for International Development (AusAID) is a federally funded global aid programme to help the world's poor overcome poverty.

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[7] ODA as defined by the Organization for Economic Cooperation and Development (OECD) has a slightly different definition from that of DAH as discussed in the earlier part of this report, which accounts for the different amounts of health assistance reported.

[8] Although the European Commission is technically a multilateral organisation, representing all the member countries of the European Union, in this report it was included among the bilaterals, because proposals are submitted and grants are generally signed by one World Vision support office.

AusAID currently provides development assistance to 75 countries, with close relationships with nearby neighbours of the Pacific Islands, Indonesia, Papua New Guinea and East Timor. According to the 2011 Annual Report, AusAID is increasing assistance in South Asia and enlarging the scope of engagement in Africa, Afghanistan, Pakistan and the Middle East. AusAID is the largest donor in the Pacific, particularly to small islands and the South Asia region. It is the third largest donor to drought and famine relief in the Horn of Africa, the fourth largest bilateral donor to the GAVI Alliance and the fifth largest donor to UN Women. It is currently the sixth largest bilateral donor for health in Asia and by 2015 expects to be one of the world's largest bilateral donors to education.

AusAID provided $4.8 billion in official development assistance in 2011, and aims to reach closer to $9 billion by 2017. Regionally, East Asia received 36 per cent of the budget in 2011, the Pacific Islands received 34 per cent, South and Central Asian countries 14 per cent, sub-Saharan Africa 11 per cent, Middle East and North Africa 3 per cent and Latin American and the Caribbean 1 per cent.

AusAID provides funding to a total of eight sectors, as described below:

Sector	Percentage
Civil society justice and democracy	15%
Economic and public-sector reform	12%
Economic growth	16%
Health and WASH	17%
Education and scholarships	19%
Climate change and environmental sustainability	5.5%
Humanitarian emergencies and refugees	10%
Multi-sector, including debt relief and core contributions to international agencies	5.5%

According to their most recent Budget Highlights, for FY 2012, AusAID has budgeted $526 million for contributions to the health sector. Approximately 55 per cent of the budgeted funding will be allocated to bilateral organisations, 35 per cent to multilateral organisations and 10 per cent to NGOs. The majority of AusAID health funding is allocated to maternal and child health

programmes (60 per cent), followed by HIV/TB (20 per cent) and health system management (20 per cent).

Funding modalities

AusAID awards funds to NGOs in three ways. The first is primarily for emergency and disaster relief through the Humanitarian Partnership Agreement. The second is via the AusAID NGO Cooperation Program (ANCP), which accredits interested recipient organisations and then provides a multi-year, flexible funding agreement. Through ANCP, accredited organisations are permitted to determine the best use of the AusAID funding for their respective programmes and then report directly to AusAID regarding their plans, programmes and performance. The final mechanism for funding is through cooperation agreements, which are typically provided on a case-by-case basis specific to certain projects with clear guidelines and deliverables. Cooperation agreements are usually offered competitively among NGOs in Australia, and are open to non-accredited agencies.

AusAID grant funding arrangements and guidelines may be found on the Commonwealth Grant Guidelines website. Grant funding mechanisms include one-time or ad hoc payments, multi-year agreements based on a result of competitive assessment, and payments to non-competitive proposals based on specific criteria. The Australian government has established seven key principles for grant administration:

1. Robust planning and design
2. Outcomes orientation
3. Proportionality
4. Collaboration and partnership
5. Governance and accountability
6. Probity and transparency
7. Achieving value with public money.

Funding for NGOs is intended to provide or supplement funding for Australian NGOs to implement development and relief and rehabilitation activities in developing countries. NGO activity funding may also be provided via an agreement between the Australian government and a partner government for a suitable contribution based on the country's aid programme strategy, needs and goals.

Resources

- Australian Aid. (n.d.). *Australian Aid*. Retrieved from http://www.ausaid.gov.au/Publications/Documents/australian-aid-brochure.pdf.

- Australian Aid. (2011). *Annual Report 2010–2011*. Retrieved from http://www.ausaid.gov.au/anrep/rep11/pdf/anrep10-11entirereport.pdf.
- Australian Aid. (2011). *Summary of Australia's overseas aid program 2011–2012*. Retrieved from http://www.ausaid.gov.au/budget/budget11/pdf/budget-highlights-2011-12.pdf.
- Australian Aid. (2012). *About Australia's aid program*. Retrieved from http://www.ausaid.gov.au/makediff/Pages/default.aspx.
- Australian Aid. (2012). *Australia Awards*. Retrieved from http://www.ausaid.gov.au/scholar/Pages/default.aspx.
- Australian Aid. (2012). *Funding schemes for non-government organisations*. Retrieved from http://www.ausaid.gov.au/ngos/pages/funding.aspx.
- Australian Aid. (2012). *Grant funding arrangements*. Retrieved from http://www.ausaid.gov.au/business/Pages/grants-funding.aspx.

B. The Canadian International Development Agency

The mission of the Canadian International Development Agency (CIDA) is to lead Canada's global efforts to help the world's poor by 1) effectively managing Canada's global support resources to achieve meaningful, sustainable results and 2) engaging in policy development both nationally and internationally to realise development objectives. According to its 2011 financial report, CIDA had an operating budget of $3.77 billion. CIDA's resources are mostly distributed across the following three priorities:

1. Increasing food security
2. Securing the future of children and youth
3. Stimulating sustainable economic growth.

Within these three priority themes lie six main programme activities:

1. Fragile countries and crisis-affected communities: Seeking to address development issues in select countries and enhance long-term development through effective public institutions, fostering stability and delivering key services.
2. Low-income countries: Addressing pervasive poverty in countries with a GNI below $995. These programmes typically focus on basic health, education, food security, income generation and good governance.
3. Middle-income countries: Addressing challenges in attaining self-reliance for countries with a GNI between $996 and $12,195. Strategic programming aims to provide basic services to marginalised populations and foster sustainable, inclusive economic growth through accountable, democratic institutions.

4. Global engagement and strategic policy: Shaping international development policy and influencing CIDA's partners in planning, strategic direction and organisational governance.
5. Canadian engagement: Delivering development results by supporting the aid efforts of other Canadian organisations and increasing awareness of international development in Canada. These outreach programmes target academic institutions, civil societies and professional associations.
6. Internal services: Supporting services to CIDA's programmes, including governance, management support and asset management.

According to the CIDA website, approximately 16 per cent of its funding resources is allocated for health programming (based on 2009 data). Within health, CIDA highly prioritises maternal and child health primarily through 1) strengthening local health systems, 2) reducing burden of disease and illness and 3) improving nutrition. In 2011, CIDA health programme funding was distributed to the following low-income countries:

Afghanistan: $28 million	Mali: $27.5 million
Bangladesh: $4.5 million	Mozambique: $23.8 million
Bolivia: $5.3 million	Nigeria: $8.9 million
Ethiopia: $30 million	Sudan: $4.7 million
Haiti: $17.5 million	Tanzania: $10 million
Honduras: $7.2 million	

Funding modalities

CIDA works with NGOs, government bodies and community-based organisations in developing countries. Different funding criteria apply to each type of applicant. The CIDA website releases calls for proposals at irregular intervals but notes that organisations are also encouraged to submit unsolicited proposals for programmes in eligible countries. To be considered, proposals must meet the following criteria:

1. Development must be the main objective.
2. Proposal must conform to development priorities established by CIDA for each region or country.
3. No profit may be associated with the agreement.

Resources

- Canadian International Development Agency. (2012). *About CIDA*. Retrieved from http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/NIC-5313423-N2A.

- Canadian International Development Agency. (2011). *Programs*. Retrieved from http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/JUD-112910598-LRH.
- Canadian International Development Agency. (2012). *Where we work*. Retrieved from http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/NIC-5482847-GN3.
- Canadian International Development Agency. (2012). *Working with CIDA*. Retrieved from http://www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/NIC-5491045-HGA.

