



**USAID**  
FROM THE AMERICAN PEOPLE

Agency-Wide Expenditures for  
Global Health

# FY 2003

A USAID Managers Report



October 2004

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## PHNI Project

The Population, Health and Nutrition Information (PHNI) Project is funded by USAID and managed by Jorge Scientific Corporation with the Futures Group and John Snow, Inc. (contract no. HRN-C-00-00-00004-00). The PHNI Project provides the Bureau for Global Health and others with essential information, products, and services about program needs, technologies, costs, and impacts to support accurate priority setting, design, management, and evaluation.

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## Abstract

This managers report is an annual publication summarizing expenditures for global health sponsored by the U.S. Agency for International Development (USAID).



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Agency-Wide Expenditures  
for Global Health

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## Introduction

This report provides an overview of USAID's global health expenditures for fiscal year (FY) 2003 (October 1, 2002, through September 30, 2003). These expenditures occur via two main channels: (1) centrally managed projects funded by USAID's Bureau for Global Health (GH), and (2) bilateral projects managed by USAID Missions. Agreements managed by USAID's regional bureaus are not included in this report.

Prior to FY 2001, this report included only population expenditures. In FY 2001, the report was expanded to include child survival/maternal health, HIV/AIDS, and infectious diseases. This year the report has been further expanded to include vulnerable children, as well as trend information for global health, child survival/maternal health, and infectious diseases.

Because criteria for HIV/AIDS data are still evolving under the President's Emergency Plan for AIDS Relief (which calls for the Office of the Global AIDS Coordinator in the State Department to coordinate the U.S. government response to HIV/AIDS), this year's report does not include a section breaking down HIV/AIDS expenditures as it does for other directives. The Global Health Overview section, however, includes total HIV/AIDS expenditures (table 1) and HIV/AIDS expenditures by region and country (tables 5 through 9).

As in prior years, the report includes an annex showing shipment data on centrally funded contraceptives.

### How to Interpret This Report

The primary purpose of this report is to provide USAID managers with financial information that can assist in policy and program decision making at the global, regional, and country levels. The report provides an overview of expenditures incurred at the project level for the implementa-

tion of Agency-wide global health programs funded by USAID. The expenditure amounts reported do not represent appropriations or obligation funding and should not be used or interpreted as such. Because of the time lag between obligation funding and project-level expenditures, funds are typically not expended in the same year in which they are obligated. Instead, they are expended in subsequent years. **Therefore, expenditure amounts presented in this report reflect funding decisions made before FY 2003 and cannot be directly compared to appropriation or obligation amounts.**

Also, expenditures reported here are estimates based on a comprehensive data collection process, which is described below. The figures provided here give managers a broad view of spending patterns but do not entail the precision and detail of formal accounting standards.

### Methodology of Data Collection

This report takes its data from the following sources:

- Mission Accounting and Control Systems (MACS), October 2003
- Mission Activity Expenditure Reports, January 2004
- Cooperating Agency FY 2003 Cost Reports, January 2004
- NEWVERN Information System, GH, February 2004

After the fiscal year ends, the Population, Health and Nutrition Information (PHNI) Project requests all USAID Missions and cooperating agencies (CAs) that have centrally managed agreements with GH to provide the expenditure data from these sources to prepare this report.

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## Data from USAID Missions

The Mission data in this report are referred to as “bilateral,” “Mission,” or “Mission-managed.” The values for Mission totals include only expenditures incurred under Mission-managed projects and do not include bilateral funds transferred via Modified Acquisition and Assistance Request Documents (MAARDs) into activities centrally managed by GH. These expenditures are reported by the CAs that receive this type of funding from a Mission. These amounts are reported under the Field Support/MAARD columns found throughout the report.

Mission expenditure amounts are obtained from MACS. Population, health, and nutrition (PHN) officers (or their designee) at each Mission then code each project’s expenditures by line item. The directive (family planning/reproductive health, HIV/AIDS, child survival/maternal health, infectious diseases, vulnerable children, or non-health-related activities) and institution that implemented the activity associated with each cost is listed for every line item. U.S. or local organizations reported as the implementing institution may work with other local organizations via sub-agreements. However, the data collection process requires that the Mission only identify the primary implementing institution.

The Mission PHN officers also complete a focus area breakdown and a functional activity breakdown for each of their health-related projects. These breakdowns provide project-level estimates that are aggregated in this report.

## Data from Cooperating Agencies

CA data in this report include field support/MAARD expenditures and central core expenditures. CA data are sometimes referred to as “centrally managed” because they reflect expenditures incurred via agreements between CAs and GH in Washington, D.C.

Each CA provides a country-by-country breakdown of expenditures for each agreement the

CA has with GH. For each country, the CA is asked to indicate how much was spent using field support/MAARD funds and how much was spent with central core funds. Next, the CA indicates for each country whether or not the amounts were spent via sub-agreements with local host institutions, as long-term or short-term technical assistance, or through other activities not captured in these categories. For sub-agreement expenditures, the CA provides a list of local host institutions and their respective expenditure amounts.

The CA also estimates expenditures by percentage for each directive. In prior years, these percents were applied evenly across all countries related to the agreement. Beginning in FY 2002, CAs were able to estimate the directive breakdown of expenditures for each country individually.

Finally, each CA completes the focus area and functional activity breakdowns for each of its agreements with GH. These percents are broken out for each directive and applied evenly across all countries for which the CA reported expenditures related to the directive. Therefore, the amounts reported are project-level *estimates*, which are aggregated in this report.

## Data from NEWVERN

NEWVERN is the central contraceptive procurement database. This database is the automated contraceptive ordering, processing, and financial management system of USAID’s Commodities Security and Logistics Division.

The PHNI Project annually collects contraceptive shipment data from John Snow, Inc., which manages NEWVERN. The data contain the value and quantity of shipments for each country that receives contraceptive assistance from USAID. Total global health contraceptive and condom shipments (as reported in the Global Health Overview of this report) represent expenditures for both HIV/AIDS and family planning. Contraceptive and condom shipment estimates

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for family planning activities are arrived at by subtracting HIV-related Commodity Fund expenditures from the total FY 2003 commodity amount as reported by NEWVERN.

### Current Limitations to Data

Given current data collection methods, the information provided in this report has the following limitations:

- For the most part, figures reported here are based on estimates and do not reflect actual accounting figures. The expenditure values are coded by informed managers who make estimates on the distribution of expenditures for each project at the country level.
- The data included in this report represent global health expenditures incurred by USAID field Missions or CAs who have a centrally

funded agreement with GH. Currently, the data collection does not include expenditures incurred via regional agreements entered into by USAID regional bureaus.

- As stated earlier, the data do not include local host institution information for CAs that have sub-agreements via bilateral projects. Sub-agreement data are only available for centrally managed projects. Missions report only on primary implementers of agreements.
- The figures for focus area and functional activity breakdowns represent breakdowns at the project level and not the country level. A separate breakdown of the data at regional and country levels is not currently available.



# Global Health Overview



## Overview of USAID Global Health Expenditures

USAID is committed to improving global health by improving the quality, availability, and use of essential health services through programs that address HIV/AIDS, family planning/reproductive health, child survival/maternal health, infectious diseases, and vulnerable children. USAID focuses on global leadership, technical support to the field, and research and evaluation. The Agency forges strong relationships with its partners, which include other bilateral agencies, multilateral organizations, host governments, and nongovernmental organizations.

In FY 2003, USAID global health expenditures reached \$1.33 billion. This represented a 27% increase over FY 2002 expenditures. HIV/AIDS spending increased by 71% from FY 2002 and constituted 31% of FY 2003 global health expenditures. (As mentioned in the introduction, this report does not fully discuss HIV/AIDS expenditures due to the evolving funding and reporting criteria of this directive.) The family planning/reproductive health and child survival/maternal health directives each represented 29% of total FY 2003 global health expenditures; infectious diseases, 8%; and vulnerable children, 3%.

Regionally, USAID health expenditures were greatest in Africa (\$499 million, or 38% of the total). Increases have occurred in Africa expenditures in each of the past two years. Expenditures in the Asia/Near East (ANE) region (the only other region to have significant increases in the past two years) were \$339 million (25%). "Worldwide" expenditures (which include contributions to global initiatives) were 18% of the total; Latin America/Caribbean (LAC) expenditures, 13%; and Europe/Eurasia expenditures, 6%. Ten of the 20 top expenditure countries were in the Africa region, eight in ANE, and two in LAC. The top five countries were Egypt (\$56 million), India (\$44 million), Indonesia (\$41 million), Nigeria (\$36 million),

and Bangladesh (\$36 million). Egypt has consistently been the leading country for USAID health expenditures, while in FY 2003 Nigeria replaced Ghana in the top five.

Mission-managed agreements accounted for the most spending (\$574 million), followed by centrally managed in-country activities (\$445 million), and global leadership, research, and innovation (\$309 million). In-country activities accounted for 77% of FY 2003 expenditures. More than half of in-country expenditures were in field operations and long-term technical assistance.

Among functional activities, service delivery/training had the largest portion of expenditures (27%), followed by behavior change/communications (13%), institutional capacity and management (13%), research (10%), and data collection, monitoring, evaluation, and health information systems (10%). All other functional areas had less than 10% of total expenditures.

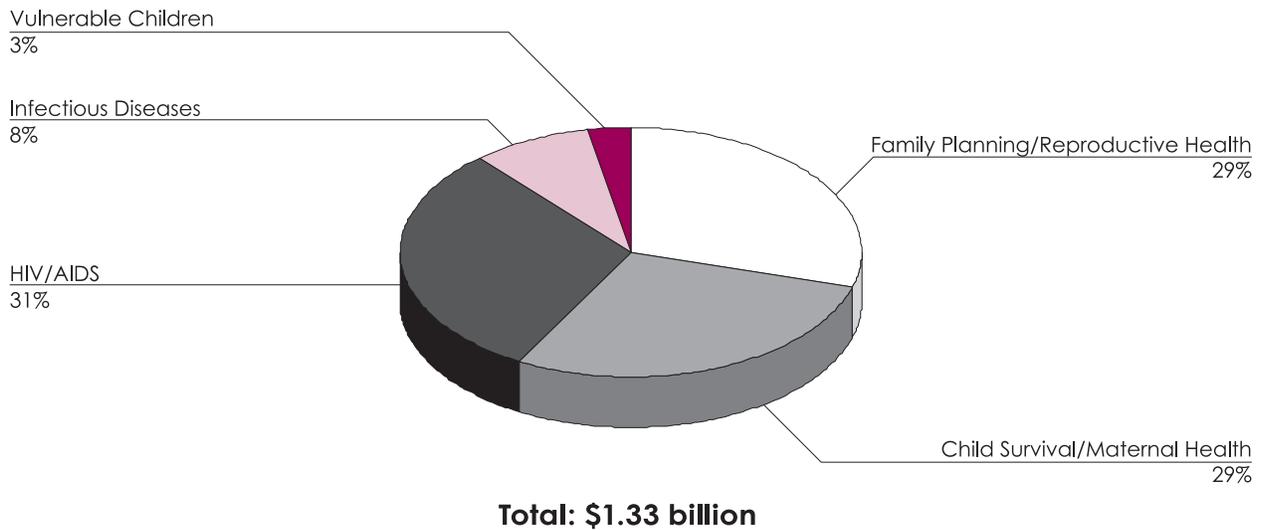
Private organizations were the implementing partners for 65% of FY 2003 global health expenditures. Nonprofit organizations were the implementing partners for two-thirds of these expenditures and for-profit organizations for one-third. International organizations were the implementing partners for 11% of expenditures and universities for 9%.

### USAID Global Health Expenditures by Directive FY 2003 (\$1,000s)

Directive	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total Global Health Expenditures
Family Planning/Reproductive Health	149,099	90,182	106,453	43,933	389,667
Child Survival/Maternal Health	205,240	82,006	100,923	-	388,169
HIV/AIDS	148,351	142,598	95,065	21,123	407,137
Infectious Diseases	45,898	35,729	28,428	-	110,055
Vulnerable Children	25,587	3,983	4,306	-	33,876
<b>Total</b>	<b>\$574,175</b>	<b>\$354,498</b>	<b>\$335,175</b>	<b>\$65,056</b>	<b>\$1,328,904</b>

Figure 1

### USAID Global Health Expenditures by Directive FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 2

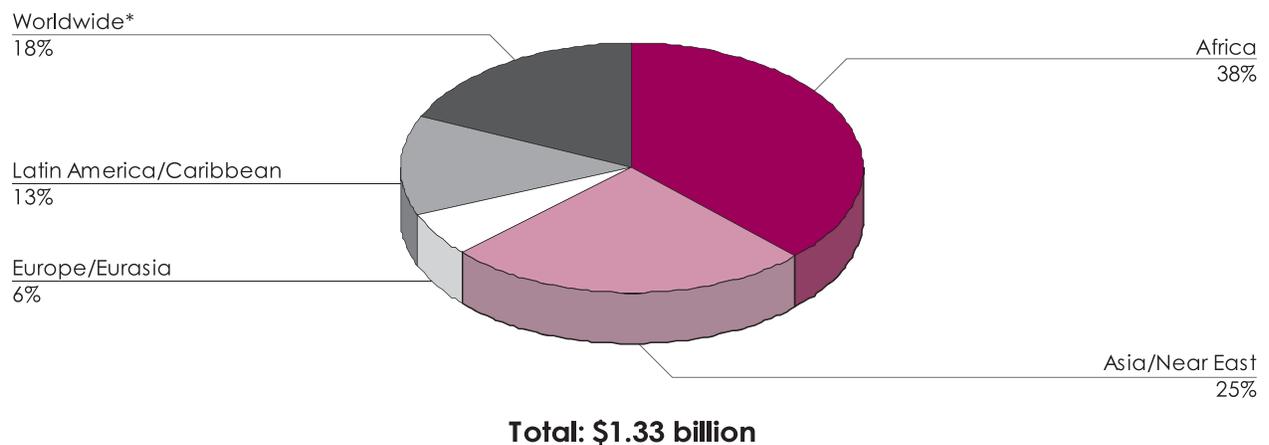
## USAID Global Health Expenditures by Region FY 2003 (\$1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total Global Health Expenditures
Africa	241,719	175,921	49,329	31,886	498,855
Asia/Near East	172,676	117,636	24,920	23,424	338,656
Europe/Eurasia	57,857	15,436	4,482	942	78,717
Latin America/Caribbean	101,923	45,505	13,010	8,804	169,242
Worldwide*	-	-	243,434	-	243,434
<b>Total</b>	<b>\$574,175</b>	<b>\$354,498</b>	<b>\$335,175</b>	<b>\$65,056</b>	<b>\$1,328,904</b>

\* Worldwide includes the U.S. government contribution to the Global Alliance for Vaccines and Immunization (\$53 million).

Figure 2

## USAID Global Health Expenditures by Region FY 2003



\* Worldwide includes U.S. government contribution to the Global Alliance for Vaccines and Immunization.

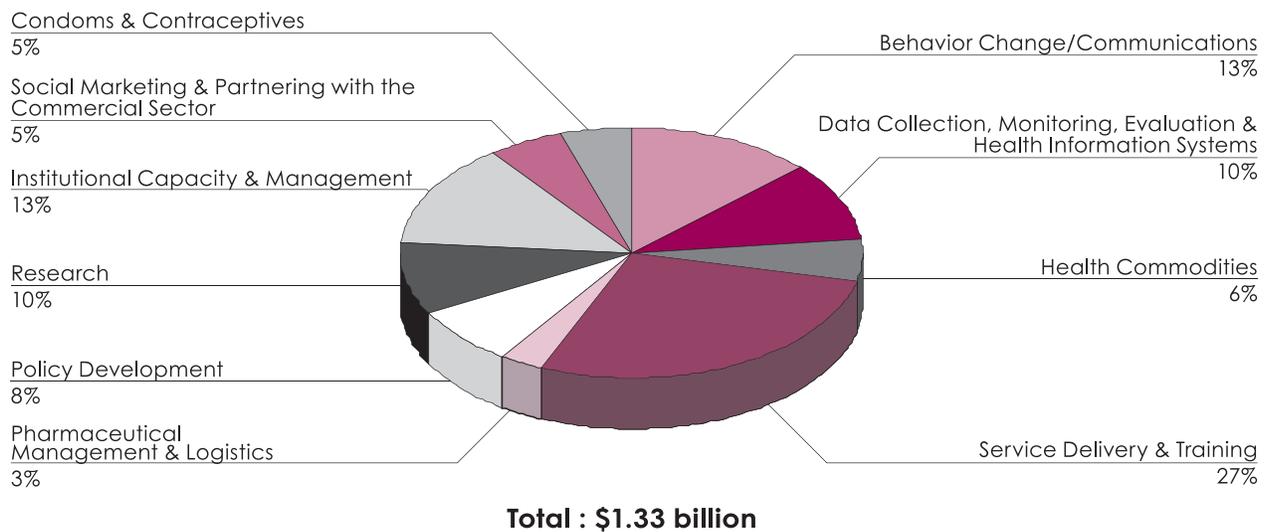
*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### USAID Global Health Expenditures FY 2003: Top 20 Countries (\$1,000s)

Egypt	\$55,877
India	44,016
Indonesia	41,451
Nigeria	36,320
Bangladesh	36,045
Uganda	34,409
South Africa	32,920
Kenya	31,272
Zambia	31,003
Mozambique	29,720
Philippines	29,650
Haiti	29,596
Ethiopia	25,071
Ghana	23,739
Jordan	23,541
Nepal	22,067
Tanzania	22,027
Cambodia	20,787
Peru	20,739
Senegal	20,325
<b>Total</b>	<b>\$610,575</b>

Figure 3

### USAID Global Health Expenditures by Activity FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 4

## USAID Global Health Expenditures by Type of Assistance FY 2003 (\$1,000s)

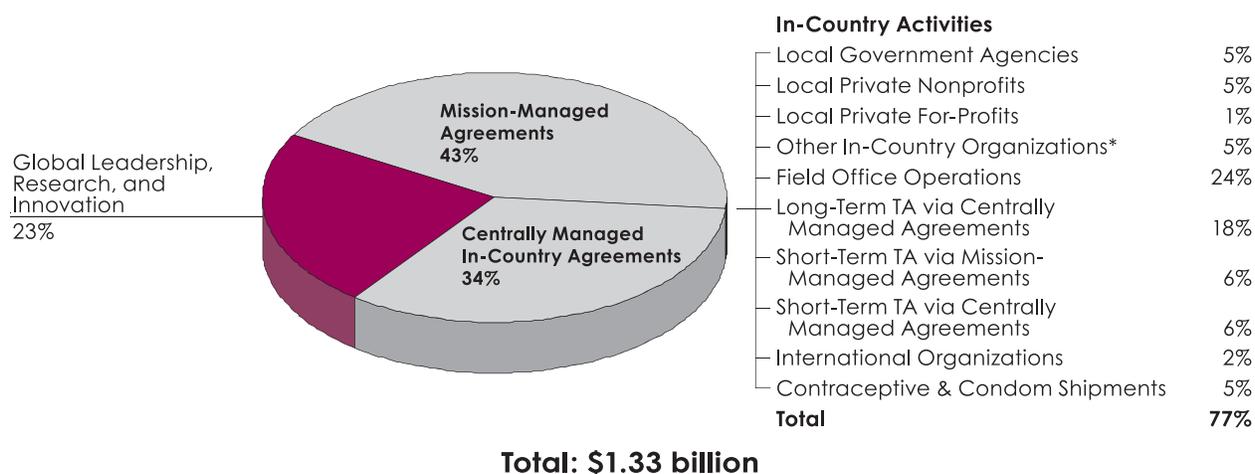
Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total Global Health Expenditures
		In-Country	Global Leadership, Research, and Innovation **	
Africa	241,719	226,338	30,798	498,855
Asia/Near East	172,676	144,814	21,166	338,656
Europe/Eurasia	57,857	17,632	3,228	78,717
Latin America/Caribbean	101,923	56,536	10,783	169,242
Worldwide	-	-	243,434	243,434
<b>Total</b>	<b>\$574,175</b>	<b>\$445,320</b>	<b>\$309,409</b>	<b>\$1,328,904</b>