C. The Danish International Development Agency

The Danish International Development Agency (DANIDA) is Denmark's humanitarian aid and development arm of the national government. DANIDA indicates four priorities in its mission to combat poverty and promote human rights:

- Human rights and democracy
- Green growth
- Social progress.

Approximately 70 per cent of Danish resources are targeted directly to specific regions and countries for bilateral development coordination. The remaining 30 per cent is given to multilateral organisations such as UN, World Bank and other organisations through the (European Union) EU system. Bilateral development cooperation within DANIDA is decentralised, and relevant embassies are responsible for cooperating with organisations or agencies in priority countries. The total breakdown of DANIDA assistance is as follows:

Africa: 29%	Non-country bilateral assistance: 8%
Asia: 16%	UN: 10%
Latin America: 4%	World Bank group: 5%
Europe: 1%	Regional development banks: 2%
EU: 9%	Bilateral debt relief: 2%

In 2011, Denmark contributed approximately $2.98 billion in development assistance. DANIDA has a wide network of partners, including international organisations and Danish NGOs. According to DANIDA's website, their most important development policy partners are

- international organisations such as UN, EU, World Bank, and OECD/DAC
- companies and trade organisations
- civil society organisations

- humanitarian organisations
- research institutions and think tanks.

The other portion of DANIDA's funds for humanitarian organisations is mostly disbursed to the Danish Refugee Council, Danish Red Cross and DanChurchAid. All three Danish organisations operate independently of the Danish government and are free to contribute to their own subcontractors or partner organisations. Denmark's partner countries include the following:

Afghanistan	Burkina Faso	Indonesia	Nicaragua	Tanzania
Bangladesh	Burma	Kenya	Niger	Uganda
Benin	Cambodia	Mali	Pakistan	Vietnam
Bhutan	Ethiopia	Mozambique	Somalia	Zambia
Bolivia	Ghana	Nepal	Sudan	Zimbabwe

Resources

- Danish International Development Agency. (2010). *Denmark's participation in international development cooperation 2010*. Retrieved from http://um.dk/en/~/media/UM/English-site/Documents/Danida/Partners/Hum-org/danida_annual_report_2010.ashx.

D. The United Kingdom Department for International Development

The United Kingdom Department for International Development (DFID) aims to promote sustainable development and eliminate world poverty. DFID programmes and allocation of resources are directly aligned to the Millennium Development Goals and consider programme issues in education, health, economic growth, the private sector, governance, climate and environment, water and sanitation, food and nutrition, and humanitarian disasters as the main programme priorities.

Of funding for country programmes, DFID allocated large portions to governance and security (17 per cent), education (14 per cent) and wealth creation (13 per cent). A total of about 25 per cent was allocated to health, as shown in the table:

Reproductive, maternal and child health	6.0%
HIV and AIDS	2.1%
Malaria	1.8%
Other health	11.7%
Water and sanitation	3.3%

DFID funnels its funding through multilateral organisations, the EU, the UN, international financial institutions, public and private sectors, civil society organisations, private foundations, and formal education institutions. In all, DFID works with more than 500 international and UK-based civil society organisations in addition to its partnerships with CSOs in developing countries.

DFID's work with CSOs is centred around five core objectives:

1. Deliver goods and services effectively and efficiently to improve the lives of poor and marginalised people in developing countries.
2. Empower citizens in developing countries to be more effective participants in development decisions and policies that affect their lives.
3. Enable CSOs to influence, advocate and hold to account national, regional and international institutions and increase aid effectiveness.
4. Work in partnership with other UK government departments to build support for development.
5. Build and maintain the capacity and space for an active civil society.

More than half of DFID's work with CSOs is supported through country programmes, but DFID also supports CSOs through centrally managed funds. DFID currently supports programmes in 28 countries, with regional programmes in Africa, Asia and the Caribbean. These priority countries are Afghanistan, Bangladesh, Burma, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Nepal, Nigeria, Occupied Palestinian Territories, Pakistan, Rwanda, Sierra Leone, Somalia, South Africa, Sudan, South Sudan, Tajikistan, Tanzania, Uganda, Yemen, Zambia and Zimbabwe. DFID also has regional programmes in Africa, Asia and the Caribbean, and development relationships with the Overseas Territories. In FY 2011, DFID allocated the following expenditures to its top 10 country programmes:

1. Ethiopia: 324 million GBP	6. Afghanistan: 153 million GBP
2. India: 268 million GBP	7. DRC: 142 million GBP
3. Pakistan: 215 million GBP	8. Tanzania: 141 million GBP
4. Bangladesh: 202 million GBP	9. Somalia: 102 million GBP
5. Nigeria: 171 million GBP	10. Kenya: 94 million GBP

Funding modalities

Of particular interest to WV is DFID's acknowledgement of the contribution of faith groups to international development. In June 2011, DFID established the Faith Partnership Principles Working Group to strengthen its ties and collaborative efforts with faith groups to achieve the Millennium Development Goals. The key central funding instrument for faith groups is the Global Poverty Action Fund (GPAF), which operates primarily on a match-funding basis. GPAF funds have been allocated for basic services such as health and education, local empowerment and strengthening resilience in the wake of disaster or conflict. A unique element of GPAF funding is that it provides grants to organisations that have never received DFID central funding before. More than two-thirds of the current 54 provisional GPAF grants have been given to organisations that are first-time DFID funding recipients.

The DFID website provides a list of relevant central funding instruments for CSOs and NGOs:

- **The Global Poverty Action Fund (GPAF)** – A demand-led fund, supporting projects focused on poverty reduction, service delivery and the most off-track MDGs in poor countries.
- **Programme Partnership Arrangements (PPAs)** – Providing long-term funding for civil society organisations that share DFID's strategic objectives.
- **The Governance and Transparency Fund (GTF)** – Supporting programmes designed to improve accountability and citizen participation in politics in developing countries.
- **The Civil Society Challenge Fund (CSCF)** – Supporting projects that build the capacity of civil society to influence decisions that affect poor people's lives.
- **Humanitarian funding** – Providing support to funds such as Humanitarian Response Funding and West Africa Humanitarian Response Fund.
- **The Common Ground Initiative** – Managed by Comic Relief, supporting African development through UK-based small and diaspora organisations, supporting the participation of disabled people's organisations in the ratification, implementation and monitoring of the UN Convention of the Rights of Persons with Disabilities in developing countries.
- **Girls' Education Challenge** – Supporting better ways to provide educational opportunities to marginalised girls in the poorest countries in Africa and Asia.
- **UK Aid Match** – Providing a mechanism that allows the UK public to have a direct say in the use of a portion of the aid budget.
- **The Responsible and Accountable Garment Sector (RAGS) Challenge Fund** – Supporting projects that are aimed at improving working conditions in garment production industries in Asia and sub-Saharan Africa.

Resources

- United Kingdom Department for International Development. (2012). *Annual report and accounts 2011–2012*. Retrieved from http://www.dfid.gov.uk/Documents/publications1/departmental-report/2012/Annual-report-accounts-2011-12.pdf.
- United Kingdom Department for International Development. (2012). *Faith Partnership Principles: Working effectively with faith groups to fight global poverty*. Retrieved from http://www.dfid.gov.uk/Documents/publications1/faith-partnership-principles.pdf.

E. The European Commission

The European Commission (EC) represents the interests of the European Union (EU). It is an accountability body that ensures that member countries correctly apply EU law. The EC is unique among development cooperation agencies in that it is primarily a law-making body. In addition to its legislative and policy efforts, the EC also makes direct financial contributions in the form of grants to projects or organisations which further the work of the EU and its policies.

The EC is a major source of DAH. Of the $14 billion in ODA disbursed by the EC in 2012, about $1.7 billion was for health, reproductive health, and water and sanitation funding. EuropeAid Development and Cooperation is responsible for designing European development policy and delivering development aid throughout the world. EuropeAid delivers aid through a set of financial instruments with a focus on ensuring the quality of EU aid and its effectiveness. The European Community Humanitarian and Civil Protection Office (ECHO) funds humanitarian actions.

An annual work plan outlines the EC's goals and those of its stakeholders. The majority of the EC's grant funding is intended to be joint funding, with the grant covering only a certain percentage of a project's overall costs, and thus cost-sharing is required.

The EC's website contains a call for proposals page. (The call is now closed for 2013.) The rules for eligibility are as follows:

Organisation eligibility and project criteria

- To receive EU financial support for a project (i.e. to be a main beneficiary or associated partner), the organisation needs to be legally established in
    - the European Union (any of the 27 member states) or
    - a Europe Free Trade Agreement country that is party to the Agreement on the European Economic Area (Iceland, Liechtenstein or Norway) or Croatia.

- Organisations from other countries can participate only as subcontractors or collaborating partners in projects.

Non-governmental organisations, public-sector bodies, public administrations, universities, higher education establishments, and public and private research institutions may apply for EC grant funding as a main partner or associated partners. The first step is to use the Potential Applicant Data online Registration (PADOR) database on the EC website. A number of WV European support offices, including the UK, Germany, France, Austria and Switzerland offices, have registered on PADOR to pre-position for partnering with WV national offices. Their response to specific calls is coordinated by the WV European Union Representation Office based in Brussels. Despite this centrally organised call for proposals, the individual countries' EC missions play a key role in setting country priorities and must therefore be a focus of WV engagement at the country level.

To receive a European grant for health, projects generally have to contribute to at least one of the three main objectives of the Health Programme (2008–2013):

- to improve citizens' health security
- to promote health, including the reduction of health inequalities
- to generate and disseminate health information and knowledge.

Generally, EC grants may cover up to 60 per cent of a project's eligible costs; in cases of 'exceptional utility' the EC may cofinance up to 80 per cent of costs. Overhead and/or indirect costs are not eligible for grant funding, and funding may be only for costs incurred after the starting date of the grant agreement. The primary criteria for EU grant funding is based on

- high added value
- innovation
- normal duration of no longer than three years.

In addition to project grants, the EC provides a call for proposals for operating grants to cover core operational costs for organisations aligned with the EU Health Programme. Applications for operating grants of about €100,000 are required to be accompanied by an external audit report by an approved auditor. The EC also provides some funding for conferences. The maximum grant is €100,000, and it may cover no more than 50 per cent of an event's total cost.

Since 2003, the EC has funded more than 570 health projects, descriptions of which may be found on their website's project database. The EC website contains a number of helpful documents, including the work plan from previous years as well as the call for proposals from previous years. A WV proposal

should also exhibit a deep understanding of the EU Health Programme and its objectives.

Resources

- European Commission. (2012). Retrieved from http://ec.europa.eu/index_en.htm.
- European Commission. (2012). *Call 2012: Projects*. Retrieved from
- http://ec.europa.eu/eahc/health/projects.html.
- European Commission. (2012). *Health programme*. Retrieved from
- http://ec.europa.eu/eahc/health/index.html.
- European Commission. (2012). *Previous calls*. Retrieved from
- http://ec.europa.eu/eahc/health/previous_calls.html.
- European Commission. (2012). *Projects database*. Retrieved from
- http://ec.europa.eu/eahc/projects/database.html.

F. The Japan International Cooperation Agency

The Japan International Cooperation Agency (JICA) is the governmental agency that coordinates the global development resources of Japan. JICA aims to assist economic and social growth efforts in developing countries. It was formed in 2008 as a cooperative merger with the overseas assistance division of the Japan Bank for International Cooperation. Following this merger, JICA is one of the largest bilateral development assistance agencies in the world, with an approximate operational volume of $10.3 billion of which about 3 per cent is available for health.

According to the 2011 annual report, JICA provided support for programmes aligned with the Millennium Development Goals, particularly in Africa. JICA resources were also distributed for developing infrastructure in Asia, building peace in Afghanistan and promoting partnerships with NGOs. JICA aid is distributed across four broad themes of cooperation:

1. **Technical cooperation:** Leveraging Japan's technology and knowledge of human resources to promote socioeconomic development
2. **Loan aid**: Providing the necessary capital for developing countries and providing long-term loans at low interest rates in both the public and private sectors
3. **Grant aid:** Providing broadly implemented grants for building hospitals, bridges and other socioeconomic infrastructure, as well as promoting education, HIV and AIDS programmes, maternal and child health, and environmental activities
4. **Multilateral aid**: Contributing funds to the various bodies of the United Nations, World Bank, International Development Association and Asian Development Bank.

On a net disbursement basis, Japan contributed approximately $7.3 billion in bilateral ODA (including technical cooperation, loans and grant aid) and $3.7 billion to international organisations in 2011. Of the bilateral ODA, $127 million in grant aid and $56 million of technical cooperation funding went for health and medical aid. A large percentage of all forms of Japanese ODA – about 23 per cent of technical cooperation, 67 per cent of loans and 58 per cent for grant aid – is allocated for infrastructure and industrial development, including energy, transportation, mining and public utilities.

Current priorities for JICA grant programmes are as follows:

- General programmes – projects for basic human needs, education and infrastructure
- Community empowerment – comprehensive skills development in communities with threats to human life
- Conflict prevention and peace building – economic infrastructures in post-conflict countries
- Disaster prevention and reconstruction – post-disaster reconstruction assistance
- Environment and climate change – climate-change countermeasures
- Poverty reduction strategies – support for implementation of poverty reduction strategies
- Human resources development – support for training administrative professionals
- Fisheries – support for projects promoting the fisheries industry
- Cultural grant assistance – equipment procurement and facilities development for promotion of culture
- Underprivileged farmers – support for purchase of agricultural equipment and fertilisers
- Cooperation on counter-terrorism – strengthening of public security policies.

The JICA website highlights the following countries within the following health sub-sectors:

Current health-project country allocation – JICA				
Maternal, newborn and child health	**HIV and AIDS control**	**TB control**	**Other infectious diseases control**	**Health systems strengthening**
Cambodia	Myanmar	Cambodia	Vietnam	Philippines
Bangladesh	Tanzania	Indonesia	Pakistan	Pakistan
Indonesia	Zambia	Myanmar	Pacific Region	Fiji, Tonga, Vanuatu

Pacific Region		Bangladesh	Central America	Africa
Syria		Pakistan		Ghana
Senegal		Afghanistan		Tanzania
Sudan		Egypt		South Sudan
		Sudan		
		Zambia		

JICA announces calls for proposals via press releases on the website. The press release is annotated with a link to a PDF document for the specific grant opportunity. An archive of JICA press releases can be found here.

Resources

- Japan International Cooperation Agency. (2009). *New JICA*. Retrieved from http://www.jica.go.jp/english/publications/jica_archive/brochures/pdf/newjica2009.pdf.
- Japan International Cooperation Agency. (2012). *Mission Statement*. Retrieved from http://www.jica.go.jp/english/about/mission/index.html.
- Japan International Cooperation Agency. (2012). *Press Releases*. Retrieved from http://www.jica.go.jp/english/news/press/.

G. Irish Aid

Irish Aid is part of Ireland's Ministry for Foreign Affairs, with particular responsibility for policy on overseas development assistance. Irish Aid's website states several key principles and areas of focus for their distribution of resources:

- Poverty focus
- Geographic focus
- United aid
- Partnership
- Effectiveness
- Accountability
- Coherence.