\* The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

\*\* The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, global leadership, strategic planning, new initiatives, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

Figure 4

## Expenditures on In-Country Activities for Global Health FY 2003

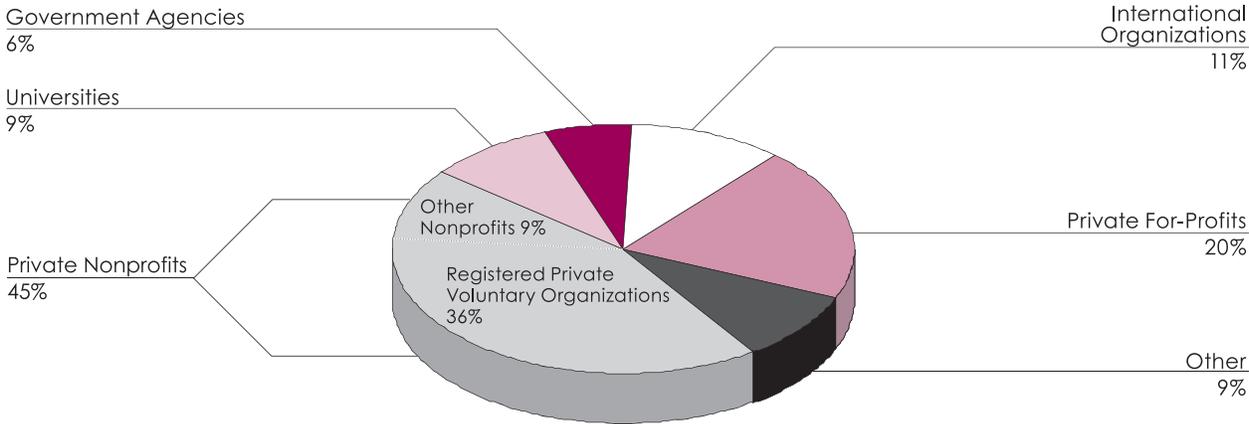


\* Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

NOTE: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

## USAID Global Health Expenditures by Type of Implementing Partner FY 2003



**Total: \$1.33 billion**

This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. The government category includes both U.S. and host-country government institutions that are primary recipients. Other implementing partners include USAID Missions incurring direct costs and institutions not properly coded during data collection. No sub-agreement information is provided in these percents. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percents in these two graphs will not match.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 5

## AFRICA: USAID Global Health Expenditures by Country FY 2003 (\$1,000s)

Country	Family Planning/ Reproductive Health	Child Survival/ Maternal Health	HIV/AIDS	Infectious Diseases	Vulnerable Children	Total Global Health Expenditures
Angola	198	2,066	4,897	-	1,406	8,567
Benin	2,515	2,184	2,508	449	-	7,656
Botswana	-	-	880	-	-	880
Burkina Faso	236	219	1,300	50	-	1,805
Burundi	-	297	785	44	-	1,126
Cameroon	439	-	801	289	-	1,529
Congo, Dem. Republic of	1,303	10,110	4,081	1,579	346	17,419
Congo, Republic of	-	-	220	-	475	695
Cote d'Ivoire	109	56	359	-	-	524
Eritrea	1,495	2,654	1,965	783	-	6,897
Ethiopia	4,619	7,341	12,081	375	655	25,071
Ghana	8,802	6,142	8,186	609	-	23,739
Guinea	3,297	6,364	785	-	-	10,446
Kenya	6,810	3,071	19,307	1,595	489	31,272
Liberia	254	2,384	78	-	-	2,716
Madagascar	4,295	6,008	4,139	25	-	14,467
Malawi	4,605	2,412	9,306	1,032	288	17,643
Mali	3,117	6,941	2,906	536	-	13,500
Mozambique	7,744	6,449	13,986	1,541	-	29,720
Namibia	122	-	3,679	-	678	4,479
Nigeria	11,858	6,185	16,321	1,886	70	36,320
REDSO/ESA	1,039	2,179	1,580	557	-	5,355
Rwanda	1,891	1,542	7,789	891	206	12,319
Senegal	4,827	5,573	6,911	3,014	-	20,325
Sierra Leone	30	246	206	303	475	1,260
South Africa	2,152	8,443	18,815	1,351	2,159	32,920
Sudan	1	686	82	-	398	1,167
Swaziland	-	-	250	-	-	250
Tanzania	6,115	2,901	12,444	553	14	22,027
Togo	442	-	1,212	-	-	1,654
Uganda	6,411	5,059	17,094	4,855	990	34,409
WARP	17,415	2,134	14,177	79	83	33,888
Zambia	3,256	5,810	17,570	3,132	1,235	31,003
Zimbabwe	1,571	283	13,023	-	2,314	17,191
Multiple - Africa	5,096	8,134	10,712	4,513	161	28,616
<b>Total Africa</b>	<b>\$112,064</b>	<b>\$113,873</b>	<b>\$230,435</b>	<b>\$30,041</b>	<b>\$12,442</b>	<b>\$498,855</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### ASIA/NEAR EAST: USAID Global Health Expenditures by Country FY 2003 (\$1,000s)

Country	Family Planning/ Reproductive Health	Child Survival/ Maternal Health	HIV/AIDS	Infectious Diseases	Vulnerable Children	Total Global Health Expenditures
Afghanistan	3,810	1,453	-	480	-	5,743
Bangladesh	16,173	16,769	3,042	22	39	36,045
Cambodia	4,267	3,423	11,454	1,606	37	20,787
Egypt	18,791	25,784	2,455	8,545	302	55,877
India	14,524	12,260	10,838	5,483	911	44,016
Indonesia	11,807	19,028	6,953	2,438	1,225	41,451
Jordan	13,761	9,416	360	4	-	23,541
Laos	-	52	1,046	57	843	1,998
Morocco	1,885	3,578	714	3	109	6,289
Nepal	8,852	2,186	9,058	1,662	309	22,067
Pakistan	862	1,151	826	-	-	2,839
Philippines	19,281	4,104	2,955	3,310	-	29,650
RDM/A	58	-	1,794	788	-	2,640
Sri Lanka	-	20	55	-	1	76
Vietnam	7	407	2,055	57	4,201	6,727
West Bank/Gaza	5,265	6,677	34	33	-	12,009
Multiple - ANE	2,325	7,764	12,541	3,501	770	26,901
<b>Total ANE</b>	<b>\$121,668</b>	<b>\$114,072</b>	<b>\$66,180</b>	<b>\$27,989</b>	<b>\$8,747</b>	<b>\$338,656</b>

### EUROPE/EURASIA: USAID Global Health Expenditures by Country FY 2003 (\$1,000)

Country	Family Planning/ Reproductive Health	Child Survival/ Maternal Health	HIV/AIDS	Infectious Diseases	Vulnerable Children	Total Global Health Expenditures
Albania	2,675	750	47	31	-	3,503
Armenia	2,806	3,005	465	1,728	2,154	10,158
Azerbaijan	1,721	486	159	199	12	2,577
Belarus	-	-	140	-	-	140
Central Asian Republics	-	368	479	346	-	1,193
Georgia	1,081	842	1,011	700	-	3,634
Kazakhstan	475	4,223	1,738	1,355	-	7,791
Kosovo	-	-	-	-	116	116
Kyrgyzstan	359	1,804	364	1,086	-	3,613
Moldova	191	6	68	142	-	407
Romania	684	5	627	221	3,844	5,381
Russia	3,398	1,209	4,782	4,269	1,861	15,519
Serbia & Montenegro	120	-	-	-	-	120
Tajikistan	651	987	576	701	-	2,915
Turkey	140	-	-	-	-	140
Turkmenistan	167	446	129	300	-	1,042
Ukraine	2,280	1,597	2,000	911	-	6,788
Uzbekistan	732	5,578	431	1,866	-	8,607
Multiple - E&E	35	433	4,102	503	-	5,073
<b>Total E&amp;E</b>	<b>\$17,515</b>	<b>\$21,739</b>	<b>\$17,118</b>	<b>\$14,358</b>	<b>\$7,987</b>	<b>\$78,717</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 8

**LATIN AMERICA/CARIBBEAN:  
USAID Global Health Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Family Planning/ Reproductive Health	Child Survival/ Maternal Health	HIV/AIDS	Infectious Diseases	Vulnerable Children	Total Global Health Expenditures
Bolivia	10,889	1,954	1,430	2,175	-	16,448
Brazil	206	2	4,880	598	1,533	7,219
Dominican Republic	2,958	2,445	4,650	491	-	10,544
Ecuador	468	29	3	20	-	520
El Salvador	3,958	8,472	980	885	-	14,295
Guatemala	2,769	11,753	367	1,435	-	16,324
Guyana	62	45	1,264	12	-	1,383
Haiti	5,193	13,688	8,616	1,960	139	29,596
Honduras	6,342	2,704	2,781	335	-	12,162
Jamaica	3,854	69	2,204	4	-	6,131
Mexico	758	-	1,805	1,685	154	4,402
Nicaragua	4,659	4,994	350	432	2	10,437
Paraguay	2,129	31	67	-	-	2,227
Peru	11,673	5,969	809	2,283	5	20,739
Trinidad & Tobago	-	-	140	-	-	140
Caribbean Regional G/CAP	-	-	3,019	-	-	3,019
Multiple - LAC	1,318	1,482	3,400	499	-	6,699
<b>Total LAC</b>	<b>\$57,236</b>	<b>\$53,637</b>	<b>\$43,572</b>	<b>\$12,964</b>	<b>\$1,833</b>	<b>\$169,242</b>

Table 9

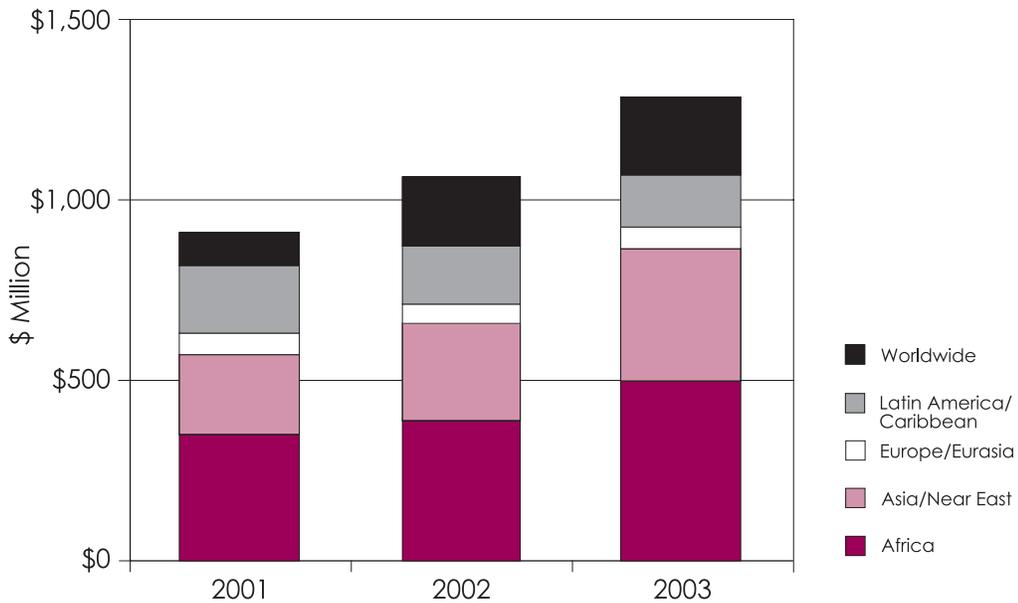
**WORLDWIDE: USAID Global Health Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Family Planning/ Reproductive Health	Child Survival/ Maternal Health	HIV/AIDS	Infectious Diseases	Vulnerable Children	Total Global Health Expenditures
USA*	19,541	6,355	20,811	4,155	1,500	52,362
Multiple - Interregional	61,643	78,493	29,021	20,548	1,367	191,072
<b>Total Worldwide</b>	<b>\$81,184</b>	<b>\$84,848</b>	<b>\$49,832</b>	<b>\$24,703</b>	<b>\$2,867</b>	<b>\$243,434</b>

\* USA expenditures include amounts spent within the United States primarily to support research, global leadership, strategic planning, and new initiatives.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### Trends in Global Health Expenditures FY 2001–2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 10

## AFRICA: Trends in USAID Global Health Expenditures FY 2001–2003 (\$1,000s)

Country	FY 2001	FY 2002	FY 2003
Angola	6,031	5,516	8,567
Benin	7,531	8,747	7,656
Botswana	216	629	880
Burkina Faso	482	1,080	1,805
Burundi	396	599	1,126
Cameroon	1,384	1,988	1,529
Congo, Dem. Republic of	5,230	10,698	17,419
Congo, Republic of	602	2,018	695
Cote d'Ivoire	146	999	524
Eritrea	2,812	10,077	6,897
Ethiopia	26,116	22,691	25,071
Ghana	18,432	31,164	23,739
Guinea	6,945	1,425	10,446
Kenya	22,353	23,390	31,272
Liberia	3,848	2,588	2,716
Madagascar	12,385	11,836	14,467
Malawi	12,373	20,670	17,643
Mali	10,314	18,888	13,500
Mozambique	12,637	16,740	29,720
Namibia	950	801	4,479
Nigeria	21,554	23,697	36,320
REDSO/ESA	6,326	4,091	5,355
Rwanda	12,062	6,383	12,319
Senegal	12,053	14,121	20,325
Sierra Leone	38	148	1,260
South Africa	17,264	18,278	32,920
Sudan	-	111	1,167
Swaziland	256	201	250
Tanzania	14,020	14,569	22,027
Togo	1,130	1,039	1,654
Uganda	22,605	29,817	34,409
WARP	11,803	17,860	33,888
Zambia	18,708	22,082	31,003
Zimbabwe	11,413	5,585	17,191
Multiple - Africa	18,057	34,590	28,616
<b>Total Africa</b>	<b>\$318,472</b>	<b>\$385,116</b>	<b>\$498,855</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### ASIA/NEAR EAST: Trends in USAID Global Health Expenditures FY 2001–2003 (\$1,000s)

Country	FY 2001	FY 2002	FY 2003
Afghanistan	-	92	5,743
Bangladesh	49,229	41,341	36,045
Cambodia	11,093	12,472	20,787
Egypt	47,427	56,099	55,877
India	32,223	32,433	44,016
Indonesia	15,492	32,626	41,451
Jordan	16,468	23,498	23,541
Laos	-	214	1,998
Morocco	8,579	7,523	6,289
Nepal	15,643	15,577	22,067
Pakistan	108	376	2,839
Philippines	33,736	20,210	29,650
RDM/A	1,189	2,335	2,640
Sri Lanka	240	91	76
Vietnam	472	1,653	6,727
West Bank/Gaza	3,127	1,293	12,009
Multiple - ANE	8,161	11,177	26,901
<b>Total ANE</b>	<b>\$243,187</b>	<b>\$259,010</b>	<b>\$338,656</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

### EUROPE/EURASIA: Trends in USAID Global Health Expenditures FY 2001–2003 (\$1,000s)

Country	FY 2001	FY 2002	FY 2003
Albania	524	2,242	3,503
Armenia	8,201	7,585	10,158
Azerbaijan	2,854	1,666	2,577
Belarus	304	287	140
Central Asian Republics	1,515	405	1,193
Czech Republic	14	-	-
Georgia	4,329	5,149	3,634
Hungary	14	-	-
Kazakhstan	6,249	5,233	7,791
Kosovo	-	583	116
Kyrgyzstan	2,688	2,501	3,613
Moldova	600	621	407
Poland	14	-	-
Romania	4,236	2,643	5,381
Russia	8,110	13,768	15,519
Serbia & Montenegro	636	651	120
Tajikistan	1,251	1,590	2,915
Turkey	1,752	1,711	140
Turkmenistan	1,724	1,351	1,042
Ukraine	6,550	6,370	6,788
Uzbekistan	4,984	6,360	8,607
Multiple - E&E	172	4,908	5,073
<b>Total E&amp;E</b>	<b>\$56,721</b>	<b>\$65,624</b>	<b>\$78,717</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 13

**LATIN AMERICA/CARIBBEAN:  
Trends in USAID Global Health Expenditures  
FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
Bolivia	25,246	19,896	16,448
Brazil	3,461	4,881	7,219
Dominican Republic	10,058	9,942	10,544
Ecuador	7,643	2,649	520
El Salvador	13,545	12,617	14,295
Guatemala	19,328	11,774	16,324
Guyana	428	442	1,383
Haiti	20,433	13,746	29,596
Honduras	13,821	11,284	12,162
Jamaica	3,410	6,283	6,131
Mexico	1,746	2,965	4,402
Nicaragua	22,709	14,519	10,437
Paraguay	2,347	2,904	2,227
Peru	21,289	20,749	20,739
Trinidad & Tobago	-	30	140
Caribbean Regional	121	772	3,019
G/CAP	6,350	3,847	6,957
Multiple - LAC	4,204	5,118	6,699
<b>Total LAC</b>	<b>\$176,139</b>	<b>\$144,418</b>	<b>\$169,242</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

Table 14

**WORLDWIDE: Trends in USAID Global Health Expenditures  
FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
USA*	19,360	36,595	52,362
Multiple - Interregional	103,691	157,464	191,072
<b>Total Worldwide</b>	<b>\$123,051</b>	<b>\$194,059</b>	<b>\$243,434</b>

\* USA expenditures include amounts spent within the United States to support research, global leadership, strategic planning, and new initiatives.  
NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

<b>Global Health Totals</b>	<b>\$917,570</b>	<b>\$1,048,227</b>	<b>\$1,328,904</b>
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NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

# Family Planning/Reproductive Health Overview



## Overview of Family Planning and Reproductive Health Expenditures

USAID's family planning/reproductive health (FP/RH) programs have protected the health of adults and children for nearly four decades. USAID support for voluntary family planning and reproductive health services has reduced the number of maternal and child deaths and promoted safe, healthy behaviors worldwide.