Irish Aid is considered an integral part of Ireland's foreign policy and defines poverty reduction as a key method to reducing vulnerability and increasing opportunity. Irish Aid contributions are largely determined by an organisation or project's alignment with the Millennium Development Goals. Irish Aid provides assistance to over 90 countries worldwide but works most closely with governments in nine partner countries:

- Ethiopia
- Lesotho
- Malawi
- Mozambique
- Tanzania
- Timor L'este
- Uganda
- Vietnam
- Zambia.

Globally, Irish Aid's priorities are listed as hunger, HIV and AIDS, gender, environment and governance. According to the Irish Aid website, approximately 20 per cent of its programme expenditures are directed to the health sector. Irish Aid supports programmes for increased support and improved access to clean water, basic sanitation, nutrition, food production, safety nets and holistic approaches to disease prevention.

The main instrument used by Ireland to support the health sector is the sector-wide approach or 'SWAp.' In most cases, Irish Aid channels its funding through government-managed pooling arrangements in partner developing countries. Additionally, an Irish Aid Civil Society Policy paper outlines Irish Aid's philosophy of partnership with non-governmental bodies and provides context for how to strategically align an organisation's policies or programmes to meet Irish Aid's policies. Irish Aid works closely with its core strategic partner NGOs: Christian AID, Concern Worldwide, GOAL, Self Help Africa and Trocaire. These organisations receive a combined total of $72 million annually for programme support. In 2010, Irish Aid provided block grant funding totalling $23.2 million to 22 Irish NGOs. Funding is distributed through Dochas, the umbrella Irish Association of Non-Governmental Development Organizations. WV Ireland is already a member of Dochas and is eligible to receive funding through it.

Resources

- Irish Aid. (n.d.). *Civil Society Policy*. Retrieved from http://www.irishaid.ie/news-publications/publications/publicationsarchive/2008/september/irish-aid-civil-society-policy/.
- Dochas: The Irish Association of Non-Government Development Organizations. (2012). *Members Section*. Retrieved from http://www.dochas.ie/members/templates/wvi.htm.
- Irish Aid. (2007). *Health*. Retrieved from http://www.irishaid.gov.ie/what-we-do/our-priority-areas/health/.

H. The Federal Ministry for Economic Cooperation and Development, Germany

The Federal Ministry for Economic Cooperation and Development (BMZ) spearheads the foreign aid and development cooperation efforts of the German government. The BMZ follows a mandate that accepts the changing role of development policy in the 21st century and aims to resolve global conflicts in a peaceful manner, ensure the equitable distribution of scarce resources and preserve the environment for future generations.

In 2012, BMZ's operating budget was increased to €6.38 billion. BMZ contributes to a combination of multilateral organisations, civil society organisations, international financial institutions and development ministries in partner countries. In 2012, the planned allocation of BMZ resources was as follows:

- Bilateral official development cooperation (52.2 per cent)
- European Development Fund (13.2 per cent)
- World Bank/IMF (12 per cent)
- Civil society and business groups (11.4 per cent)
- Food security and global environment protection (4.1 per cent)
- Regional banks (3.8 per cent)
- United Nations (1.7 per cent)
- Ministry (1.6 per cent).

The guiding principle of the BMZ is to foster and create development cooperation 'to give people the freedom to shape their own lives'. With this in mind, BMZ came to a coalition agreement on the following six priority areas for German development cooperation:

1. Sustainable poverty reduction: aiming to achieve the Millennium Development Goals, the heart of which is comprised of reducing poverty
2. Reducing structural deficits: fostering good governance and national infrastructure in developing countries
3. Encouraging civil society involvement: supporting and leveraging development policy aims in both recipient countries and within Germany
4. Making private sector activities deliver for development: fostering corporate social responsibility and expanding public-private partnerships to ensure sustainable development support throughout Germany and the world
5. Enhancing the effectiveness of German development cooperation: implementing the Paris Declaration and the Accra Agenda for Action with a view to the German government undergoing structural reforms to create more efficiency and effective development policies

6. Improving visibility: seeking to raise awareness of BMZ's work and more importantly, the issues it is involved with.

At the heart of BMZ's work is the aim to eliminate poverty – in accordance with the Millennium Development Goals. BMZ has established the following issues as priority areas of work:

- Business
- Debt relief
- Education
- Energy
- Food
- Governance
- Health
- Human rights
- Peace building
- Poverty
- Protecting the climate
- Protecting the environment
- Rural development
- Social security
- Urban development.

Within the health sector, BMZ focuses its efforts on HIV and AIDS, sexual health and population dynamics, and strengthening health systems.

BMZ development cooperation typically happens through direct relationships with developing country governments. In addition to these official government-to-government interactions, BMZ also partners with multilateral and bilateral NGOs. NGOs that receive BMZ funding remain fully independent. According to its website, BMZ embraces all technical and financial cooperation programmes that are agreed on in contracts with their partner countries. BMZ contracts the 'implementing organisations' to realise the projects and aims determined by the governments of the countries they are operating in.

BMZ supports a wide spectrum of NGOs, including faith groups and smaller non-profit organisations, **but all are required to be based in Germany**. BMZ requires the following criteria for NGOs who seek state subsidies:

- must be a non-profit body based in Germany
- must have the relevant technical and administrative competencies
- must have experience in cooperating with effective non-profit partner organisations in developing countries
- must make a direct contribution to improving the economic and/or social situation of poor sections of the population
- must contribute a minimum of 25 per cent of the project costs from its own funds.

Resources

- Federal Ministry for Economic Cooperation and Development. (2012). *Non-Governmental Organisations*. Retrieved from http://www.bmz.de/en/what_we_do/approaches/bilateral_development_cooperation/players/ngos/index.html.
- Federal Ministry for Economic Cooperation and Development. (2012). *Priority areas of German development policy*. Retrieved from http://www.bmz.de/en/what_we_do/principles/priority-areas-of-german-development-policy/index.html.

I. Finland's Department for International Development Coordination

Finland's Department for International Development Coordination (FINIDA) is part of Finland's Ministry of Foreign Affairs. FINIDA engages in bilateral development with programmes and countries that target poverty and development and assess the following factors when determining resource distribution:

- Country's need for assistance: poverty level and the state of environment
- Support already received: action by other donors and the level of current funding
- Country's political situation and ownership: human rights and commitment to deal with development challenges
- Added value provided by FINIDA: capacity for successful cooperation
- FINIDA's status: development priorities.

FINIDA's current long-term partner countries are

- Ethiopia
- Kenya
- Mozambique
- Nepal
- Tanzania
- Vietnam
- Zambia
- Afghanistan
- Sudan
- Somalia
- Palestinian territories.

FINIDA's resource distribution model is aligned with the principles of the Millennium Development Goals. FINIDA identifies its two priority sectors as 1) environment and climate change and 2) crisis prevention and peace building. Additionally, cross-sector activities related to gender equality, women's rights, rights of minorities and indigenous peoples, and HIV and AIDS are preferred.

According to their most recent annual report, the Finnish government hopes to shift its allocation of resources from project support to programme and budget support. This is an effort to leverage local ownership of development activities and to support innovative financing for Finnish and local NGOs.

FINIDA appropriated about €1.1 billion. In 2012, FINIDA plans to allocate approximately €88 million to Finnish NGOs. Finnish NGOs may apply for support for project preparation, for travel costs and for participation in international conferences. Additionally, FINIDA provides support for international and regional NGOs whose activities are aligned with Finland's development policy priorities and goals. FINIDA partners with a few international NGOs, defined as those that operate independently of their local governments and operate in at least two or more developing countries.

The objectives for FINIDA-funded INGOs are as follows:

- to reach the goals of Finland's development policy and development cooperation policy
- to reach the country- and organisation-specific objectives
- to strengthen developing countries' civil societies and democracies and to pay due regard to the citizens' opinions and needs in the national and international decision-making
- to bring about greater synergy among various actors.

To be eligible for support from FINIDA, INGOs must meet the following criteria:

- has been registered and/or legally competent for at least two years
- has considerable expertise and experience of and good cooperative relations with developing countries
- has relevant, successful and efficient activities with reliable monitoring and evaluation and reporting systems
- has funding from at least one other source
- is financially solid and is able to cover its operational expenditure by its fundraising activity, and the continuity of operations is secured.

FINIDA does not provide an open application round for INGO support. Instead, FINIDA advises NGOs to inquire about support directly as there are opportunities to receive grant funding through proposals. NGOs interested in proposing programmes for FINIDA funding should address the INGO support guidelines and relevant processes on its website.

Resources

- Ministry of Foreign Affairs of Finland. (2012). *INGO policy of the ministry for foreign affairs of Finland*. Retrieved from http://formin.finland.fi/Public/default.aspx?nodeid=15442&contentlan=2&culture=en-US.

- Ministry of Foreign Affairs of Finland. (2012). *NGO development cooperation*. Retrieved from http://formin.finland.fi/public/default.aspx?nodeid=15339&contentlan=2&culture=en-US.
- The Global Mechanism. (2012). *Finland – Department for International Development Cooperation*. Retrieved from http://global-mechanism.org/en/bilateral/finland-department-for-international-development-cooperation.

J. The Swedish International Development Cooperation Agency

The Swedish International Development Cooperation Agency (SIDA) is an agency of the Swedish government, working to reduce poverty in the world. SIDA is tasked with implementing Sweden's Policy for Global Development. Additionally, SIDA works to reform cooperation with Eastern Europe, as well as distribute humanitarian aid to people in need. SIDA is actively contributing to development efforts in 33 countries in Africa, Asia, Europe and Latin America. SIDA's partners are determined by the political decisions of Parliament as their resources are financed by federal tax money.

SIDA considers the following three assignments its main priorities:

1. Suggesting strategies and policies for Swedish international development cooperation on behalf of the Swedish government
2. Implementing strategies and managing interventions
3. Participating in Sweden's advocacy work and dialoguing with other countries, donors and international organisations.

SIDA currently works with a total of 15 Swedish organisations, each of which receives funding for carrying out part of the Swedish aid work in collaboration with local civil society organisations in developing countries. Through framework agreements with the 15 NGOs, such as Save the Children – Sweden, the Church of Sweden, World Wildlife Fund and Africa Groups of Sweden, SIDA contributes 90 per cent of the costs of joint projects. In addition to funding Swedish aid organisations, SIDA also contributes to government agencies and international bodies such as the UN, EU and the World Bank.

According to its most recent annual report, SIDA's development budget is approximately $5.4 billion – or 1 per cent of Sweden's GNI. Approximately $2.5 billion of the total budget is administered by SIDA, and another $1.7 billion is targeted to multilateral support decided on by the office of the prime minister.

SIDA has established the following five fields as most important in its efforts to reduce global poverty:

1. Democracy, equality and human rights
2. Economic development
3. Knowledge, health and social development
4. Sustainable development
5. Human security.

Under the umbrella of these five themes, SIDA allocates development resources. The majority of SIDA funding is distributed through project or programme grants to Swedish organisations. The terms of the grants are typically three years or eight to ten years, depending on the organisation, and the terms allow the recipient organisations to operate independently. Swedish organisations receiving SIDA funding are expected to

- promote the development of a democratic civil society that strengthens the ability of the poor to improve their living conditions
- prioritise the organisation's programmes to countries and areas where their contributions are most needed
- develop dynamic and strong partnerships with local organisations.

International NGOs and non-Swedish civil society cannot apply for grants from SIDA directly. SIDA funding is provided only to the 15 Swedish organisations that have framework agreements. A non-Swedish organisation seeking funding should contact one of the 15 framework agreement organisations directly. Because SIDA grant recipients operate independently, they are permitted to redistribute their resources based on partnerships with other organisations or programmes to further their missions. SIDA framework agreements are generally long-term, between eight to ten years, and currently the 15 SIDA Framework Organisations are

1. Forum Syd
2. LO-TCO Secretariat of International Trade Union Development Cooperation
3. Olof Palme International Center
4. PMU InterLife
5. SHIA – the Swedish Organization of Persons with Disabilities International Aid Association
6. Swedish Mission Council
7. Africa Groups of Sweden
8. Diakonia
9. Swedish Cooperative Centre
10. Swedish Society for Nature Conservation
11. Save the Children – Sweden
12. The Church of Sweden

13. World Wildlife Fund of Sweden
14. Plan Sweden
15. RFSU (Swedish Association for Sexuality Education).

Resources

- Swedish International Development Cooperation Agency. (2009). *Budget and annual report*. Retrieved from http://www.sida.se/English/About-us/Budget-and-annual-report/.
- Swedish International Development Cooperation Agency. (2009). *Framework organisations*. Retrieved from http://www.sida.se/English/Partners/Civil-Society-/Funding-support-to-civil-society-organisations--/Framework-organizations-/.
- Swedish International Development Cooperation Agency. (2012). *How to apply for funding*. Retrieved from http://www.sida.se/English/Partners/Civil-Society-/Funding-support-to-civil-society-organisations--/How-to-apply-for-funding-1/.
- Swedish International Development Cooperation Agency. (2012). *How we operate*. Retrieved from http://www.sida.se/English/About-us/How-we-operate/.
- Swedish International Development Cooperation Agency. (2012). *Our fields of work*. Retrieved from http://www.sida.se/English/About-us/our-fields-of-work/.
- Swedish International Development Cooperation Agency. (2012). *Our mission*. Retrieved from http://www.sida.se/English/About-us/Our-mission/.

K. The International Cooperation and Development Fund (Taiwan)

The International Cooperation and Development Fund (Taiwan ICDF) is a government agency that aims to increase socioeconomic development, enhance human resources and promote economic relations in developing partner countries. Taiwan ICDF's four core operations are as follows:

1. Lending investment
2. Technical cooperation
3. Humanitarian assistance
4. International education and training.

Taiwan ICDF works in 39 countries, on every major continent except North America. Throughout these countries, Taiwan ICDF's assistance covers the following issues:

- Agricultural and social development
- Information and communications technology
- Public health and medicine
- Trade
- Private sector development

- Environment
- Natural disaster management.

The Taiwan ICDF's website highlights several departments aligned with WV's work:

- Humanitarian assistance: assisting partner countries by transferring technology, making pro-poor investments and helping partners prepare for and manage natural disasters.
- Public health and medicine: supporting programmes in response to the specific level of medical development in each of the partner countries, with a particular focus on improving medical human resources.
- Permanent medical missions: deploying in partner countries where medical resources are especially scarce. Taiwanese medical professionals work with local hospitals and clinics to improve health-care systems. Currently, permanent medical missions are located in Sao Tome and Principe, Burkina Faso and Swaziland.
- Mobile medical missions: cooperating with the International Healthcare Strategic Alliance to create a coalition of medics at 37 Taiwanese hospitals who travel to Africa, Central and South America, Southeast Asia and the Pacific to provide local and rural health-care services.
- Specialist medical training: harnessing Taiwanese health-care expertise to train personnel from partner developing countries.
- International Medical Cooperation: improving health, sanitation and medical care improvements in partnership with developing nations who also wish to achieve the Millennium Development Goals.

Funding for the Taiwan ICDF was initially established through an endowment of just over $395 million. Currently, the total balance of all funds is approximately $542 million. Total expenditures in 2011 amounted to $89.7 million. The largest share of resources was allocated to technical assistance (53 per cent), followed by loans (35 per cent), investments (10 per cent) and grants (2 per cent). Both loan and investment funding was largely distributed to national banks and multilateral organisations. WV currently receives technical assistance funding from Taiwan ICDF for education (Taiwan ICDF scholarship programmes in Burkina Faso and Mongolia) and water supply and sanitation (Dos Quebradas Water System Project). In addition to WVI, Taiwan ICDF provides technical assistance and humanitarian aid funding to the Asian Institute of Technology, Food for the Poor, Mercy Corps and Terre des Hommes.