In FY 2003, USAID FP/RH expenditures exceeded \$389 million, an increase of \$6 million over the previous year's expenditures. The largest portion (38%) of these expenditures were Mission bilateral expenditures, while central core spending represented 27%.

Regionally, Asia/Near East (ANE) had the most expenditures at \$122 million (31%), followed by Africa at \$112 million (29%). The Latin America/Caribbean (LAC) and Europe/Eurasia (E&E) regions had expenditures of \$57 million (15%) and \$18 million (4%), respectively.

"Worldwide" expenditures, which primarily support research, global leadership, strategic planning, and new initiatives, amounted to \$81 million (21%). Expenditures increased in ANE (+6%) and Africa (+4%) and decreased in LAC (-11%) and E&E (-8%).

USAID FP/RH expenditures in FY 2003 supported activities in 71 countries, regional programs in all four USAID regions, two subregional programs in Africa, and worldwide initiatives. The top 20 recipient countries accounted for 51% of FP/RH expenditures. The Philippines, Egypt, Bangladesh, India, and Jordan were the five countries with the highest FY 2003 expenditures.

Mission-managed agreements represented 38% of expenditures in FY 2003; centrally managed in-country agreements, 37%; and global leadership, research, and innovation, 25%. The majority of expenditures represented in-country activities (75%), which included field office

operations (18% of total FP/RH spending), long-term technical assistance via centrally managed agreements (15%), and contraceptive and condom shipments (11%). USAID's main implementing partners in FY 2003 included private nonprofit organizations, which accounted for 39% of expenditures, private for-profit organizations (22%), and universities (17%).

By focus area, family planning services represented 57% of expenditures; integrated reproductive health, 18%; and policy, data analysis, and evaluation, 14%. Service delivery (14% of expenditures), training (13%), institutional management and capacity (12%), contraceptives and condoms (11%), research (10%), and data collection, monitoring, evaluation, and health information systems (10%) were the top six activities supported by FY 2003 FP/RH expenditures.

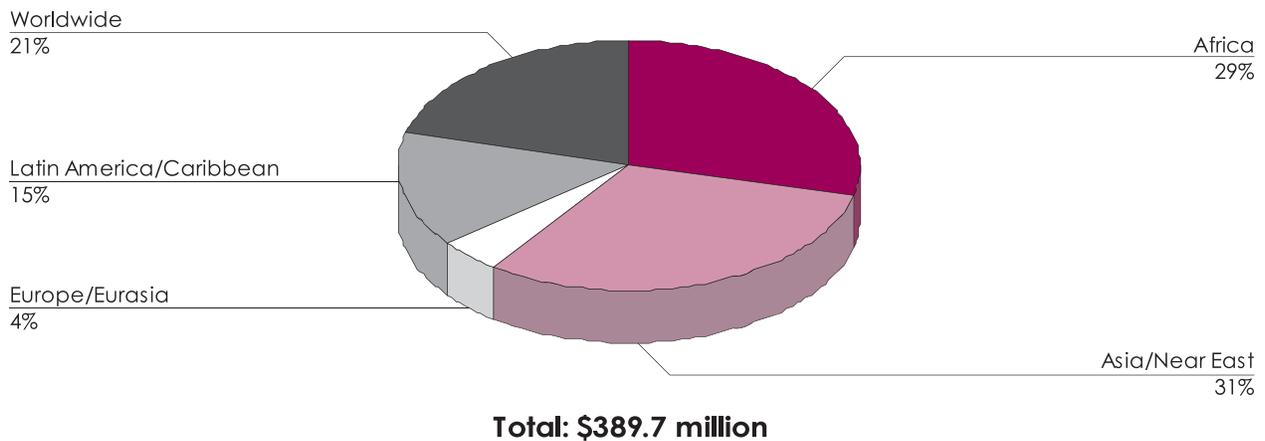
### USAID Family Planning/ Reproductive Health Expenditures by Region FY 2003 (\$1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Africa	50,545	33,837	10,849	16,833	112,064
Asia/Near East	56,823	37,853	7,562	19,430	121,668
Europe/Eurasia	12,849	3,629	588	449	17,515
Latin America/Caribbean	28,882	14,863	6,270	7,221	57,236
Worldwide	-	-	81,184	-	81,184
<b>Total</b>	<b>\$149,099</b>	<b>\$90,182</b>	<b>\$106,453</b>	<b>\$43,933</b>	<b>\$389,667</b>

\* Contraceptive and condom shipment estimates for family planning activities are calculated by subtracting Commodity Fund expenditures from the total FY 2003 commodity amount as reported in the NEWVERN Information System, February 2004.

Figure 1

### USAID Family Planning/ Reproductive Health Expenditures by Region FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 2

### USAID Family Planning/ Reproductive Health Expenditures by Focus Area FY 2003

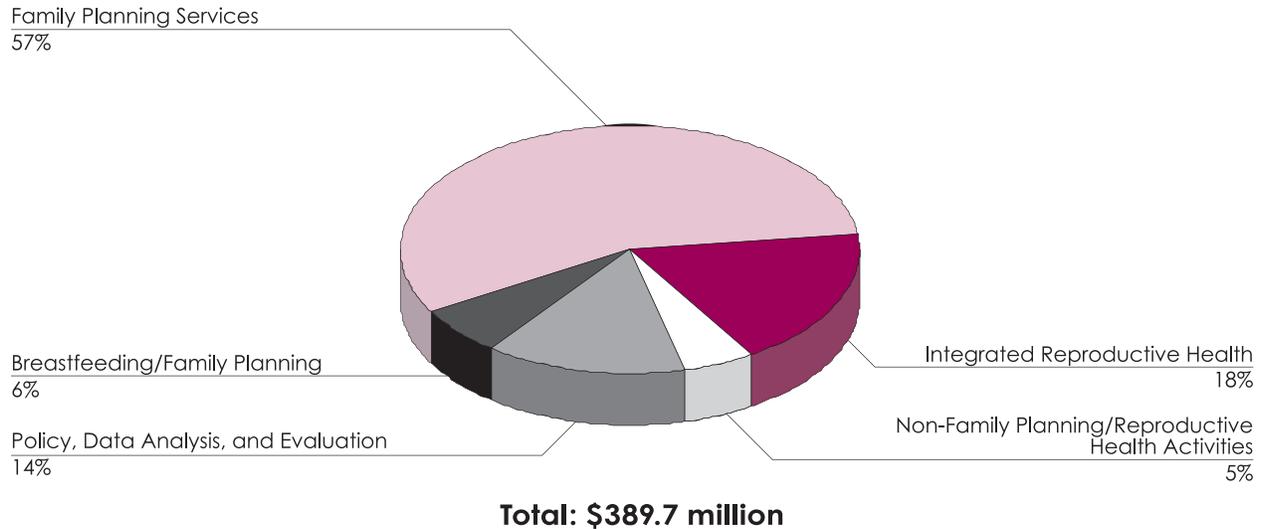
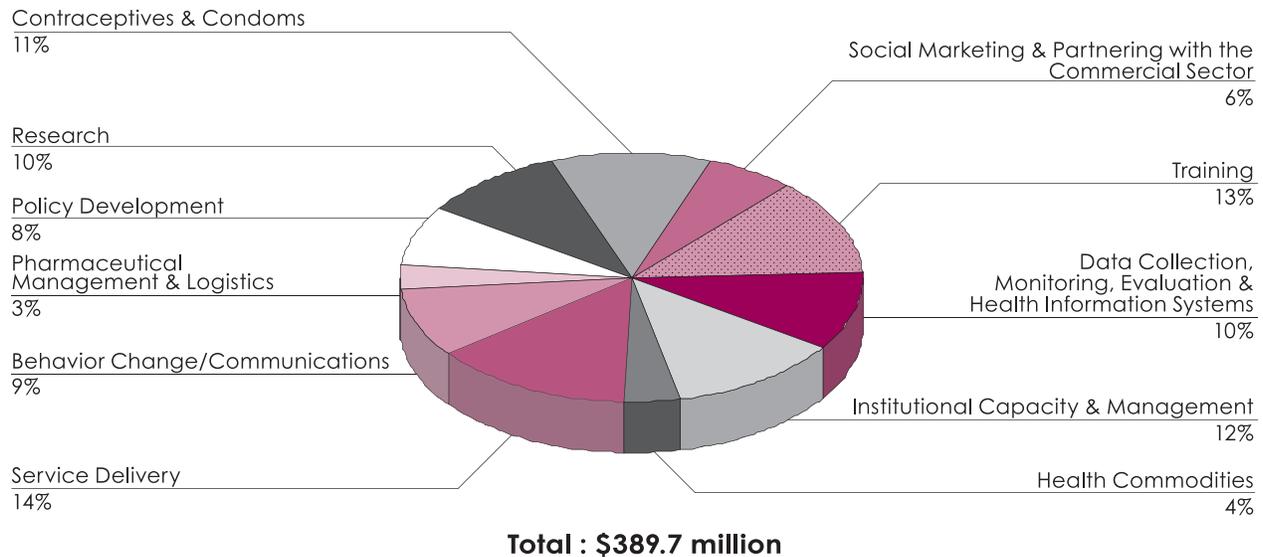


Figure 3

### USAID Family Planning/ Reproductive Health Expenditures by Activity FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**USAID Family Planning/  
Reproductive Health Expenditures  
FY 2003: Top 20 Countries (\$1,000s)**

Philippines	\$19,281
Egypt	18,791
Bangladesh	16,173
India	14,524
Jordan	13,761
Nigeria	11,858
Indonesia	11,807
Peru	11,673
Bolivia	10,889
Nepal	8,852
Ghana	8,802
Mozambique	7,744
Kenya	6,810
Uganda	6,411
Honduras	6,342
Tanzania	6,115
West Bank/Gaza	5,265
Haiti	5,193
Senegal	4,827
Nicaragua	4,659
<b>Total</b>	<b>\$199,777</b>

**USAID Family Planning/  
Reproductive Health Expenditures by Type of Assistance  
FY 2003 (\$1,000s)**

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total FP/RH Expenditures
		In-Country	Global Leadership, Research, and Innovation **	
Africa	50,545	55,385	6,134	112,064
Asia/Near East	56,823	57,216	7,629	121,668
Europe/Eurasia	12,849	4,464	202	17,515
Latin America/Caribbean	28,882	25,287	3,067	57,236
Worldwide	-	-	81,184	81,184
<b>Total</b>	<b>\$149,099</b>	<b>\$142,352</b>	<b>\$98,216</b>	<b>\$389,667</b>

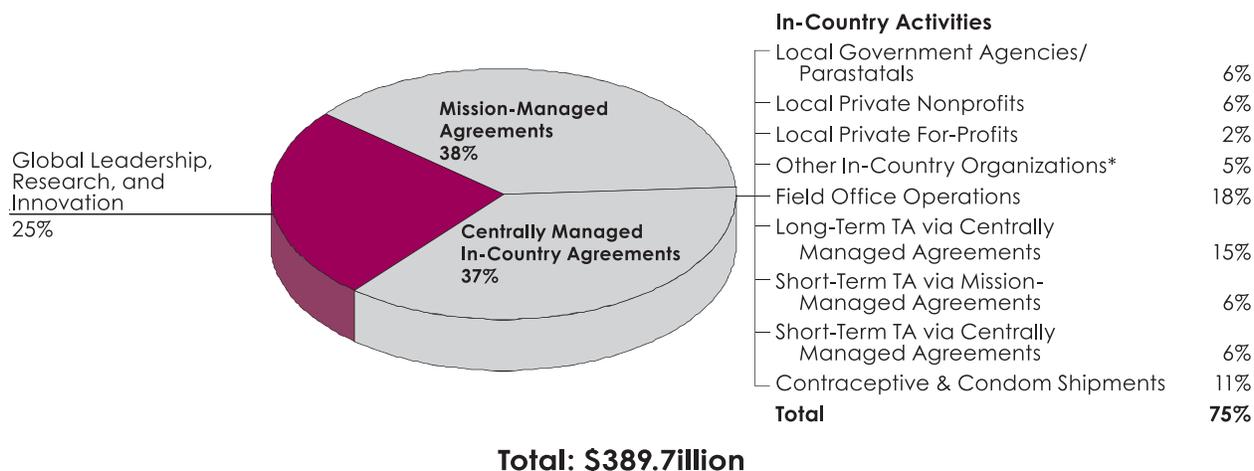
\* The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

\*\* The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, global leadership, strategic planning, new initiatives, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 4

### Expenditures on In-Country Activities for Family Planning/Reproductive Health FY 2003

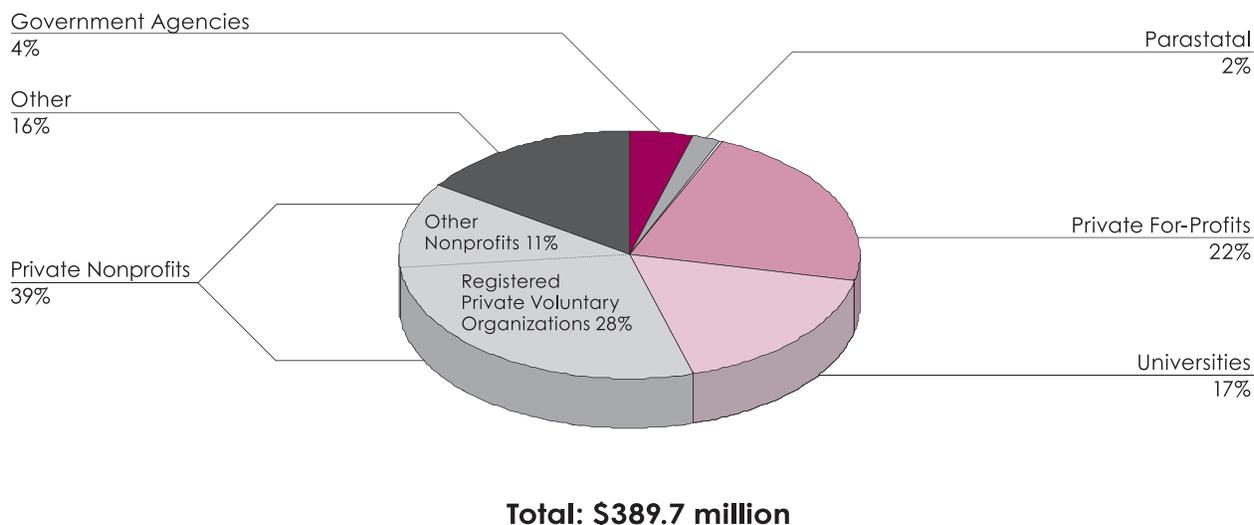


\* Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

NOTE: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

### USAID Family Planning/Reproductive Health Expenditures by Type of Implementing Partner FY 2003



This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. The government category includes both U.S. and host-country government institutions that are primary recipients. Other implementing partners include USAID Missions incurring direct costs and institutions not properly coded during data collection. No sub-agreement information is provided in these percents. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percents in these two graphs will not match.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**AFRICA: USAID Family Planning/  
Reproductive Health Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Angola	-	-	198	-	198
Benin	1,680	106	492	237	2,515
Burkina Faso	-	60	176	-	236
Cameroon	-	-	-	439	439
Congo, Dem. Republic of	566	-	125	612	1,303
Cote d'Ivoire	-	95	14	-	109
Eritrea	958	336	15	186	1,495
Ethiopia	1,845	1,440	928	406	4,619
Ghana	1,484	4,148	817	2,353	8,802
Guinea	2,628	220	149	300	3,297
Kenya	2,763	3,374	673	-	6,810
Liberia	205	-	-	49	254
Madagascar	1,244	655	406	1,990	4,295
Malawi	1,667	2,660	86	192	4,605
Mali	814	934	101	1,268	3,117
Mozambique	4,073	3,124	35	512	7,744
Namibia	-	84	38	-	122
Nigeria	4,460	4,668	169	2,561	11,858
REDSO/ESA	525	417	97	-	1,039
Rwanda	690	771	374	56	1,891
Senegal	2,256	1,143	520	908	4,827
Sierra Leone	30	-	-	-	30
South Africa	627	1,079	446	-	2,152
Sudan	-	1	-	-	1
Tanzania	2,397	2,038	562	1,118	6,115
Togo	-	-	-	442	442
Uganda	1,391	2,762	508	1,750	6,411
WARP	16,263	1,040	112	-	17,415
Zambia	1,968	692	291	305	3,256
Zimbabwe	11	228	183	1,149	1,571
Multiple - Africa	-	1,762	3,334	-	5,096
<b>Total Africa</b>	<b>\$50,545</b>	<b>\$33,837</b>	<b>\$10,849</b>	<b>\$16,833</b>	<b>\$112,064</b>

\* Contraceptive and condom shipment estimates for family planning activities are calculated by subtracting Commodity Fund expenditures from the total FY 2003 commodity amount as reported in the NEWVERN Information System, February 2004.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 5

### ASIA/NEAR EAST: USAID Family Planning/ Reproductive Health Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Afghanistan	-	97	3,510	203	3,810
Bangladesh	2,559	5,287	266	8,061	16,173
Cambodia	1,656	2,128	483	-	4,267
Egypt	5,824	5,355	476	7,136	18,791
India	7,666	6,291	567	-	14,524
Indonesia	6,882	4,912	13	-	11,807
Jordan	8,213	5,135	46	367	13,761
Morocco	765	1,038	82	-	1,885
Nepal	6,261	2,046	1	544	8,852
Pakistan	-	180	682	-	862
Philippines	10,112	4,924	1,126	3,119	19,281
RDM/A	-	-	58	-	58
Vietnam	-	7	-	-	7
West Bank/Gaza	5,233	32	-	-	5,265
Multiple - ANE	1,652	421	252	-	2,325
<b>Total ANE</b>	<b>\$56,823</b>	<b>\$37,853</b>	<b>\$7,562</b>	<b>\$19,430</b>	<b>\$121,668</b>

\* Contraceptive and condom shipment estimates for family planning activities are calculated by subtracting Commodity Fund expenditures from the total FY 2003 commodity amount as reported in the NEWVERN Information System, February 2004.