Based on the available literature, it appears the ICDF's website does not contain links to open application rounds for grants. Requests for funding may be proposed directly to the ICDF as long as programmes align with the Millennium Development Goals and the vision and strategy of the ICDF.

Resources

- International Cooperation and Development Fund. (2012). *Introduction*. Retrieved from http://www.icdf.org.tw/ct.asp?xItem=4470&CtNode=29840&mp=2.
- International Cooperation and Development Fund. (2012). *Projects: Introduction*. Retrieved from http://www.icdf.org.tw/ct.asp?xItem=4595&CtNode=29822&mp=2.
- International Cooperation and Development Fund. (2012*). 2011 Annual report*. Retrieved from http://www.icdf.org.tw/2011_annual_report/fscommand/english.pdf.

L. The US Department of State Office of Global AIDS Coordinator

The US Global AIDS Coordinator's mission is to lead and implement the President's Emergency Plan for AIDS Relief (PEPFAR). Through PEPFAR, the US has committed $38.58 billion to bilateral HIV and AIDS programmes and another $7.4 billion to the Global Fund to Fight AIDS, TB and Malaria. PEPFAR is implemented through a number of US government agencies, including the Department of State, USAID, Department of Health and Human Services, Department of Defense, the Peace Corps, and Department of Labor. PEPFAR's current goals are to

1. transition from an emergency response to promotion of sustainable country programmes
2. strengthen partner government capacity to lead the response to the epidemic and other health demands
3. expand prevention, care and treatment in both concentrated and generalised epidemics
4. integrate and coordinate HIV and AIDS programmes with broader global health and development programmes to maximise impact on health systems
5. invest in innovation and operations research to evaluate impact, improve service delivery and maximise outcomes.

Working in partnership with host nations, PEPFAR aims to treat at least three million people, prevent more than twelve million new infections and care for more than five million orphans and vulnerable children over ten years. A major element to achieving these goals is the employment and training of at least 140,000 new health-care workers in HIV and AIDS prevention, treatment and care. PEPFAR has programmes in 88 countries, and also is the largest single contributor to the Global Fund to Fight AIDS, TB and Malaria.

Currently, PEPFAR's Partnership Framework provides a five-year joint strategic framework for cooperation between the US government and the government of the host country and other partners. The frameworks signed in

22 priority counties include high-level plans to guide service delivery, policy reform and coordinated financial commitments.

PEPFAR has made it clear that it considers collaboration a crucial element to its success – an undertaking that will require partnerships with both bilateral and multilateral organisations. PEPFAR is also closely coordinated with the US Global Health Initiative, which places a particular focus on improving the health of women, newborns and children.

Resources

- The United States President's Emergency Plan for AIDS Relief. (2012). *Working Toward an AIDS-Free Generation*. Retrieved from http://www.pepfar.gov/.

M. The United States Agency for International Development

The United States Agency for International Development (USAID) is an independent federal agency that receives foreign policy guidance from the Secretary of State to provide economic, development and humanitarian assistance around the world. The mission of USAID is to 'shape and sustain a peaceful, prosperous, just and democratic world and foster conditions for stability and progress for the benefit of the American people and people everywhere'. USAID has an official presence in more than 270 field locations across 87 countries. The scope of USAID's work and resources is extremely large as it works to

- promote broadly shared economic prosperity
- strengthen democracy and good governance
- protect human rights
- improve global health
- advance food security and agriculture
- improve environmental sustainability
- further education
- help societies prevent and recover from conflicts
- provide humanitarian assistance in the wake of natural and man-made disasters.

According to their 2011 fiscal report, USAID provided more than $5.5 billion to the global health sector. Based on total contributions across all sectors the top 10 countries benefiting from USAID funding were

1. Afghanistan
2. Haiti
3. Pakistan
4. Kenya

5. Jordan
6. Iraq
7. Tanzania
8. South Africa Republic
9. Nigeria
10. Democratic Republic of Congo.

As of March 2012, some of the top recipients of USAID funding include the following organisations:

- World Bank
- World Food Programme
- Government of Pakistan
- Family Health International
- Mercy Corps
- Pact, Inc.
- UNICEF
- Save the Children
- International Resources Group
- World Health Organization
- Intrahealth International.

Within the field of health, USAID funding is allocated to programmes and organisations aligned with the Millennium Development Goals, which provides the framework for USAID's Global Health Initiative investments. Among the top programmes and priorities for the Global Health Initiative are

- HIV and AIDS: through the President's Emergency Plan for AIDS Relief
- Family planning and reproductive health
- Malaria: through the President's Malaria Initiative
- Maternal and child health
- Nutrition: in conjunction with the President's Feed the Future Initiative
- Neglected and tropical diseases
- Tuberculosis.

USAID partners with NGOs around the globe. USAID provides support through assistance mechanisms such as cooperative agreements, grants and other procurement vehicles. A listing of all solicitations and grants are available via the links below:

- USAID solicitations: www.fedbizopps.gov
- USAID grants: www.grants.gov.

N. US Department of Health and Human Services

The US Department of Health and Human Services (HHS) is the government's principal agency for protecting health in the US and providing essential human

services. A critical subsidiary of HHS is the Centers for Disease Control and Prevention (CDC) which seeks to monitor public health, detect and investigate health problems, conduct research to enhance prevention, develop sound public health policies, promote healthy behaviours, foster safe and healthful environments, and provide leadership and training. The CDC also provides a substantial amount of public health funding for state and local health departments, community-based organisations and academic institutions.

CDC receives its funding through the annual budget created by HHS. Once funded, the CDC awards nearly 85 per cent of its annual budget to grants and contracts that will help accomplish its mission 'to promote health and quality of life by preventing and controlling disease, injury and disability'. Each year, the CDC awards about $7 billion through more than 14,000 grants and contract vehicles. The majority of these grants and awards are made through a competitive application process that includes proposal reviews, evaluation and stringent criteria relevant to each area of a project's objectives. In rare instances, if the CDC or Congress determines that a particular organisation is the absolute best resource for a public health service activity, a grant may be awarded without competition.

Grant and contract funding starts with the Funding Opportunity Announcement (FOA), which describes the purpose of the award, eligibility requirements, estimated award amounts, application deadline and method of selection. Eligible applications are reviewed and scored by an objective review panel of subject matter experts, purely based on the criteria published in the FOA.

In this manner, WVI programmes that have a specific disease-prevention focus or intervention-based projects for infectious diseases may be eligible for CDC awards. Requests for proposals published in the FOA are sometimes restricted by region or governing body, but civil society organisations and NGOs are eligible for a small number of grants – particularly if they are well-aligned to CDC's objectives.

In FY 2008, the CDC budget of $9.2 billion was allocated to the following:

- Immunisation: 36 per cent
- Anti-Terrorism: 16 per cent
- Other: 12 per cent
- HIV and AIDS and TB prevention: 11 per cent
- Chronic disease prevention: 9 per cent
- Infectious disease control: 4 per cent
- Occupational safety and health: 4 per cent
- Global health: 3 per cent
- Environmental health: 2 per cent
- Injury prevention and control: 1 per cent

- Birth defects and developmental disabilities: 1 per cent
- Agency for toxic substances: 1 per cent.