Table 6

### EUROPE/EURASIA: USAID Family Planning/ Reproductive Health Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Albania	1,313	1,309	-	53	2,675
Armenia	1,798	800	208	-	2,806
Azerbaijan	1,721	-	-	-	1,721
Georgia	747	334	-	-	1,081
Kazakhstan	475	-	-	-	475
Kyrgyzstan	287	-	-	72	359
Moldova	191	-	-	-	191
Romania	290	-	126	268	684
Russia	3,016	379	3	-	3,398
Serbia & Montenegro	120	-	-	-	120
Tajikistan	510	60	25	56	651
Turkey	-	74	66	-	140
Turkmenistan	167	-	-	-	167
Ukraine	1,670	474	136	-	2,280
Uzbekistan	544	164	24	-	732
Multiple - E&E	-	35	-	-	35
<b>Total E&amp;E</b>	<b>\$12,849</b>	<b>\$3,629</b>	<b>\$588</b>	<b>\$449</b>	<b>\$17,515</b>

\* Contraceptive and condom shipment estimates for family planning activities are calculated by subtracting Commodity Fund expenditures from the total FY 2003 commodity amount as reported in the NEWVERN Information System, February 2004.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**LATIN AMERICA/CARIBBEAN: USAID Family Planning/  
Reproductive Health Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Bolivia	7,660	2,032	349	848	10,889
Brazil	1	7	198	-	206
Dominican Republic	1,853	705	326	74	2,958
Ecuador	-	39	313	116	468
El Salvador	1,978	713	598	669	3,958
Guatemala	855	1,211	531	172	2,769
Guyana	-	62	-	-	62
Haiti	3,025	742	36	1,390	5,193
Honduras	3,486	1,322	428	1,106	6,342
Jamaica	1,895	1,059	900	-	3,854
Mexico	-	278	480	-	758
Nicaragua	1,834	1,574	206	1,045	4,659
Paraguay	950	568	463	148	2,129
Peru	5,345	3,828	847	1,653	11,673
Multiple - LAC	-	723	595	-	1,318
<b>Total LAC</b>	<b>\$28,882</b>	<b>\$14,863</b>	<b>\$6,270</b>	<b>\$7,221</b>	<b>\$57,236</b>

\* Contraceptive and condom shipment estimates for family planning activities are calculated by subtracting Commodity Fund expenditures from the total FY 2003 commodity amount as reported in the NEWVERN Information System, February 2004.

**WORLDWIDE: USAID Family Planning/  
Reproductive Health Expenditures by Country  
FY 2003 (\$1,000s)**

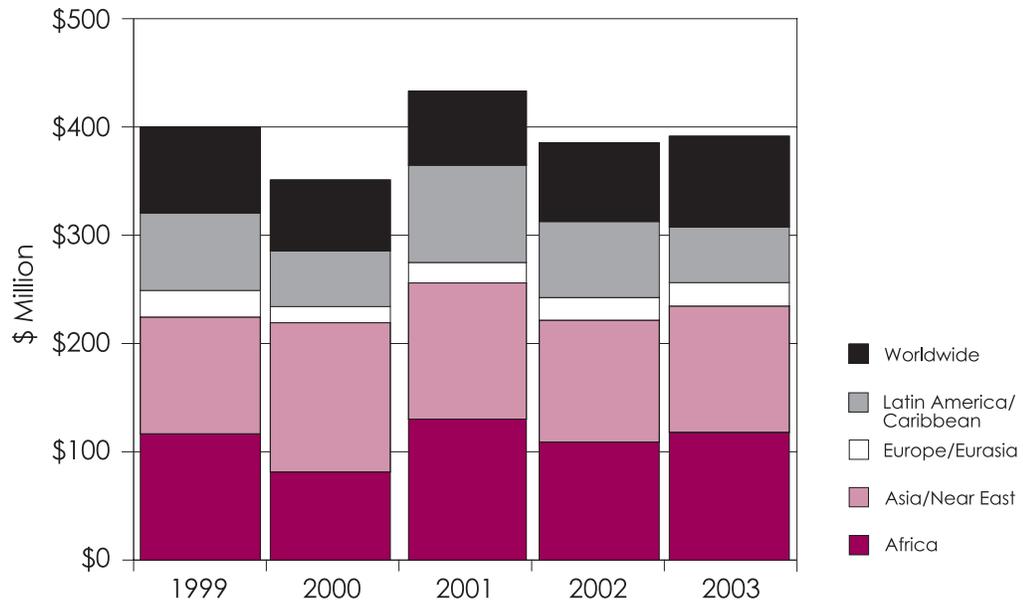
Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total FP/RH Expenditures
USA*	-	-	19,541	-	19,541
Multiple - Interregional	-	-	61,643	-	61,643
<b>Total Worldwide</b>	<b>-</b>	<b>-</b>	<b>\$81,184</b>	<b>-</b>	<b>\$81,184</b>

\* USA expenditures include amounts spent within the United States primarily to support research, global leadership, strategic planning, and new initiatives.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 6

## Trends in Family Planning/Reproductive Health Expenditures FY 1999–2003



NOTE: As of FY 2001, Missions report only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**AFRICA: Trends in USAID Family Planning/  
Reproductive Health Expenditures  
FY 1999–2003 (\$1,000s)**

Country	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Angola	-	-	265	-	198
Benin	2,237	2,826	2,639	2,571	2,515
Botswana	-	40	72	-	-
Burkina Faso	240	243	57	463	236
Burundi	3	(132)*	23	-	-
Cameroon	903	1,956	1,162	1,661	439
Congo, Dem. Republic of	99	341	1,337	386	1,303
Congo, Republic of	93	-	167	28	-
Cote d'Ivoire	400	8	11	194	109
Eritrea	1,018	8	401	1,222	1,495
Ethiopia	4,277	5,430	12,268	7,105	4,619
Ghana	11,143	6,751	10,458	13,397	8,802
Guinea	4,358	2,083	1,335	2,226	3,297
Kenya	11,841	6,797	7,472	8,305	6,810
Liberia	42	110	-	660	254
Madagascar	5,845	3,666	4,382	3,570	4,295
Malawi	2,470	4,897	4,229	7,416	4,605
Mali	11,158	3,919	4,675	8,779	3,117
Mauritius	-	3	-	-	-
Mozambique	3,945	3,556	4,979	3,735	7,744
Namibia	-	10	53	-	122
Nigeria	4,178	3,886	8,589	7,064	11,858
REDSO/ESA	3,004	1,182	2,284	602	1,039
Rwanda	155	1,158	5,162	800	1,891
Senegal	6,114	5,446	5,819	3,020	4,827
Seychelles	-	20	-	-	-
Sierra Leone	95	14	-	-	30
South Africa	2,791	2,159	7,854	1,558	2,152
Sudan	-	-	-	64	1
Swaziland	3	-	90	-	-
Tanzania	6,262	4,557	7,345	6,265	6,115
Togo	514	669	1,056	923	442
Uganda	8,205	9,455	9,348	6,806	6,411
WARP	6,616	7,378	6,338	8,734	17,415
Zambia	3,425	4,559	5,064	3,478	3,256
Zimbabwe	4,075	3,177	4,660	1,311	1,571
Multiple - AFR	6,664	4,321	6,304	5,822	5,096
<b>Total Africa</b>	<b>\$112,173</b>	<b>\$90,493</b>	<b>\$125,898</b>	<b>\$108,165</b>	<b>\$112,064</b>

\* Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

NOTES: 1) As of FY 2001, Missions report only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.

2) Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 10

**ASIA/NEAR EAST: Trends in USAID Family Planning/  
Reproductive Health Expenditures  
FY 1999–2003 (\$1,000s)**

Country	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Afghanistan	-	-	-	-	3,810
Bangladesh	22,795	27,702	30,058	29,017	16,173
Cambodia	5,264	4,127	4,046	3,734	4,267
Cook Islands	5	-	-	-	-
Egypt	12,525	23,908	26,348	16,332	18,791
India	21,306	22,594	17,544	16,588	14,524
Indonesia	9,947	3,269	4,957	9,895	11,807
Israel	22	-	-	-	-
Japan	-	90	-	13,185	-
Jordan	5,521	7,231	9,712	-	13,761
Malaysia	9	3	-	-	-
Morocco	5,355	3,094	3,042	2,535	1,885
Nepal	8,896	4,965	7,023	6,749	8,852
Pakistan	345	-	-	108	862
Philippines	17,541	27,373	26,481	14,313	19,281
Solomon Islands	11	-	-	-	-
Sri Lanka	47	85	101	36	-
RDM/A	-	39	104	144	58
Vietnam	111	35	147	40	7
West Bank/Gaza	330	1,556	2,533	617	5,265
Western Samoa	-	4	-	-	-
Multiple - ANE	1,321	1,358	822	1,285	2,325
<b>Total ANE</b>	<b>\$111,351</b>	<b>\$127,433</b>	<b>\$132,918</b>	<b>\$114,578</b>	<b>\$121,668</b>

NOTES: 1) As of FY 2001, Missions report only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.  
2) Variations from previously reported values may occur in historical data as new information is obtained.

Table 11

**EUROPE/EURASIA: Trends in USAID Family Planning/  
Reproductive Health Expenditures  
FY 1999–2003 (\$1,000s)**

Country	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Albania	706	46	308	1,177	2,675
Armenia	250	1,387	3,221	2,975	2,806
Azerbaijan	-	174	891	657	1,721
Belarus	-	16	-	-	-
Central Asian Republics	9	90	6	-	-
Georgia	368	583	971	1,858	1,081
Kazakhstan	856	1,104	1,531	156	475
Kyrgyzstan	769	31	75	60	359
Moldova	371	-	-	469	19
Romania	1,144	1,351	2,398	2,173	684
Russia	5,205	1,167	1,151	3,050	3,398
Serbia & Montenegro	-	-	-	-	120
Tajikistan	192	-	30	24	651
Turkey	3,271	1,767	1,412	1,706	140
Turkmenistan	184	258	234	17	167
Ukraine	2,133	861	1,278	3,892	2,280
Uzbekistan	342	157	780	663	732
Multiple - E&E	144	69	108	255	35
<b>Total E&amp;E</b>	<b>\$15,944</b>	<b>\$9,061</b>	<b>\$14,394</b>	<b>\$19,132</b>	<b>\$17,515</b>

NOTES: 1) As of FY 2001, Missions report only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.  
2) Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

## LATIN AMERICA/CARIBBEAN: Trends in USAID Family Planning/ Reproductive Health Expenditures FY 1999–2003 (\$1,000s)

Country	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Bolivia	12,509	8,891	14,935	13,747	10,889
Brazil	3,645	2,311	542	342	206
Costa Rica	-	34	-	-	-
Dominican Republic	4,062	3,068	2,560	2,362	2,958
Ecuador	6,022	4,840	6,546	1,855	468
El Salvador	5,646	3,782	4,799	4,352	3,958
Guatemala	6,914	6,170	9,037	5,842	2,769
Guyana	-	-	16	-	62
Haiti	8,604	5,108	7,263	4,257	5,193
Honduras	4,410	5,391	5,996	6,301	6,342
Jamaica	1,382	1,341	1,656	4,304	3,854
Mexico	4,725	583	528	345	758
Nicaragua	3,135	5,698	9,457	6,330	4,659
Paraguay	3,185	1,159	2,202	2,766	2,129
Peru	14,205	15,370	13,105	10,381	11,673
Multiple - LAC	1,362	1,148	673	880	1,318
<b>Total LAC</b>	<b>\$79,806</b>	<b>\$64,894</b>	<b>\$79,315</b>	<b>\$64,064</b>	<b>\$57,236</b>

NOTES: 1) As of FY 2001, Missions report only disbursed amounts. This is contrary to previous years' reporting when accruals were also included as expenditures.  
2) Variations from previously reported values may occur in historical data as new information is obtained.

## WORLDWIDE: Trends in USAID Family Planning/ Reproductive Health Expenditures FY 1999–2003 (\$1,000s)

Country	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
USA*	15,504	13,709	10,766	18,271	19,541
Multiple - Interregional	59,374	47,120	55,149	60,081	61,643
<b>Total Worldwide</b>	<b>\$74,878</b>	<b>\$60,829</b>	<b>\$65,915</b>	<b>\$78,352</b>	<b>\$81,184</b>

\* USA expenditures include amounts spent within the United States to support research, global leadership, strategic planning, and new initiatives.

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

<b>FP/RH Totals</b>	<b>\$394,152</b>	<b>\$352,710</b>	<b>\$418,440</b>	<b>\$384,291</b>	<b>\$389,667</b>
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NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*



# Child Survival/Maternal Health Overview



## Overview of Child Survival/Maternal Health Expenditures

USAID and its partners are committed to improving the health and well-being of children and families in developing countries. For 40 years, USAID has helped children throughout the world grow into healthy, productive adults, and during this period, USAID-assisted countries have achieved significant reductions in maternal deaths from pregnancy-related causes.

In FY 2003, child survival/maternal health (CS/MH) expenditures reached more than \$380 million, a 14% increase over FY 2002 and 39% increase over FY 2001. Between FYs 2002 and 2003, expenditures increased in all regions except Europe/Eurasia (E&E). The Asia/Near East (ANE) region had the greatest increase from \$90 million to \$114 million, an increase of 26%.

ANE and the Africa region each had expenditures equaling 29% of the total. "Worldwide" expenditures on global initiatives such as the Global Alliance for Vaccines and Immunization (GAVI) followed with 22%. Latin America/Caribbean (LAC) expenditures constituted 14% of the total, and E&E 6%. The top 20 expenditure countries accounted for more than half of all CS/MH spending. Ten of the top 20 countries were in the Africa region, six in ANE, and four in LAC. Egypt (\$25.8 million), Indonesia (\$19 million), Bangladesh (\$16.8 million), Haiti (\$13.7 million), and India (\$12.3 million) were the top five countries for FY 2003 CS/MH expenditures.

More than half of FY 2003 CS/MH spending occurred via Mission-managed agreements (53%). Of the in-country activities, 31% were field operations, 15% long-term technical assistance, 14% GAVI, and 8% short-term technical assistance via Mission-managed agreements. Centrally managed in-country activities made up 21% of total CS/MH expenditures, and global leadership, research, and innovation 12%.

Child survival activities accounted for 80% of FY 2003 CS/MH expenditures. Child survival focus areas included immunization (22% of total CS/MH expenditures); child survival core programming for the prevention and management of childhood illnesses such as pneumonia and diarrhea (17%); and maternal child health (12%). Polio eradication, breastfeeding, and environmental health each made up about 5% of CS/MH expenditures.

Maternal health activities represented 20% of all CS/MH spending. Nearly half of the maternal health expenditures (and 9% of the total CS/MH spending) were on safe pregnancy, while policy analysis, reform, and systems strengthening made up 7% of the total.

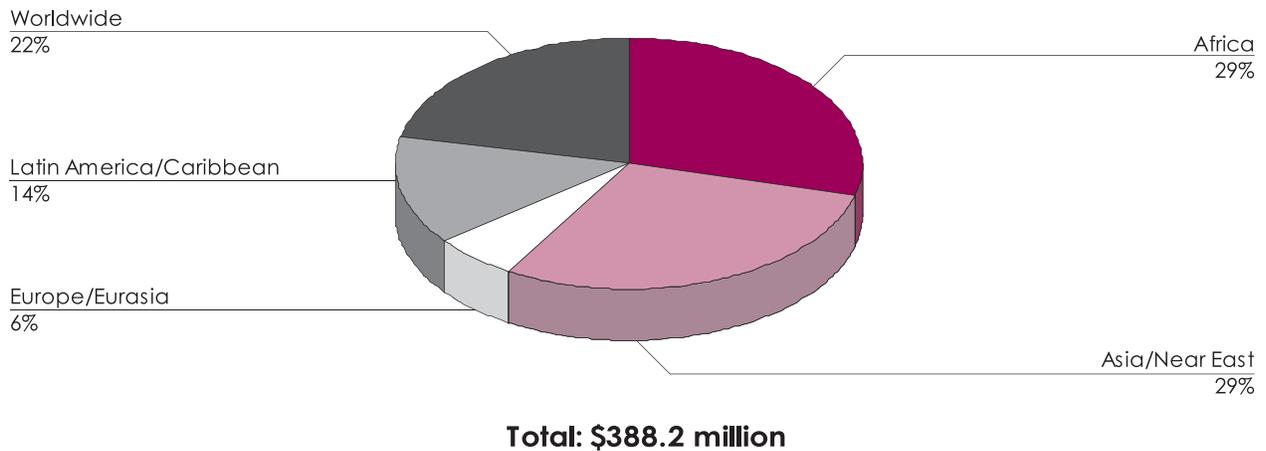
At 20% of FY 2003 CS/MH expenditures, service delivery was the leading expenditure activity. Rounding out the top five activities were institutional capacity and management (18%), health commodities (13%), training (12%), and data collection, monitoring, evaluation, and health information systems (11%). The major implementing partners for CS/MH programs were private organizations, with 60% of expenditures (36% nonprofit and 24% for-profit). International organizations were also important partners with expenditures equaling 23% of the fiscal year total.