Resources

- Centers for Disease Control and Prevention. (2008). *State of CDC 2008: Partnering for a Healthy World*. Retrieved from http://www.cdc.gov/about/stateofcdc/pdf/SOCDC2008.pdf.
- Centers for Disease Control and Prevention. (2009). *CDC's Procurement and Grants Office*. Retrieved from http://www.cdc.gov/about/business/funding.htm.
- Centers for Disease Control and Prevention. (2010). *Budget and Workforce*. Retrieved from http://www.cdc.gov/fmo/topic/Budget%20Information/index.html.
- Centers for Disease Control and Prevention. (2010). *Vision, Mission, Core Values and Pledge*. Retrieved from http://www.cdc.gov/about/organization/mission.htm.
- Centers for Disease Control and Prevention. (2012). *About CDC*. Retrieved from http://www.cdc.gov/about/default.htm.
- Centers for Disease Control and Prevention. (2012). *Grants – Funding Opportunity Announcements*. Retrieved from http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.
- US Department of Health and Human Services. (2012). *About HHS*. Retrieved from http://www.hhs.gov/about/.

ANNEX 1. MULTILATERAL FUNDING FOR HEALTH

Donor and Programme Name	Total annual expenditure (million)	Funding for health (million)	Percent health of total	Sub-sector priorities	Regional/ country priorities	Expected programming focus	Eligibiity	Notes
World Health Organization	$3,866	$3,866	100%	HSS, ID, PHC, NCD, policy	Global	Research, HSS, health policy, country strategies	Mainly funds research, its own programmes, gov't/country strategies	
The Global Fund to Fight AIDS, TB and Malaria	$3,200	$3,200	100%	HIV, malaria, TB, HSS,CSS	Africa, Asia, S. America	Prevention, care and treatment for 3 diseases; HSS and CSS	Gov't ministries, NGOs, national strategies, through Country Coordinating Mechanism	
UNICEF	$3,800	$1,652	43%	MNRCH, HIV, nutrition	Africa, Asia, Latin America	Equity, children's rights, HIV, health, protection and development	Funds its own programmes, gov't/country strategies, NGOs and CBOs	
Global Alliance for Vaccines and Immunisation (GAVI)	$1,240	$1,240	100%	HSS, vaccines	57 GAVI-eligible countries, mostly in Africa	HSS, vaccine systems and distribution	Mainly public sector in eligible countries with GNI pc below $1520	One CSO programme being evaluated in 2012
United Nations Fund for Population Activities UNFPA	$824	$824	100%	MNRCH, FP, HIV, gender	Africa, Asia, Latin America	Localised, strategic programmes with immediate impact as catalyst for long-term results	Funds its own programmes, gov't/country strategies and NGOs	11.9% for CSOs
Open Society Foundations	$819	$73	9%		U.S., Europe, Africa, Asia	Health and rights, regional programmes	NGOs thematically and geographically aligned with OSF	
InterAmerican Development Bank	$10,900	$128	1%	HSS, policy	Latin America and Carribean	Primary healthcare integration, health systems organisation,	Loans and grants to governments, capital investments	

						water/ sanitation		

Donor and Programme Name	Total annual expenditure (million)	Funding for health (million)	Percent health of total	Sub-sector priorities	Regional/ country priorities	Expected programming focus	Eligibiity	Notes
African Development Bank	$5,727	$62	1%	HSS, policy	Africa	Health systems infrastructure	Loans and grants to governments, capital investments	
Asian Development Bank	$1,590	$45	5%	HSS, policy	East/South Asia & Pacific	Health impact of infrastructure, economic governance, regional public goods, partnerships, knowledge management	Loans and grants to governments, capital investments	CSO funds available. Also Cooperation Fund for Water funds CSO grants.
The World Bank International Development Agency	$16,300	$1,000	6%	HSS, policy	Africa, Asia, Latin America	HSS, education, basic health services, institutional reforms	Loans and grants to governments	Primarily a lending bank, but 17% of total expenditures ($16.3 B) allocated for grants to high-risk for debt distress countries.
Total	**$48,266**	**$12,090**	**25%**					

HSS= Health systems strengthening	ID = Infectious disease	CSS= Community systems strengthening	PHC = primary health care	NCD = non-communicable disease	MNRCH= Maternal, newborn, reproductive and Child Health

ANNEX 2. BILATERAL FUNDING FOR HEALTH (EXCLUDES CONTRIBUTIONS TO MULTILATERALS)

Donor and Programme Name	Reporting Period	Total ODA Amount (million)	Health ODA Amount (million)	Percent health of ODA	Sub-sector priorities	Regional/country priorities	Expected programming type	Eligibiity	Notes
Australia – AusAID	2011	$4,800	$816	17.0%	HSS, HIV and AIDS, TB, Malaria, MNCH, ID, Nutrition	Asia Pacific, South and West Asia	Regional programming focused on achieving MDG	Australian NGO or CSO	Approximately 5% health funding allocated for Canadian NGOs
European Commission	2010	$14,153	$1,735	12.3%	HSS, HIV and AIDS, TB, Malaria, MNCH, ID, Nutrition	Africa, Asia, S. America	Wide range of localised health programmes funding, as one of the largest contributors to global health grantmaking	European CSO/NGO	In-depth list of 2012 funded grants available here: http://ec.europa.eu/health/programme/docs/award_decision2012.pdf
Denmark – DANIDA	2011	$298	UNK	UNK	UNK	Afghanistan, Bangladesh, Ethiopia, Vietnam	Primarily focsed on humanitarian aid and some MDG	Danish CSO or NGO	Predominantly allocated funding for multilateral organisations, no specific health priority

Donor and Programme Name	Reporting Period	Total ODA Amount (million)	Health ODA Amount (million)	Percent health of ODA	Sub-sector priorities	Regional/country priorities	Expected programming type	Eligibiity	Notes
Finland – FINIDA	2011	$1,400	$113.0	12.0%	HSS, HIV and AIDS, MNCH, ID, Nutrition	Ethiopia, Kenya, Mozambique, Vietnam, Zambia Somalia	Cross-sector programmes across multiple populations, highly focused on HIV and AIDS in health	Finnish CSO/NGO	Health is lesser priority to crisis prevention, humanitarian aid, environment and climate change.
Germany – BMZ	2011	$830	UNK	0.0%	MDG	UNK	UNK	German CSO/NGO	Health is a lesser priority, and no direct healthcare grants are provided. All funding for health and MDG oriented programmes allocated to UN, European Development Fund, and other regional programmes.
Ireland – Irish Aid	2011	$659	$131.0	20.0%	HSS, HIV and AIDS, TB, Malaria, MNCH, ID, Nutrition	Africa, Asia,	HIV and AIDS, gender, environment, and governance.	Irish NGO/CSO	Supports programmes for improved access to clean water, basic sanitation, nutrition, food production, safety nets, and holistic approaches to disease prevention. Irish Aid works closely with its core strategic partner NGOs: Christian AID, Concern Worldwide, GOAL, Self Help Africa, and Trocair.

Donor and Programme Name	Reporting Period	Total ODA Amount (million)	Health ODA Amount (million)	Percent health of ODA	Sub-sector priorities	Regional/country priorities	Expected programming type	Eligibiity	Notes
Japan – JICA	2011	$7,321	$183.0	2.5%	HIV and AIDS, MNCH, ID	Africa, Asia	Cross-sector programmes across multiple populations, highly focused on HIV and AIDS, MNCH, and infection disease	NGO/CSO	Primarily contributing to multilaterals and grant aid for infrastructure programmes
Sweden – SIDA	2011	$2,580	$273.9	10.6%	MDG	Africa, Asia, Europe, S. America	MDG programming, but health-specific programmes are lower priority	Swedish NGO/CSO	Majority funding is allocated for multilaterals, health is not a listed priority
Taiwan – ICDF	2011	$897	$17.8	2.0%	UNK	Asia, Africa	Technical assistance, lending, humanitarian aid, climate change and environment	NGO/CSO	Majority funding is allocated for multilaterals, health is not a listed priority
United Kingdom – DFID	2011	$8,320	$887.5	10.7%	HSS, HIV and AIDS, MNCH, ID, Nutrition	Africa, Asia, Caribbean	Cross-sector programmes across multiple populations, highly localised and infrastructure focused	British NGO/CSO	Majority funding is allocated for multilaterals, health programmes funneled through avenues like Global Poverty Action Fund, Program Partnership Arrangements and other CSO funding instruments.