### USAID Child Survival/Maternal Health Expenditures by Region FY 2003 (\$1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Africa	68,936	36,051	8,886	113,873
Asia/Near East	75,874	32,393	5,805	114,072
Europe/Eurasia	18,862	2,741	136	21,739
Latin America/Caribbean	41,568	10,821	1,248	53,637
Worldwide	-	-	84,848	84,848
<b>Total</b>	<b>\$205,240</b>	<b>\$82,006</b>	<b>\$100,923</b>	<b>\$388,169</b>

Figure 1

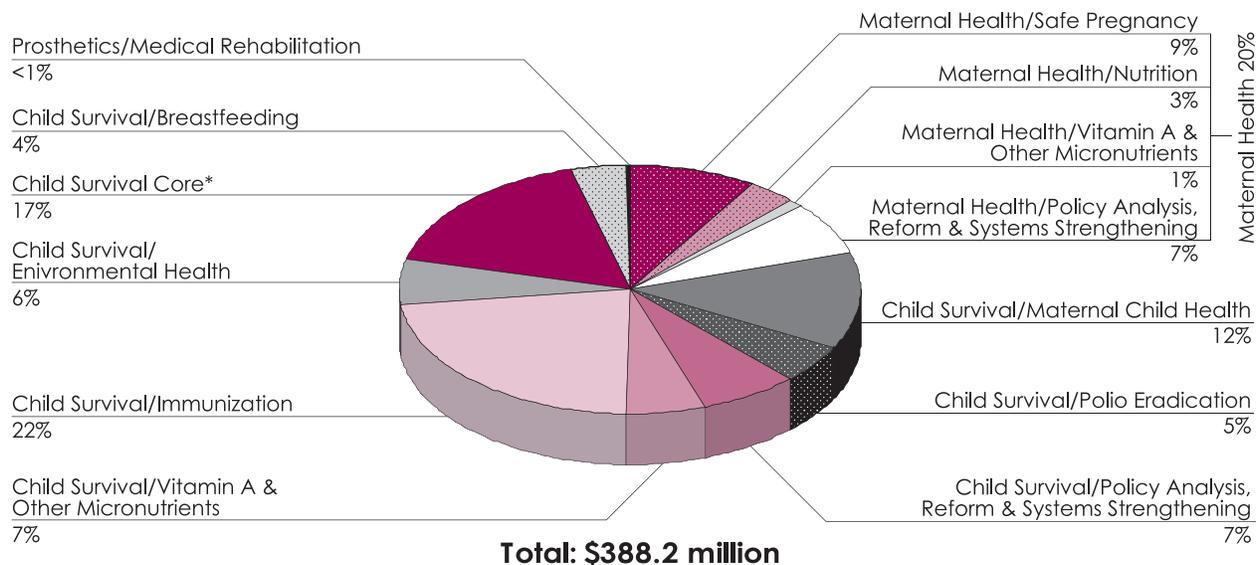
### USAID Child Survival/Maternal Health Expenditures by Region FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 2

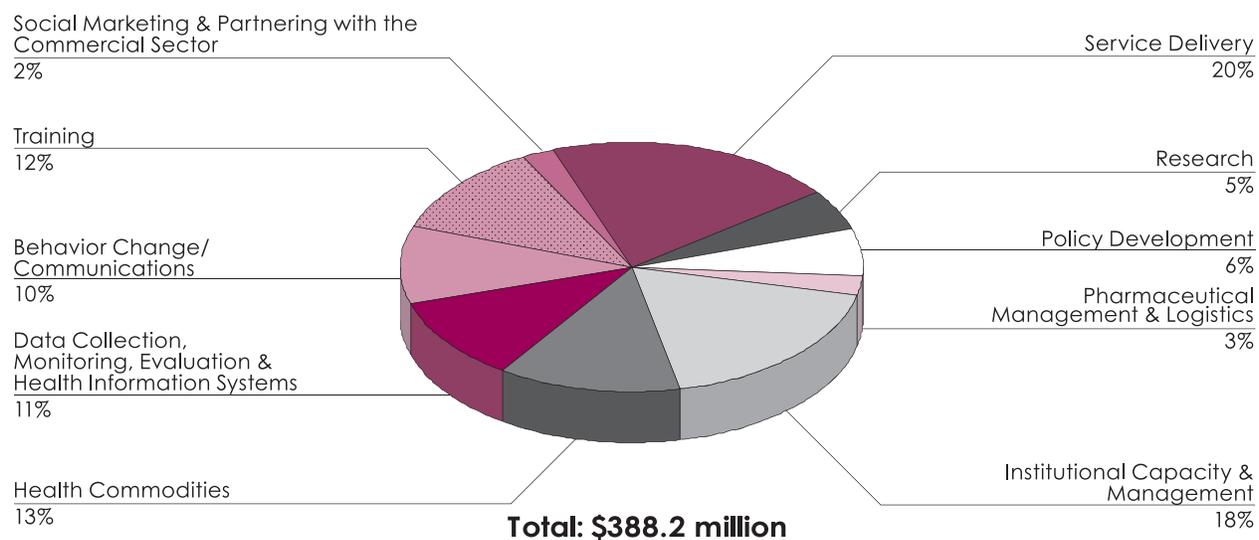
## USAID Child Survival/Maternal Health Expenditures by Focus Area FY 2003



\* Child Survival Core includes activities designed to: 1) prevent, control, or treat acute respiratory infections; 2) prevent, control, or treat diarrheal disease, including production and distribution of oral rehydration therapy or other commodities, hygiene and health education, and dietary management to reduce incidence or complications of diarrheal disease; and 3) improve the nutritional status of children in order to raise health status.

Figure 3

## USAID Child Survival/Maternal Health Expenditures by Activity FY 2003



These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.

## USAID Child Survival/Maternal Health Expenditures FY 2003: Top 20 Countries (\$1,000s)

Egypt	\$25,784
Indonesia	19,028
Bangladesh	16,769
Haiti	13,688
India	12,260
Guatemala	11,753
Congo, Dem. Republic of	10,110
Jordan	9,416
El Salvador	8,472
South Africa	8,443
Ethiopia	7,341
Mali	6,941
West Bank/Gaza	6,677
Mozambique	6,449
Guinea	6,364
Nigeria	6,185
Ghana	6,142
Madagascar	6,008
Peru	5,969
Zambia	5,810
<b>Total</b>	<b>\$199,609</b>

## USAID Child Survival/Maternal Health Expenditures by Type of Assistance FY 2003 (\$1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total CS/MH Expenditures
		In-Country	Global Leadership, Research, and Innovation **	
Africa	68,936	38,215	6,722	113,873
Asia/Near East	75,874	31,702	6,496	114,072
Europe/Eurasia	18,862	2,732	145	21,739
Latin America/Caribbean	41,568	11,031	1,038	53,637
Worldwide	-	-	84,848	84,848
<b>Total</b>	<b>\$205,240</b>	<b>\$83,680</b>	<b>\$99,249</b>	<b>\$388,169</b>

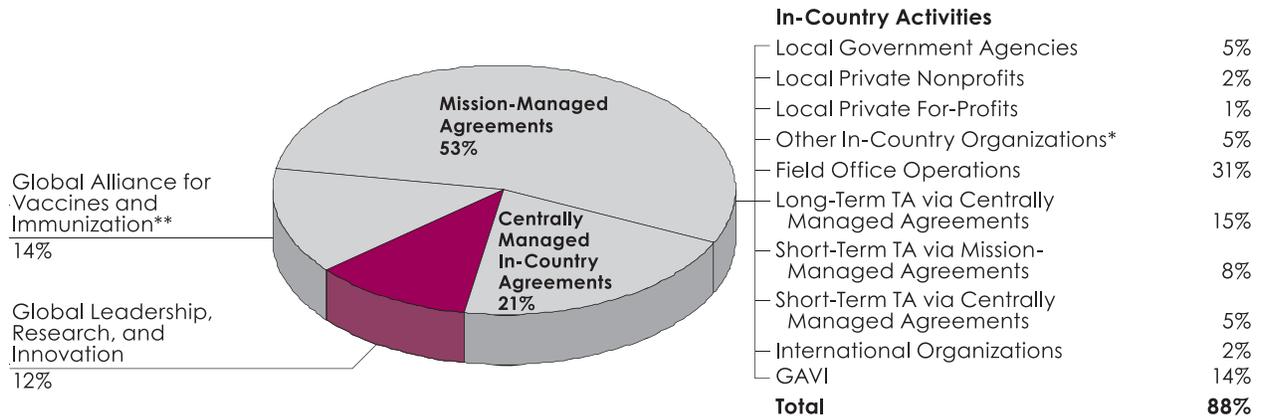
\* The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

\*\* The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, global leadership, strategic planning, new initiatives, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.). Total expenditures for this category include centrally managed expenditures for the Global Alliance for Vaccines and Immunization (GAVI).

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 4

### Expenditures on In-Country Activities for Child Survival/Maternal Health FY 2003



Total: \$388.2 million

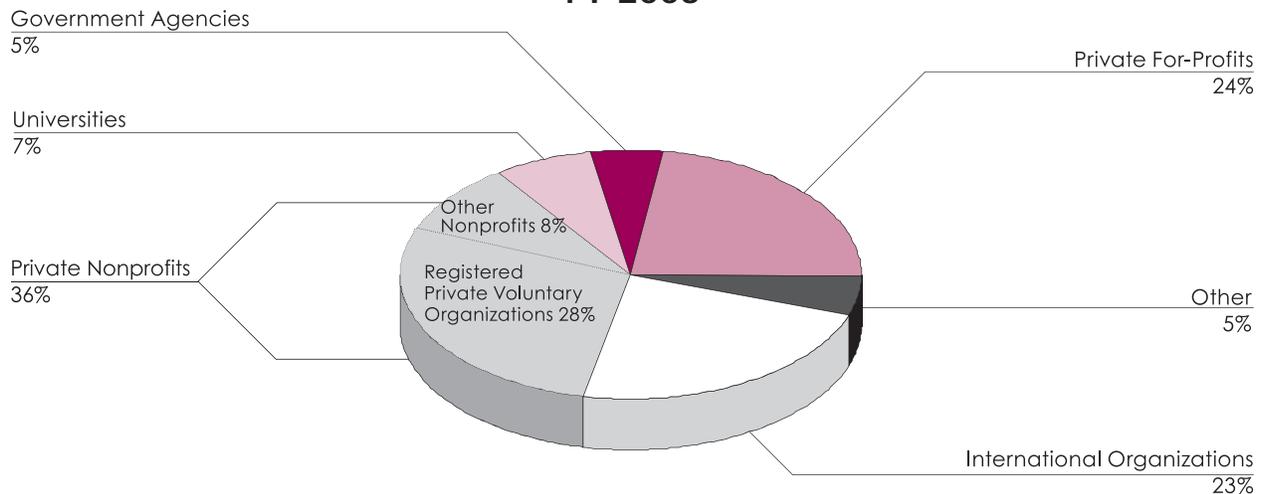
\* Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

\*\* USAID contributes to the Global Alliance for Vaccines and Immunization (GAVI) through its financial arm, the Vaccine Fund. Because USAID funds are commingled with other donor contributions, expenditures of USAID funding by country are not identifiable. Approximately one-third of GAVI resources are used for specific in-country activities and two-thirds to purchase vaccines and supplies for in-country use.

NOTE: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

### USAID Child Survival/Maternal Health Expenditures by Type of Implementing Partner FY 2003



Total: \$388.2 million

This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. The government category includes both U.S. and host-country government institutions that are primary recipients. Other implementing partners include USAID Missions incurring direct costs and institutions not properly coded during data collection. No sub-agreement information is provided in these percents. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percents in these two graphs will not match.

These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.

**AFRICA: USAID Child Survival/Maternal Health Expenditures  
by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Angola	1,377	76	613	2,066
Benin	1,561	494	129	2,184
Burkina Faso	-	196	23	219
Burundi	124	173	-	297
Congo, Dem. Republic of	5,812	3,866	432	10,110
Cote d'Ivoire	-	-	56	56
Eritrea	1,130	1,432	92	2,654
Ethiopia	6,720	313	308	7,341
Ghana	1,696	3,579	867	6,142
Guinea	5,471	899	(6)*	6,364
Kenya	311	2,712	48	3,071
Liberia	2,384	-	-	2,384
Madagascar	4,492	1,061	455	6,008
Malawi	1,725	616	71	2,412
Mali	6,178	691	72	6,941
Mozambique	5,387	857	205	6,449
Nigeria	808	5,355	22	6,185
REDSO/ESA	1,088	1,089	2	2,179
Rwanda	988	350	204	1,542
Senegal	4,003	1,551	19	5,573
Sierra Leone	243	3	-	246
South Africa	7,894	445	104	8,443
Sudan	686	-	-	686
Tanzania	1,064	1,187	650	2,901
Uganda	2,289	2,555	215	5,059
WARP	1,967	167	-	2,134
Zambia	3,228	2,268	314	5,810
Zimbabwe	-	-	283	283
Multiple - Africa	310	4,116	3,708	8,134
<b>Total Africa</b>	<b>\$68,936</b>	<b>\$36,051</b>	<b>\$8,886</b>	<b>\$113,873</b>

\* Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 5

**ASIA/NEAR EAST: USAID Child Survival/Maternal Health Expenditures  
by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Afghanistan	-	1,453	-	1,453
Bangladesh	12,350	1,942	2,477	16,769
Cambodia	2,278	992	153	3,423
Egypt	24,391	1,395	(2)*	25,784
India	2,749	8,393	1,118	12,260
Indonesia	10,094	8,923	11	19,028
Jordan	7,955	1,461	-	9,416
Laos	-	41	11	52
Morocco	2,934	622	22	3,578
Nepal	941	537	708	2,186
Pakistan	66	1,087	(2)*	1,151
Philippines	2,370	1,672	62	4,104
Sri Lanka	20	-	-	20
Vietnam	-	-	407	407
West Bank/Gaza	3,565	3,112	-	6,677
Multiple - ANE	6,161	763	840	7,764
<b>Total ANE</b>	<b>\$75,874</b>	<b>\$32,393</b>	<b>\$5,805</b>	<b>\$114,072</b>

\* Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

Table 6

**EUROPE/EURASIA: USAID Child Survival/Maternal Health Expenditures  
by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Albania	13	737	-	750
Armenia	2,594	351	60	3,005
Azerbaijan	485	1	-	486
Central Asian Republics	368	-	-	368
Georgia	471	371	-	842
Kazakhstan	4,223	-	-	4,223
Kyrgyzstan	1,804	-	-	1,804
Moldova	6	-	-	6
Romania	5	-	-	5
Russia	731	450	28	1,209
Tajikistan	902	60	25	987
Turkmenistan	446	-	-	446
Ukraine	1,552	45	-	1,597
Uzbekistan	5,262	306	10	5,578
Multiple - E&E	-	420	13	433
<b>Total E&amp;E</b>	<b>\$18,862</b>	<b>\$2,741</b>	<b>\$136</b>	<b>\$21,739</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**LATIN AMERICA/CARIBBEAN:  
USAID Child Survival/Maternal Health Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Bolivia	1,506	327	121	1,954
Brazil	-	2	-	2
Dominican Republic	1,937	429	79	2,445
Ecuador	(69)*	71	27	29
El Salvador	7,260	1,201	11	8,472
Guatemala	10,731	1,021	1	11,753
Guyana	-	45	-	45
Haiti	12,587	1,002	99	13,688
Honduras	1,062	1,633	9	2,704
Jamaica	-	69	-	69
Nicaragua	2,835	1,404	755	4,994
Paraguay	-	31	-	31
Peru	3,719	2,130	120	5,969
Multiple - LAC	-	1,456	26	1,482
<b>Total LAC</b>	<b>\$41,568</b>	<b>\$10,821</b>	<b>\$1,248</b>	<b>\$53,637</b>

\* Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

**WORLDWIDE: USAID Child Survival/Maternal Health Expenditures  
by Country  
FY 2003 (\$1,000s)**

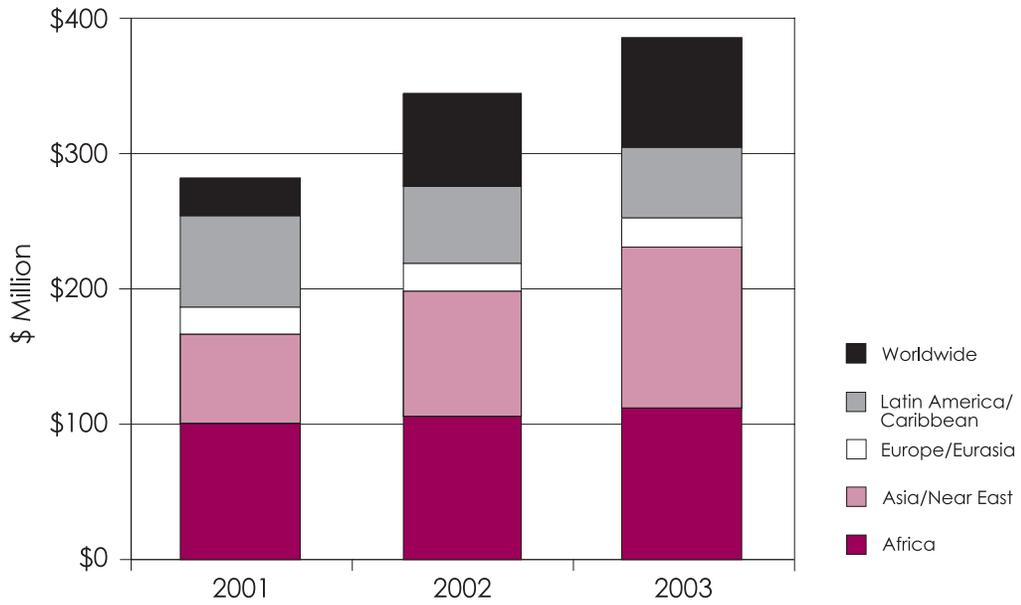
Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
USA*	-	-	6,355	6,355
Multiple - Interregional	-	-	78,493	78,493
<b>Total Worldwide</b>	<b>-</b>	<b>-</b>	<b>84,848</b>	<b>84,848</b>

\* USA expenditures include amounts spent within the United States primarily to support research, global leadership, strategic planning, and new initiatives.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 6

### Trends in Child Survival/Maternal Health Expenditures FY 2001–2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**AFRICA:**  
**Trends in USAID Child Survival/Maternal Health Expenditures**  
**FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
Angola	4,650	3,563	2,066
Benin	1,881	3,056	2,184
Botswana	41	2	-
Burkina Faso	28	248	219
Burundi	211	241	297
Cameroon	156	45	-
Congo, Dem. Republic of	2,421	4,842	10,110
Congo, Republic of	9	316	-
Cote d'Ivoire	79	125	56
Eritrea	836	6,011	2,654
Ethiopia	9,648	9,019	7,341
Ghana	3,709	7,939	6,142
Guinea	5,448	(1,073)*	6,364
Kenya	2,893	1,467	3,071
Liberia	3,845	1,906	2,384
Madagascar	5,838	6,594	6,008
Malawi	5,450	4,478	2,412
Mali	4,507	8,365	6,941
Mozambique	4,701	6,172	6,449
Namibia	48	8	-
Nigeria	6,942	6,889	6,185
REDSO/ESA	2,559	1,829	2,179
Rwanda	2,563	1,683	1,542
Senegal	4,493	5,137	5,573
Sierra Leone	35	40	246
South Africa	5,481	4,993	8,443
Sudan	-	8	686
Swaziland	15	11	-
Tanzania	544	1,983	2,901
Togo	32	20	-
Uganda	5,383	5,496	5,059
WARP	604	2,544	2,134
Zambia	4,716	4,361	5,810
Zimbabwe	391	109	283
Multiple - Africa	8,205	7,517	8,134
<b>Total Africa</b>	<b>\$98,362</b>	<b>\$105,944</b>	<b>\$113,873</b>

\* Negative figures are the result of adjustments to expenditures reported by Missions and/or CAs.

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 10

**ASIA/NEAR EAST:  
Trends in USAID Child Survival/Maternal Health Expenditures  
FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
Afghanistan	-	1	1,453
Bangladesh	16,743	9,915	16,769
Cambodia	3,014	3,606	3,423
Egypt	14,108	26,277	25,784
India	6,334	7,995	12,260
Indonesia	5,145	17,315	19,028
Jordan	5,262	9,441	9,416
Laos	-	-	52
Morocco	4,699	4,710	3,578
Nepal	5,130	3,748	2,186
Pakistan	106	147	1,151
Philippines	3,093	3,848	4,104
RDM/A	29	9	-
Sri Lanka	76	39	20
Vietnam	148	604	407
West Bank/Gaza	326	632	6,677
Multiple - ANE	1,705	1,987	7,764
<b>Total ANE</b>	<b>\$65,918</b>	<b>\$90,274</b>	<b>\$114,072</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

Table 11

**EUROPE/EURASIA:  
Trends in USAID Child Survival/Maternal Health Expenditures  
FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
Albania	141	1,054	750
Armenia	4,627	2,296	3,005
Azerbaijan	1,959	653	486
Belarus	304	234	-
Central Asian Republics	1	-	368
Georgia	1,068	1,611	842
Kazakhstan	1,511	3,974	4,223
Kosovo	-	583	-
Kyrgyzstan	1,806	2,105	1,804
Moldova	420	17	6
Romania	981	112	5
Russia	2,265	1,644	1,209
Serbia & Montenegro	636	635	-
Tajikistan	822	1,084	987
Turkey	118	3	-
Turkmenistan	735	1,013	446
Ukraine	2,363	1,486	1,597
Uzbekistan	1,599	5,110	5,578
Multiple - E&E	14	1,110	433
<b>Total E&amp;E</b>	<b>\$21,370</b>	<b>\$24,724</b>	<b>\$21,739</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**LATIN AMERICA/CARIBBEAN:**  
**Trends in USAID Child Survival/Maternal Health Expenditures**  
**FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
Bolivia	5,966	3,078	1,954
Brazil	72	24	2
Dominican Republic	4,079	3,295	2,445
Ecuador	940	776	29
El Salvador	8,562	7,687	8,472
Guatemala	9,388	5,687	11,753
Guyana	2	-	45
Haiti	8,657	5,484	13,688
Honduras	4,688	3,017	2,704
Jamaica	319	16	69
Mexico	66	-	-
Nicaragua	9,702	8,023	4,994
Paraguay	93	111	31
Peru	6,581	8,627	5,969
Caribbean Regional	-	134	-
Multiple - LAC	2,529	1,194	1,482
<b>Total LAC</b>	<b>\$61,644</b>	<b>\$47,153</b>	<b>\$53,637</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

**WORLDWIDE:**  
**Trends in USAID Child Survival/Maternal Health Expenditures**  
**FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
USA*	3,631	4,555	6,355
Multiple - Interregional	27,548	67,879	78,493
<b>Total Worldwide</b>	<b>\$31,179</b>	<b>\$72,434</b>	<b>\$84,848</b>

\* USA expenditures include amounts spent within the United States to support research, global leadership, strategic planning, and new initiatives.