Donor and Programme Name	Reporting Period	Total ODA Amount (million)	Health ODA Amount (million)	Percent health of ODA	Sub-sector priorities	Regional/country priorities	Expected programming type	Eligibiity	Notes
U.S. Department of Health & Human Services (CDC)	2010	$2,818	$1,818.0	100.0%	HIV and AIDS, MNCH, ID	Africa, Asia, Europe, S. America	Programmes with disease-specific focus, or public health innovations	American CSO/NGO	Wide ranging health programme funding, including immunisations, toxic chemicals and injury prevention among others.
U.S. Department of State Office of Global AIDS Coordinator	2010	$4,053	$4,053.0	100.0%	HSS, HIV and AIDS, TB, Malaria, MNCH, ID, Nutrition	Africa, Asia, Europe, S. America	Programmes with disease-specific focus, or public health innovations	American CSO/NGO	Wide ranging health programme funding, including immunizations, toxic chemicals and injury prevention among others.
USAID	2010	$15,162	$4,720.0	31.1%	HSS, HIV and AIDS, TB, Malaria, MNCH, ID, Nutrition	Africa, Asia, Europe, S. America	Wide range of localised health programmes funding, as one of the largest contributors to global health grantmaking	American CSO/NGO	Wide ranging health programme funding, including immunisations, toxic chemicals and injury prevention among others
Total		**$68,091**	**$15,564**	**22.86%**					

UNK = Unkown	HSS = Health systems strengthening	ID = Infectious disease	CSS= Community systems strengthening	PHC = Primary health care	NCD = Non-communicable disease	MNRCH= Maternal, newborn, reproductive and child health

ANNEX 3. WORLD VISION MULTILATERAL GRANT COMMITMENTS FOR HEALTH FY 2012

World Vision Implementing Office	Donor Name*	Originating Donor*	World Vision Funding Office	Primary Sector*			Total
				Health	HIV/AIDS	WASH	
Angola	EC Development Cooperation	European Commission	United Kingdom			372,624	372,624
Bosnia and Herzegovina	Global Fund	Global Fund	Switzerland	533,455	159,880	0	693,335
Bosnia and Herzegovina	NO DONOR	Global Fund	Switzerland	0	331,918	0	331,918
Cambodia	The National Center for HIV/AIDS	Global Fund	Singapore	0	7,285	0	7,285
Congo – DRC	SANRU Rural Health Program of DRC	Global Fund	Japan	0	200,035	0	200,035
Dominican Republic	NO DONOR	NO DONOR	Dominican Republic	2,872	0	0	2,872
Dominican Republic *	NO DONOR	Global Fund	Dominican Republic	0	100,000	0	100,000
Ethiopia *	NO DONOR	Global Fund	Ethiopia	30,000	0	0	30,000
Georgia	UNICEF	UNICEF	Austria	882,709	0	0	882,709

World Vision Implementing Office	Donor Name*	Originating Donor*	World Vision Funding Office	Primary Sector*			Total
				Health	HIV/AIDS	WASH	
Georgia	UNHCR	UNHCR	Switzerland	110,142	0	0	110,142
Guatemala	World Health Organization	World Health Organization	Canada	226,046	0	0	226,046
Haiti*	NO DONOR	Global Fund	Haiti	0	250,000	0	250,000
Honduras*	NO DONOR	Global Fund	Canada	0	500,000	0	500,000
India	Global Fund	Global Fund	India	874,528	0	0	874,528
Indonesia	UNICEF	UNICEF	Indonesia	184,084	0	0	184,084
Kenya	EC Development Cooperation	EC	Austria	242,997	0	0	242,997
Mali	Global Fund	Global Fund	Mali	0	1,784	0	1,784
Mongolia	Ministry of Health	Global Fund	Australia	40,158	0	0	40,158
Mozambique	Global Fund	Global Fund	United States	14,748,370	0	0	14,748,370
Myanmar	Save the Children International	Global Fund	United Kingdom	642,356	0	0	642,356
Myanmar	UNICEF	UNICEF	Hong Kong	15,387	0	0	15,387
Papua New Guinea	Global Fund	Global Fund	Australia	5,180,191	0	0	5,180,191
Papua New Guinea	Global Fund	Global Fund	Pacific Development	705,554	0	0	705,554
PDG	NO DONOR	NO DONOR	Australia	0	75,707	0	75,707
Pakistan	EC Development Cooperation	EC Development Cooperation	United Kingdom	0	0	744,333	744,333
Philippines	NO DONOR	NO DONOR	Philippines	399,246	0	0	399,246

World Vision Implementing Office	Donor Name*	Originating Donor*	World Vision Funding Office	Primary Sector*			Total
				Health	HIV/AIDS	WASH	
Philippines	Philippine Business for Social	Global Fund	Philippines	900,729	0	0	900,729
Rwanda	Ministry of Gender	Global Fund	Australia	0	362,547	0	362,547
Rwanda	World Health Organization	World Health Organization	Canada	96,529	0	0	96,529
Senegal*	NO DONOR	Global Fund	United Kingdom	230,000	0	0	230,000
Senegal	UNICEF	UNICEF	United Kingdom	0	0	114,965	114,965
Sierra Leone*	NO DONOR	Global Fund	Canada	210,000	0	0	210,000
Somalia	Global Fund	Global Fund	Somalia	32,501	0	0	32,501
Somalia	Global Fund	Global Fund	United Kingdom	1,460,112	0	0	1,460,112
Somalia	UNICEF	Global Fund	Japan	0	252,040	0	252,040
Somalia	UNICEF	Global Fund	Somalia	0	6,226	0	6,226
Somalia	UNICEF	UNICEF	United Kingdom	115,975	0	0	115,975
Somalia	UNICEF	World Health Organization	Somalia	40,371	0	0	40,371
Somalia	World Health Organization	World Health Organization	Canada	358,626	0	0	358,626
South Sudan	ECHO	ECHO	Germany	0	0	458,145	458,145
South Sudan	Population Services International	Global Fund	Japan	779,388	0	0	779,388
South Sudan	UNDP	Global Fund	Japan	107,580	0	0	107,580
Sri Lanka	ECHO	ECHO	Germany	65,036	0	0	65,036
Swaziland	NERCHA	Global Fund	Japan	0	1,249,278	0	1,249,278

World Vision Implementing Office	Donor Name*	Originating Donor*	World Vision Funding Office	Primary Sector*			Total
				Health	HIV/AIDS	WASH	
Tanzania	Ministry of Health – NO Country	Global Fund	Switzerland	408,197	0	0	408,197
Thailand	Aids Access Foundation	Global Fund	Thailand	0	559,041	0	559,041
Thailand	Global Fund	Global Fund	Thailand	1,688,628	0	0	1,688,628
Thailand	Rakthai Foundation	Global Fund	Thailand	1,865,536	1,044,650	0	2,910,186
Zimbabwe*	UNICEF	Global Fund	Zimbabwe	0	360,000	0	360,000
Zimbabwe	UN OCHA	UN OCHA	United Kingdom	0	0	107,211	107,211
Zimbabwe	UNICEF	UNICEF	Switzerland	406,516	0	0	406,516
Zimbabwe	UNICEF	UNICEF	Zimbabwe	0	60,546	0	60,546
Total				**33,583,819**	**5,520,937**	**1,797,278**	**40,902,034**

* Not reported on PBAS – estimated from Health and WASH Global Fund 2012 report

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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.