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

<b>CS/MH Totals</b>	<b>\$278,473</b>	<b>\$340,529</b>	<b>\$388,169</b>
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NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*



# Infectious Diseases Overview



## Overview of Infectious Diseases Expenditures

USAID has been engaged in infectious disease control and prevention for decades as part of its efforts in child survival, maternal health, and HIV/AIDS. Its Infectious Disease Initiative has been in operation since 1998 with an emphasis on capacity building and systems strengthening to ensure long-term program effectiveness and sustainability.

In FY 2003 USAID's infectious diseases (ID) spending exceeded \$110 million, a \$23 million increase from FY 2002 and more than double FY 2001 expenditures. The increase was greatest in the Asia/Near East (ANE) region. Africa was the only region where expenditures decreased in FY 2003, although Africa still received the largest share (27%) of ID spending. ANE had 25% of expenditures, followed by Europe/Eurasia (E&E) with 13% and Latin America/Caribbean (LAC) with 12%.

"Worldwide" expenditures (such as spending on research and on global initiatives such as the Global Tuberculosis Drug Facility, Stop TB, and Roll Back Malaria) accounted for 23% of the total. The top 20 countries had expenditures of \$56.6 million, slightly more than half the total. Egypt topped the list with expenditures of \$8.5 million, India had \$5.5 million, and Uganda had \$4.9 million. Of the top 20 countries, seven were in Africa, six in ANE, four in LAC, and three in E&E.

Mission-managed agreements represented the greatest proportion of ID expenditures (42%), followed by centrally managed in-country agreements (33%) and global leadership, research, and innovation (25%). Of the in-country activities, long-term technical assistance (27%), field office operations (19%), and local government agencies (13%) amounted to more than half the expenditures.

By focus area, malaria had the greatest proportion of expenditures (33%), followed closely by tuberculosis, which had 30%. Other infectious diseases received 20% of spending; surveillance and response, 12%; and antimicrobial resistance, 5%. The top four functional activities were research (19%); institutional capacity and management (13%); pharmaceutical management and logistics (13%); and data collection, monitoring, evaluation and health information systems (11%).

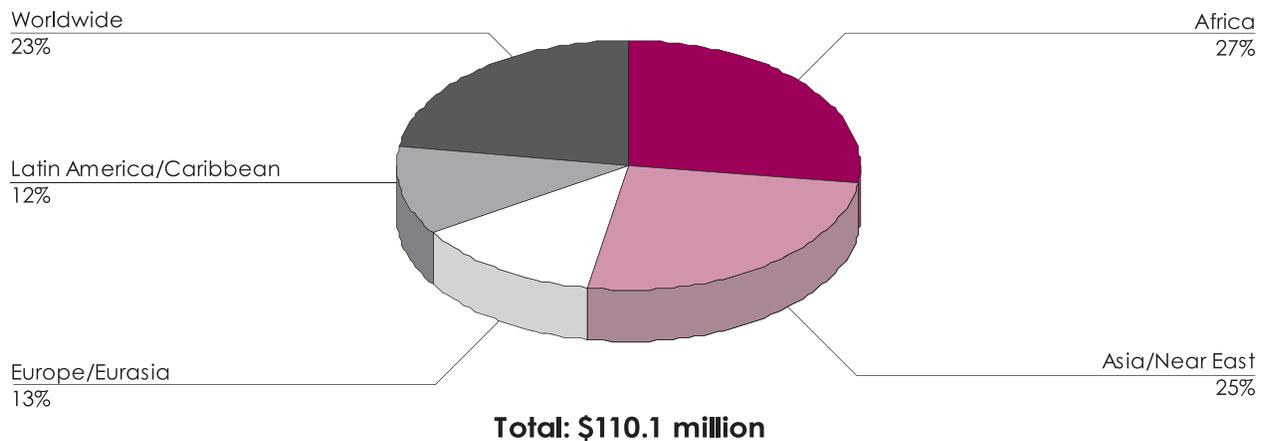
Private institutions implemented nearly half of ID programming in FY 2003, with nonprofit organizations representing 35% of expenditures and for-profits 14%. Government agencies and international organizations represented 24% and 20%, respectively.

### USAID Infectious Diseases Expenditures by Region FY 2003 (\$1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Africa	10,474	16,414	3,153	30,041
Asia/Near East	13,960	13,734	295	27,989
Europe/Eurasia	11,709	2,417	232	14,358
Latin America/Caribbean	9,755	3,164	45	12,964
Worldwide	-	-	24,703	24,703
<b>Total</b>	<b>\$45,898</b>	<b>\$35,729</b>	<b>\$28,428</b>	<b>\$110,055</b>

Figure 1

### USAID Infectious Diseases Expenditures by Region FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 2

## USAID Infectious Diseases Expenditures by Focus Area FY 2003

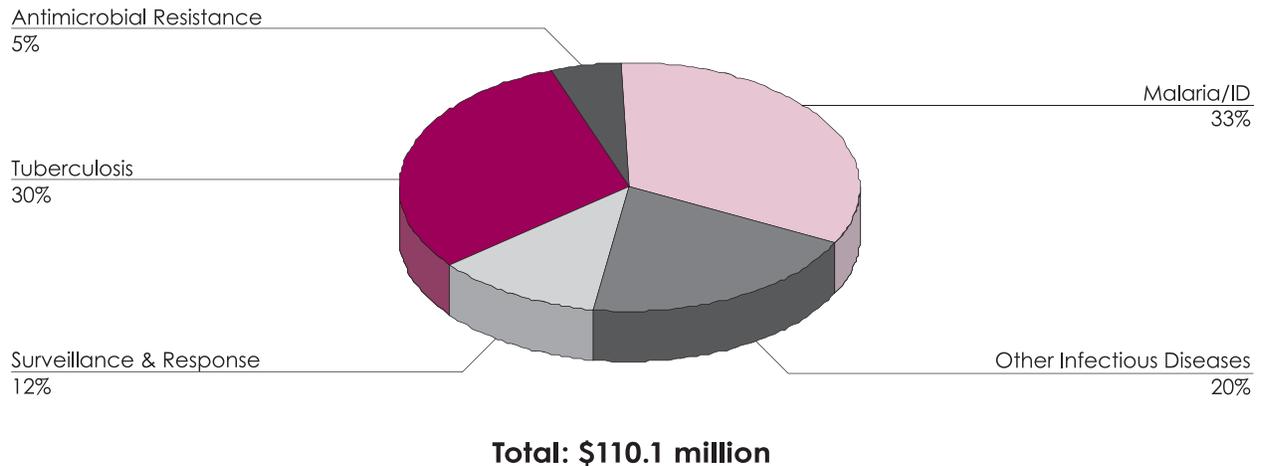
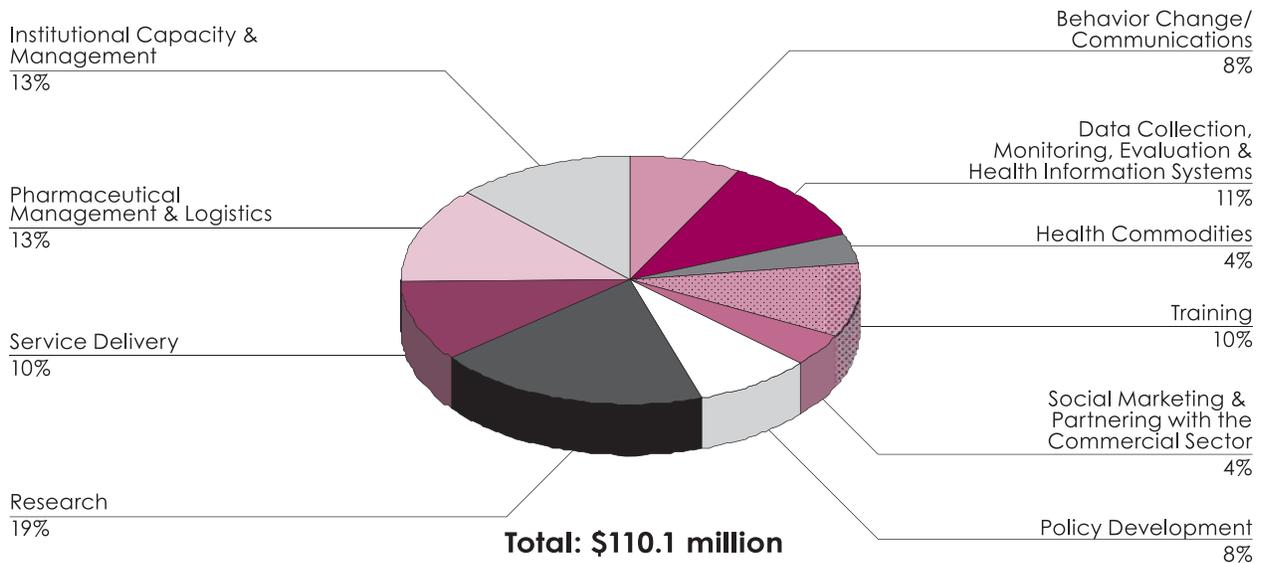


Figure 3

## USAID Infectious Diseases Expenditures by Activity FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### Infectious Diseases Expenditures FY 2003: Top 20 Countries (\$1,000s)

Egypt	\$8,545
India	5,483
Uganda	4,855
Russia	4,269
Philippines	3,310
Zambia	3,132
Senegal	3,014
Indonesia	2,438
Peru	2,283
Bolivia	2,175
Haiti	1,960
Nigeria	1,886
Uzbekistan	1,866
Armenia	1,728
Mexico	1,685
Nepal	1,662
Cambodia	1,606
Kenya	1,595
Congo, Dem. Republic of	1,579
Mozambique	1,541
<b>Total</b>	<b>\$56,612</b>

### USAID Infectious Diseases Expenditures by Type of Assistance FY 2003 (\$1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total ID Expenditures
		In-Country	Global Leadership, Research, and Innovation **	
Africa	10,474	18,405	1,162	30,041
Asia/Near East	13,960	12,899	1,130	27,989
Europe/Eurasia	11,709	2,596	53	14,358
Latin America/Caribbean	9,755	3,031	178	12,964
Worldwide	-	-	24,703	24,703
<b>Total</b>	<b>\$45,898</b>	<b>\$36,931</b>	<b>\$27,226</b>	<b>\$110,055</b>

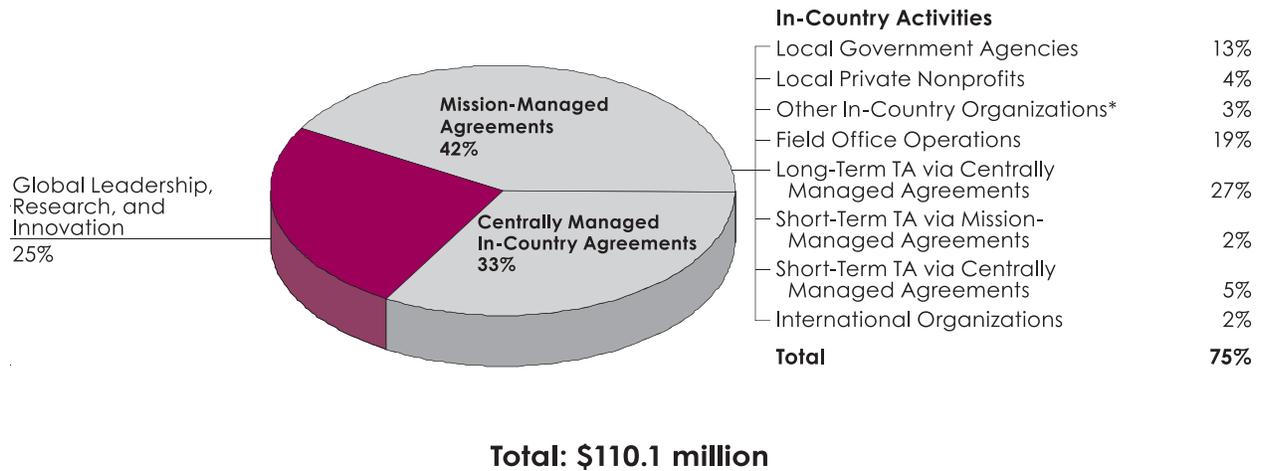
\* The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

\*\* The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, global leadership, strategic planning, new initiatives, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 4

## Expenditures on In-Country Activities for Infectious Diseases FY 2003

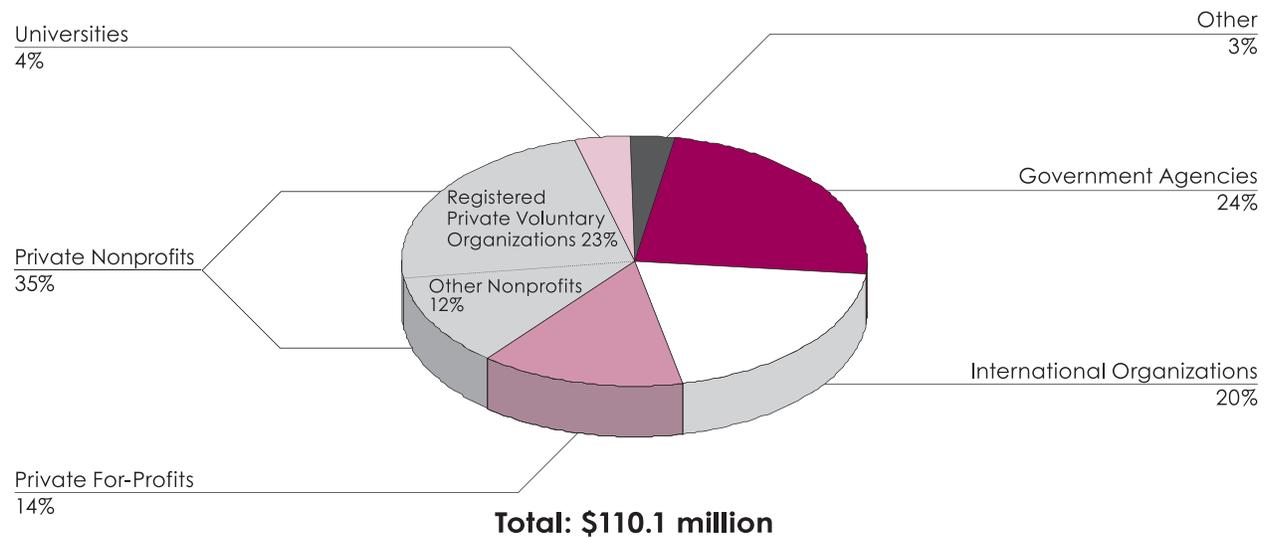


\* Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

NOTE: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

## USAID Infectious Diseases Expenditures by Type of Implementing Partner FY 2003



This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. The government category includes both U.S. and host-country government institutions that are primary recipients. Other implementing partners include USAID Missions incurring direct costs and institutions not properly coded during data collection. No sub-agreement information is provided in these percents. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percents in these two graphs will not match.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### AFRICA: USAID Infectious Diseases Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Benin	447	-	2	449
Burkina Faso	-	45	5	50
Burundi	1	43	-	44
Cameroon	-	284	5	289
Congo, Dem. Republic of	1,182	357	40	1,579
Eritrea	163	620	-	783
Ethiopia	353	22	-	375
Ghana	185	424	-	609
Kenya	113	1,438	44	1,595
Madagascar	-	19	6	25
Malawi	5	1,027	-	1,032
Mali	2	534	-	536
Mozambique	654	883	4	1,541
Nigeria	17	1,868	1	1,886
REDSO/ESA	89	468	-	557
Rwanda	16	847	28	891
Senegal	1,050	1,964	-	3,014
Sierra Leone	303	-	-	303
South Africa	950	354	47	1,351
Tanzania	48	213	292	553
Uganda	2,489	2,155	211	4,855
WARP	28	51	-	79
Zambia	2,379	707	46	3,132
Multiple - Africa	-	2,091	2,422	4,513
<b>Total Africa</b>	<b>\$10,474</b>	<b>\$16,414</b>	<b>\$3,153</b>	<b>\$30,041</b>

Table 5

### ASIA/NEAR EAST: USAID Infectious Diseases Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Afghanistan	-	480	-	480
Bangladesh	-	3	19	22
Cambodia	1,030	557	19	1,606
Egypt	8,496	49	-	8,545
India	54	5,414	15	5,483
Indonesia	-	2,437	1	2,438
Jordan	-	4	-	4
Laos	-	57	-	57
Morocco	-	3	-	3
Nepal	-	1,513	149	1,662
Philippines	2,703	526	81	3,310
RDM/A	731	57	-	788
Vietnam	-	57	-	57
West Bank/Gaza	-	33	-	33
Multiple - ANE	946	2,544	11	3,501
<b>Total ANE</b>	<b>\$13,960</b>	<b>\$13,734</b>	<b>\$295</b>	<b>\$27,989</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 6

### EUROPE/EURASIA: USAID Infectious Diseases Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Albania	-	31	-	31
Armenia	1,628	-	100	1,728
Azerbaijan	199	-	-	199
Central Asian Republics	346	-	-	346
Georgia	700	-	-	700
Kazakhstan	1,323	32	-	1,355
Kyrgyzstan	1,011	75	-	1,086
Moldova	17	125	-	142
Romania	-	221	-	221
Russia	3,611	536	122	4,269
Tajikistan	701	-	-	701
Turkmenistan	292	8	-	300
Ukraine	156	755	-	911
Uzbekistan	1,725	131	10	1,866
Multiple - E&E	-	503	-	503
<b>Total E&amp;E</b>	<b>\$11,709</b>	<b>\$2,417</b>	<b>\$232</b>	<b>\$14,358</b>

Table 7

### LATIN AMERICA/CARIBBEAN: USAID Infectious Diseases Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Bolivia	1,511	631	33	2,175
Brazil	106	492	-	598
Dominican Republic	370	121	-	491
Ecuador	-	20	-	20
El Salvador	458	427	-	885
Guatemala	1,435	-	-	1,435
Guyana	-	12	-	12
Haiti	1,883	77	-	1,960
Honduras	335	-	-	335
Jamaica	-	4	-	4
Mexico	1,685	-	-	1,685
Nicaragua	-	432	-	432
Peru	1,972	305	6	2,283
G/CAP	-	150	-	150
Multiple - LAC	-	493	6	499
<b>Total LAC</b>	<b>\$9,755</b>	<b>\$3,164</b>	<b>\$45</b>	<b>\$12,964</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

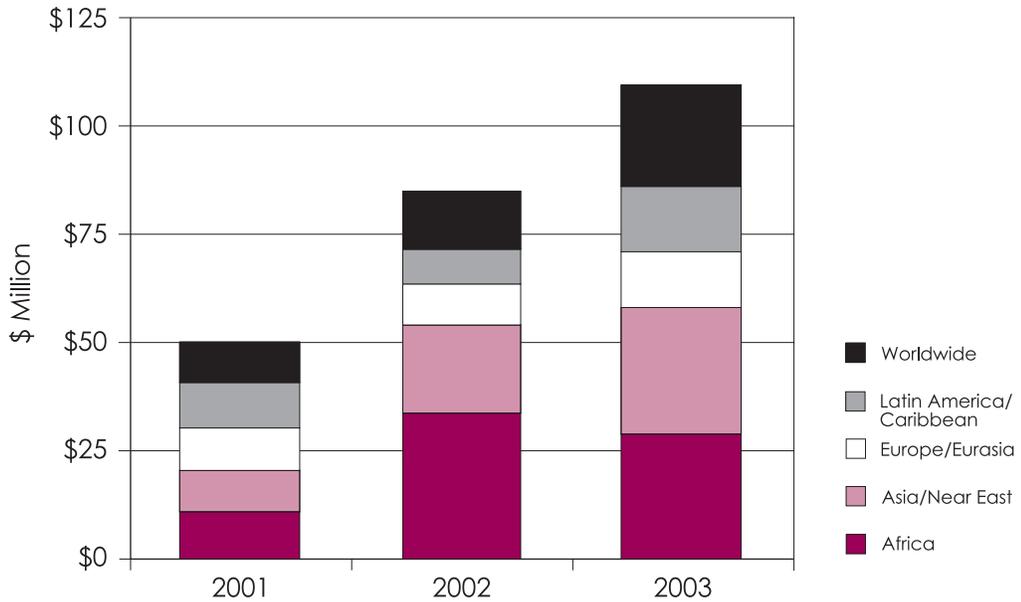
## WORLDWIDE: USAID Infectious Diseases Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
USA*	-	-	4,155	4,155
Multiple - Interregional	-	-	20,548	20,548
<b>Total Worldwide</b>	-	-	<b>\$24,703</b>	<b>\$24,703</b>

\* USA expenditures include amounts spent within the United States to support research, global leadership, strategic planning, and new initiatives.

Figure 6

### Trends in Infectious Diseases Expenditures FY 2001–2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 9

## AFRICA: Trends in USAID Infectious Diseases Expenditures FY 2001–2003 (\$1,000s)

Country	FY 2001	FY 2002	FY 2003
Angola	64	18	-
Benin	492	552	449
Botswana	38	1	-
Burkina Faso	22	67	50
Burundi	37	47	44
Cameroon	56	28	289
Congo, Dem. Republic of	104	1,322	1,579
Congo, Republic of	424	1,658	-
Cote d'Ivoire	56	85	-
Eritrea	264	1,046	783
Ethiopia	147	272	375
Ghana	425	2,758	609
Guinea	77	22	-
Kenya	684	811	1,595
Liberia	3	5	-
Madagascar	140	223	25
Malawi	481	746	1,032
Mali	134	59	536
Mozambique	241	1,224	1,541
Namibia	40	6	-
Nigeria	244	1,886	1,886
REDSO/ESA	301	317	557
Rwanda	154	412	891
Senegal	94	2,176	3,014
Sierra Leone	3	76	303
South Africa	323	1,276	1,351
Swaziland	11	9	-
Tanzania	131	417	553
Togo	12	16	-
Uganda	538	1,993	4,855
WARP	60	58	79
Zambia	1,924	3,274	3,132
Zimbabwe	155	71	-
Multiple - Africa	1,238	11,652	4,513
<b>Total Africa</b>	<b>\$9,117</b>	<b>\$34,583</b>	<b>\$30,041</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### ASIA/NEAR EAST: Trends in USAID Infectious Diseases Expenditures FY 2001–2003 (\$1,000s)

Country	FY 2001	FY 2002	FY 2003
Afghanistan	-	17	480
Bangladesh	207	778	22
Cambodia	449	257	1,606
Egypt	4,451	10,901	8,545
India	1,765	1,493	5,483
Indonesia	157	66	2,438
Jordan	527	740	4
Laos	-	-	57
Morocco	189	-	3
Nepal	672	1,213	1,662
Pakistan	2	53	-
Philippines	992	921	3,310
RDM/A	22	150	788
Vietnam	1	65	57
West Bank/Gaza	57	43	33
Multiple - ANE	514	1,639	3,501
<b>Total ANE</b>	<b>\$10,005</b>	<b>\$18,336</b>	<b>\$27,989</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

### EUROPE/EURASIA: Trends in USAID Infectious Diseases Expenditures FY 2001–2003 (\$1,000s)

Country	FY 2001	FY 2002	FY 2003
Albania	33	-	31
Armenia	58	1,906	1,728
Azerbaijan	1	287	199
Central Asian Republics	1,402	314	346
Czech Republic	14	-	-
Georgia	1,667	1,022	700
Hungary	14	-	-
Kazakhstan	2,052	786	1,355
Kyrgyzstan	340	320	1,086
Moldova	180	50	142
Poland	14	-	-
Romania	94	6	221
Russia	2,761	3,878	4,269
Serbia & Montenegro	-	16	-
Tajikistan	204	469	701
Turkey	5	-	-
Turkmenistan	532	289	300
Ukraine	985	270	911
Uzbekistan	1,837	431	1,866
Multiple - E&E	38	2,061	503
<b>Total E&amp;E</b>	<b>\$12,231</b>	<b>\$12,105</b>	<b>\$14,358</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 12

**LATIN AMERICA/CARIBBEAN:  
Trends in USAID Infectious Diseases Expenditures  
FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
Bolivia	2,943	2,485	2,175
Brazil	75	282	598
Colombia	-	64	-
Dominican Republic	89	112	491
Ecuador	17	-	20
El Salvador	70	301	885
Guatemala	606	13	1,435
Guyana	4	-	12
Haiti	789	574	1,960
Honduras	783	511	335
Jamaica	67	-	4
Mexico	95	707	1,685
Nicaragua	2,059	39	432
Paraguay	5	-	-
Peru	837	1,573	2,283
G/CAP	-	334	150
Multiple - LAC	447	638	499
<b>Total LAC</b>	<b>\$8,886</b>	<b>\$7,633</b>	<b>\$12,964</b>

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

Table 13

**WORLDWIDE: Trends in USAID Infectious Diseases Expenditures  
FY 2001–2003 (\$1,000s)**

Country	FY 2001	FY 2002	FY 2003
USA*	1,804	2,735	4,155
Multiple - Interregional	7,866	12,232	20,548
<b>Total Worldwide</b>	<b>\$9,670</b>	<b>\$14,967</b>	<b>\$24,703</b>

\* USA expenditures include amounts spent within the United States to support research, global leadership, strategic planning, and new initiatives.

NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

<b>Infectious Diseases Totals</b>	<b>\$49,909</b>	<b>\$87,624</b>	<b>\$110,055</b>
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NOTE: Variations from previously reported values may occur in historical data as new information is obtained.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

# Vulnerable Children Overview



## Overview of Vulnerable Children Expenditures

USAID's programs for vulnerable children support families and communities that are meeting the needs of children made vulnerable through famine, natural disasters, war, HIV/AIDS, parental death, physical disabilities, and economic and social crises. Programs strengthen the capacity of these families and communities to respond to these children's special and diverse needs. This is the first Managers Report to include expenditures on programs for vulnerable children.

In FY 2003, USAID expenditures on vulnerable children programs approached \$34 million. Regionally, Africa had the most expenditures at more than \$12 million (37%). Asia/Near East was next with \$9 million (26%), followed by Europe/Eurasia with \$8 million (24%) and Latin America/Caribbean with nearly \$2 million (5%). "Worldwide" programs, which primarily support research, global leadership, strategic planning, and new initiatives, represented nearly \$3 million (8%).

FY 2003 spending on vulnerable children programs supported activities in 37 countries, regional programs in all four USAID regions, one subregional program in Africa, and worldwide initiatives. The top 20 recipient countries had 83% of the vulnerable children expenditures. Vietnam, Romania, Zimbabwe, South Africa, and Armenia (each with more than \$2 million) were the top five expenditure countries.

Mission-managed agreements represented 75% of vulnerable children expenditures in FY 2003; centrally managed in-country agreements, 15%; and global leadership, research, and innovation, 10%. The majority of expenditures were in-country activities (90%), which included field office operations (58% of the total) and long-term technical assistance via centrally managed agreements (8%). USAID's main implementing partners in FY 2003 were private nonprofits (85% of expenditures) and private for-profits (9%).

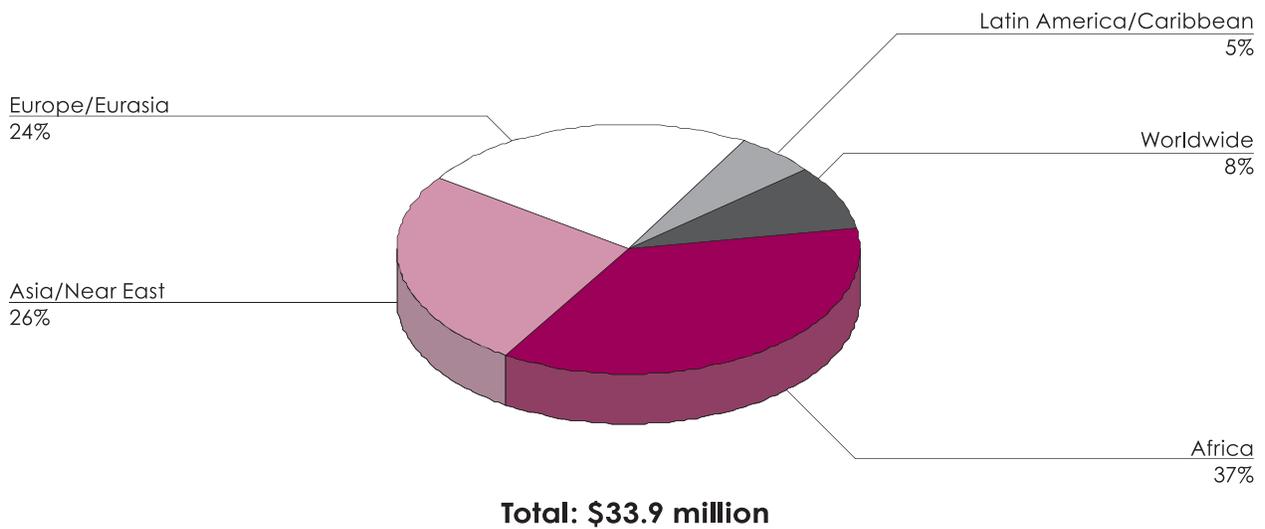
By focus area, orphans and displaced children represented 46%; blind children, 3%; and other vulnerable children (including physically and cognitively disabled children), 51%. All vulnerable children expenditures in FY 2003 were used for service delivery.

### USAID Vulnerable Children Expenditures by Region FY 2003 (\$1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Africa	8,295	3,026	1,121	12,442
Asia/Near East	7,651	947	149	8,747
Europe/Eurasia	7,972	-	15	7,987
Latin America/Caribbean	1,669	10	154	1,833
Worldwide	-	-	2,867	2,867
<b>Total</b>	<b>\$25,587</b>	<b>\$3,983</b>	<b>\$4,306</b>	<b>\$33,876</b>

Figure 1

### USAID Vulnerable Children Expenditures by Region FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 2

### USAID Vulnerable Children Expenditures by Focus Area FY 2003

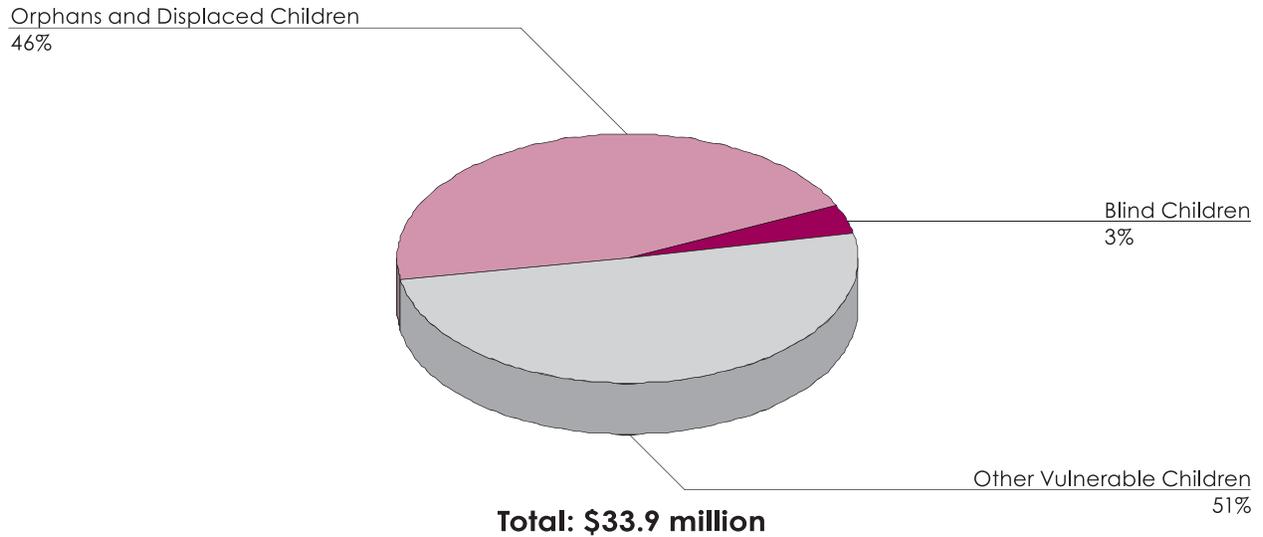
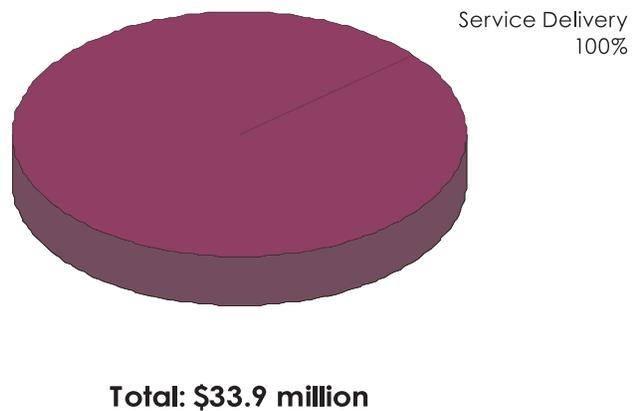


Figure 3

### USAID Vulnerable Children Expenditures by Activity FY 2003



*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

## Vulnerable Children Expenditures FY 2003: Top 20 Countries (\$1,000s)

Vietnam	\$4,201
Romania	3,844
Zimbabwe	2,314
South Africa	2,159
Armenia	2,154
Russia	1,861
Brazil	1,533
Angola	1,406
Zambia	1,235
Indonesia	1,225
Uganda	990
India	911
Laos	843
Namibia	678
Ethiopia	655
Kenya	489
Congo, Republic of	475
Sierra Leone	475
Sudan	398
Congo, Dem. Republic of	346
<b>Total</b>	<b>\$28,192</b>

## USAID Vulnerable Children Expenditures by Type of Assistance FY 2003 (\$1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements		Total VC Expenditures
		In-Country	Global Leadership, Research, and Innovation **	
Africa	8,295	4,021	126	12,442
Asia/Near East	7,651	944	152	8,747
Europe/Eurasia	7,972	15	-	7,987
Latin America/Caribbean	1,669	10	154	1,833
Worldwide	-	-	2,867	2,867
<b>Total</b>	<b>\$25,587</b>	<b>\$4,990</b>	<b>\$3,299</b>	<b>\$33,876</b>

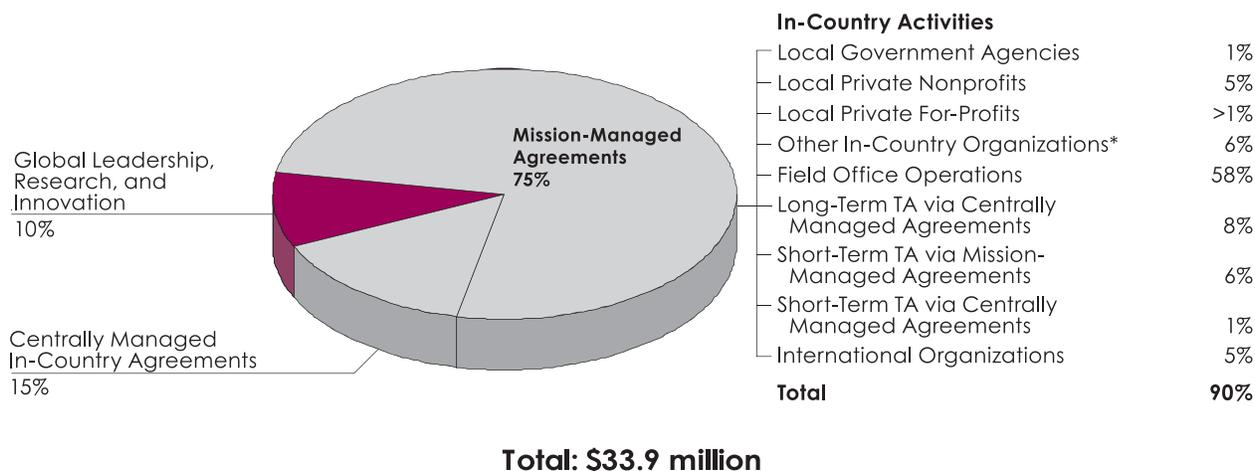
\* The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements.

\*\* The Global Leadership, Research, and Innovation category includes amounts spent primarily to support research, global leadership, strategic planning, new initiatives, and other direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Figure 4

## Expenditures on In-Country Activities for Vulnerable Children FY 2003

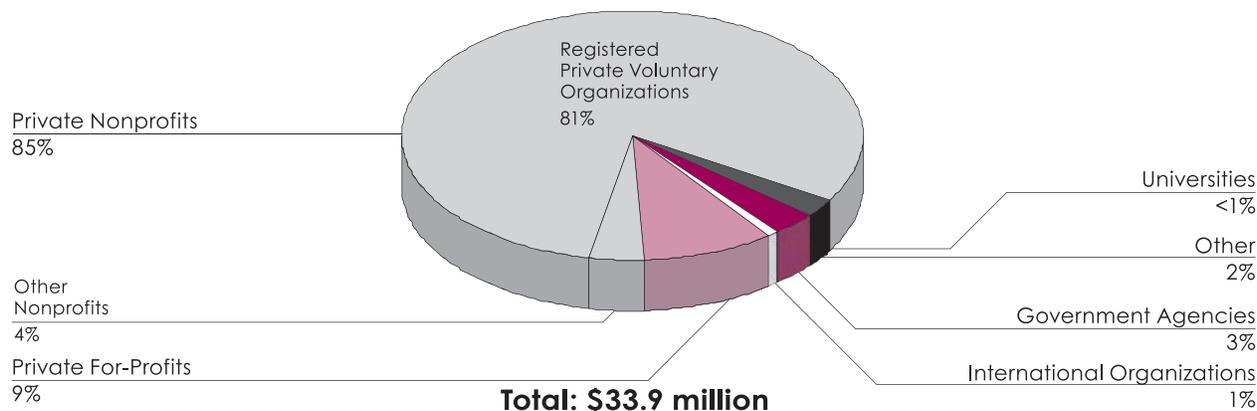


\* Other in-country organizations include local universities, local private voluntary organizations, and/or the USAID Mission itself.

NOTE: The current data collection process does not provide institution breakdowns for field office operations where sub-agreements exist with local host-country organizations through Mission-managed activities.

Figure 5

## USAID Vulnerable Children Expenditures by Type of Implementing Partner FY 2003



This graph represents the breakdown of expenditures by the primary recipient organizations implementing global health activities. These include CAs who have direct agreements with USAID's Bureau for Global Health as well as institutions with a direct agreement with a Mission. The government category includes both U.S. and host-country government institutions that are primary recipients. Other implementing partners include USAID Missions incurring direct costs and institutions not properly coded during data collection. No sub-agreement information is provided in these percents. However, the graph in this section titled "Expenditures on In-Country Activities" includes a breakdown of institution types for institutions working under sub-agreements with CAs. Therefore, the percents in these two graphs will not match.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

### AFRICA: USAID Vulnerable Children Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Angola	1,406	-	-	1,406
Congo, Dem. Republic of	346	-	-	346
Congo, Republic of	-	-	475	475
Ethiopia	655	-	-	655
Kenya	-	483	6	489
Malawi	288	-	-	288
Namibia	-	678	-	678
Nigeria	-	-	70	70
Rwanda	-	177	29	206
Sierra Leone	-	-	475	475
South Africa	2,043	62	54	2,159
Sudan	398	-	-	398
Tanzania	-	14	-	14
Uganda	845	139	6	990
WARP	-	83	-	83
Zambia	-	1,229	6	1,235
Zimbabwe	2,314	-	-	2,314
Multiple - Africa	-	161	-	161
<b>Total Africa</b>	<b>\$8,295</b>	<b>\$3,026</b>	<b>\$1,121</b>	<b>\$12,442</b>

### ASIA/NEAR EAST: USAID Vulnerable Children Expenditures by Country FY 2003 (\$1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Bangladesh	-	-	39	39
Cambodia	-	37	-	37
Egypt	302	-	-	302
India	-	910	1	911
Indonesia	1,225	-	-	1,225
Laos	843	-	-	843
Morocco	-	-	109	109
Nepal	309	-	-	309
Sri Lanka	1	-	-	1
Vietnam	4,201	-	-	4,201
Multiple - ANE	770	-	-	770
<b>Total ANE</b>	<b>\$7,651</b>	<b>\$947</b>	<b>\$149</b>	<b>\$8,747</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

Table 6

**EUROPE/EURASIA:  
USAID Vulnerable Children Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Armenia	2,154	-	-	2,154
Azerbaijan	12	-	-	12
Kosovo	116	-	-	116
Romania	3,829	-	15	3,844
Russia	1,861	-	-	1,861
<b>Total E&amp;E</b>	<b>\$7,972</b>	<b>-</b>	<b>\$15</b>	<b>\$7,987</b>

Table 7

**LATIN AMERICA/CARIBBEAN:  
USAID Vulnerable Children Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
Brazil	1,533	-	-	1,533
Haiti	129	10	-	139
Mexico	-	-	154	154
Nicaragua	2	-	-	2
Peru	5	-	-	5
<b>Total LAC</b>	<b>\$1,669</b>	<b>\$10</b>	<b>\$154</b>	<b>\$1,833</b>

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*

**WORLDWIDE: USAID Vulnerable Children Expenditures by Country  
FY 2003 (\$1,000s)**

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total VC Expenditures
USA*	-	-	1,500	1,500
Worldwide	-	-	1,367	1,367
<b>Total Worldwide</b>	-	-	<b>\$2,867</b>	<b>\$2,867</b>

\* USA expenditures include amounts spent within the United States primarily to support research, global leadership, strategic planning, and new initiatives.

*These figures represent Agency-wide health expenditures and not appropriations or obligations as described in the introduction to this report.*



## Annex: Contraceptive & Condom Shipments



## Overview of Contraceptive and Condom Shipments

USAID is among the largest international donors of contraceptives and condoms. Since the 1970s, USAID has provided family planning and reproductive health commodities to countries in the Agency's Africa, Asia/Near East, Europe/Eurasia, and Latin America/Caribbean regions. The Commodity Security and Logistics Division of USAID's Office of Population and Reproductive Health administers a centralized system for commodity procurement; supports a program for health commodity and logistics management; works with country programs and other donors to ensure that these commodities are available to those who choose to use them; and maintains a database on USAID commodity assistance.

This annex describes USAID's contraceptive and condom distribution activities in fiscal year (FY) 2003. Data on the values and quantities of commodity shipments by USAID region and country, affiliations of recipient organizations, and trends over the past decade are presented. One-year fluctuations in contraceptive and condom shipments on the regional and country level are not necessarily the result of programmatic shifts. Variations in year-to-year shipments and commodity production schedules most often account for these fluctuations.

### Commodity Fund

The Agency has developed an operational plan for its HIV/AIDS "expanded response" strategy. One aspect of this plan includes a Commodity Fund to centrally finance male and female condoms for HIV/AIDS programs and ensure their expedited delivery to countries. For rationale and application criteria, please see *Guidance on the Definition and Use of the Child Survival and Health Programs Fund, FY 2003 Update*, page 331.

The Commodity Fund began in FY 2002 with \$25 million and continued in FY 2003 with \$27.8 million. Guidance in preparation for Missions will indicate that the Commodity Fund will continue in FY 2004 at the \$27.8 million level.

As part of the Commodity Fund strategy, USAID this year added another product for family planning and HIV/AIDS programs. A centrally funded female condom contract was awarded in September 2003. USAID will offer these condoms free to Missions for HIV/AIDS prevention as part of the Commodity Fund, or Missions may order them for family planning programs. These condoms will be procured in limited quantities (4% to 7% of total Fund resources). Requests for female condoms from Missions will be handled on a case-by-case basis.

## Worldwide Contraceptive and Condom Shipments

In FY 2003, the value of USAID shipments worldwide totaled \$65.1 million and reached 56 countries in USAID's Africa, Asia/Near East (ANE), Europe/Eurasia (E&E), and Latin America/Caribbean (LAC) regions. Compared with FY 2002, the value of USAID contraceptive and condom shipments worldwide increased by 31%, and eight additional countries received shipments in FY 2003. Between 1992 and 2003, the worldwide contraceptive and condom shipments have steadily risen (figure 1).

The value of contraceptive and condom shipments to Africa increased by 24% (\$25.7 million to \$31.9 million) between FY 2002 and FY 2003. As in FY 2002, the Africa region received the largest value of contraceptive and condom shipments in FY 2003 (49%). The shares in value of contraceptive shipments for the remaining three regions in FY 2003 were ANE, 36%; LAC, 14%; and E&E, 1% (figure 2). The total value of contraceptive funds spent in ANE was \$23.4 million; LAC, \$8.8 million; and E&E, less than \$1 million.

The worldwide distribution of methods by value in FY 2003 shifted slightly from FY 2002. In FY 2003, condoms had the highest share of value (36%), followed by oral contraceptives (31%), injectables (25%), intrauterine devices (IUDs) (5%), implants (3%), vaginal foaming tablets (VFTs) (0.7%), and female condoms (0.2%) (figure 3). In FY 2002, oral contraceptives had the largest share of value (38%), followed by condoms (29%). The most significant changes were the 64% increase for male condoms (the highest upward shift) and the addition of female condoms to the method mix. When examining the regional distribution, increases in male condom shipment values primarily occurred in the Africa and ANE regions, which received \$16.1 million and \$4.5 million, respectively, in FY 2003.

Regarding decreases in worldwide shipment values, there was a 44% decline in the value of VFT shipments and a 35% decline in implant shipment values between the two fiscal years.

In FY 2002, the value of USAID support to country programs was constrained by manufacturing delays at condom and Depo-Provera facilities. The increase seen in FY 2003 was a result of the resolution of these problems and an increase in shipments, including an order backlog from the previous year.

Figure 1

### Trends in Worldwide Contraceptive & Condom Shipments FY 1992–2003 (US\$ millions)

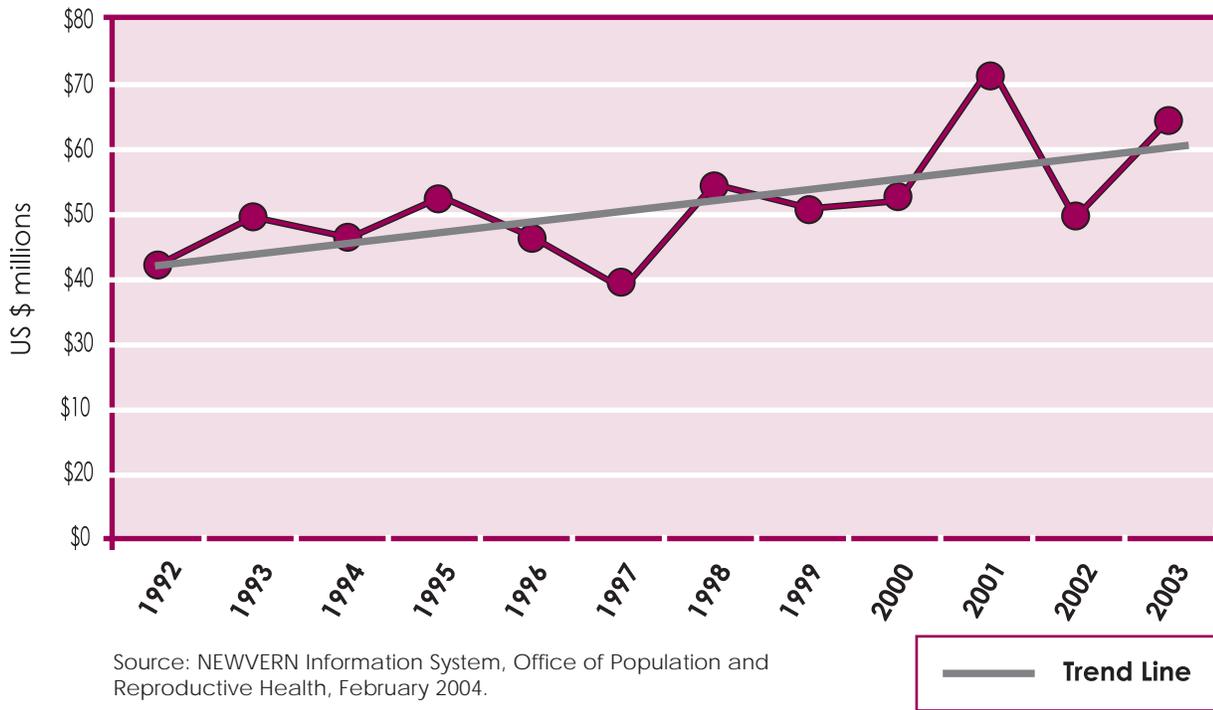
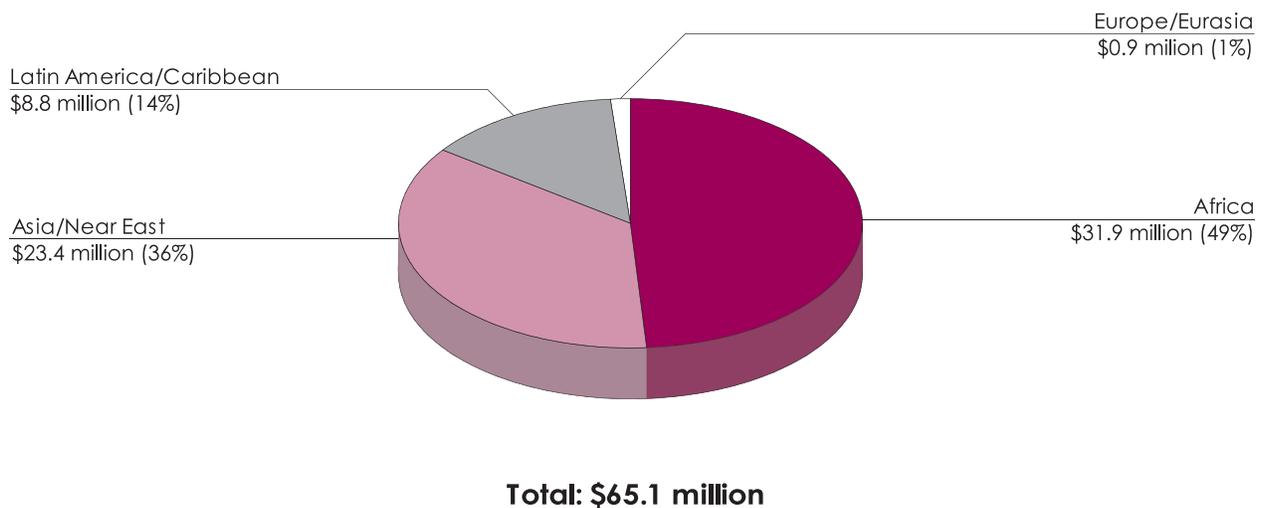


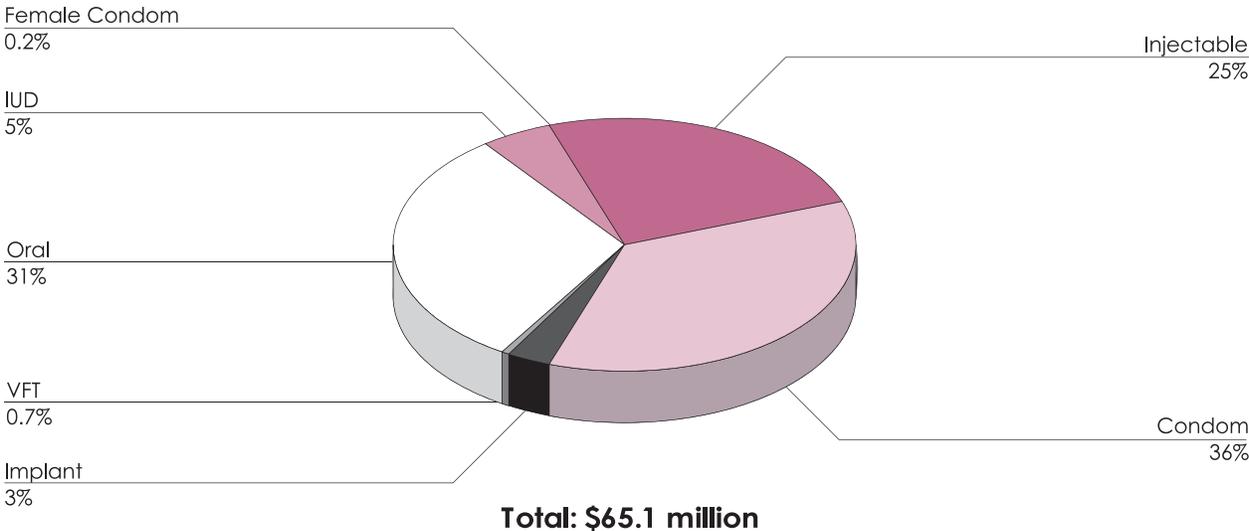
Figure 2

### Contraceptive & Condom Shipment Values by Region FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

### Worldwide Contraceptive & Condom Shipment Values by Method FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

## Contraceptive and Condom Shipments to Africa

As shown in figure 4, there has been an upward trend in contraceptive and condom shipment values to USAID's Africa region over the past 12 years. In FY 2003, 29 countries in the region received contraceptive and condom shipments, compared with 25 in FY 2002. The total value of contraceptive shipments was \$31.9 million, an increase from \$25.7 million in FY 2002.

The five countries with the largest shipment values were Ethiopia (\$4.5 million), Zimbabwe (\$3.2 million), Madagascar (\$2.7 million), Nigeria (\$2.6 million), and Ghana (\$2.4 million) (figure 5). The value of shipments to these five countries constituted 48% of the total value of contraceptives shipped to the region. Of these countries, Ghana and Ethiopia were also among the top five countries in shipment values in FY 2002. Countries with more than 100% increases between FY 2002 and FY 2003 were Guinea, Burkina Faso, Congo (Brazzaville), Madagascar, Mozambique, and Zimbabwe. Guinea-Bissau, Kenya, and South Africa were recipients in FY 2002 but did not receive any commodities in FY 2003, while Cameroon, the Democratic Republic of the Congo, Cote d'Ivoire, Eritrea, Ghana, Liberia, and Malawi had greater than 45% declines in FY 2003.

As shown in figure 6, FY 2003 condom shipments to Africa, valued at \$16.1 million, represented 50% of the total value of contraceptive commodity shipments to the region. Oral contraceptives represented 25%, followed by injectables (17%), implants (5%), IUDs (1%), VFTs (1%), and female condoms (0.3%). In FY 2002, condoms also had the highest share of value; however, the share and total value (40% and \$10.5 million, respectively) were lower than in FY 2003. Between the two fiscal years, implant and VFT shipments drastically declined in value by 47% and 39% respectively. The Commodity Fund accounted for a huge increase in condom shipments to Angola, Ethiopia, Madagascar, Mozambique, Namibia, Rwanda, Togo, and Zimbabwe. In addition there were two emergency shipments, one to Burkina Faso of male and female condoms and a second of all methods to Nigeria.

Figure 4

### Trends in Contraceptive & Condom Shipment Values to Africa FY 1992-2003 (US\$ millions)

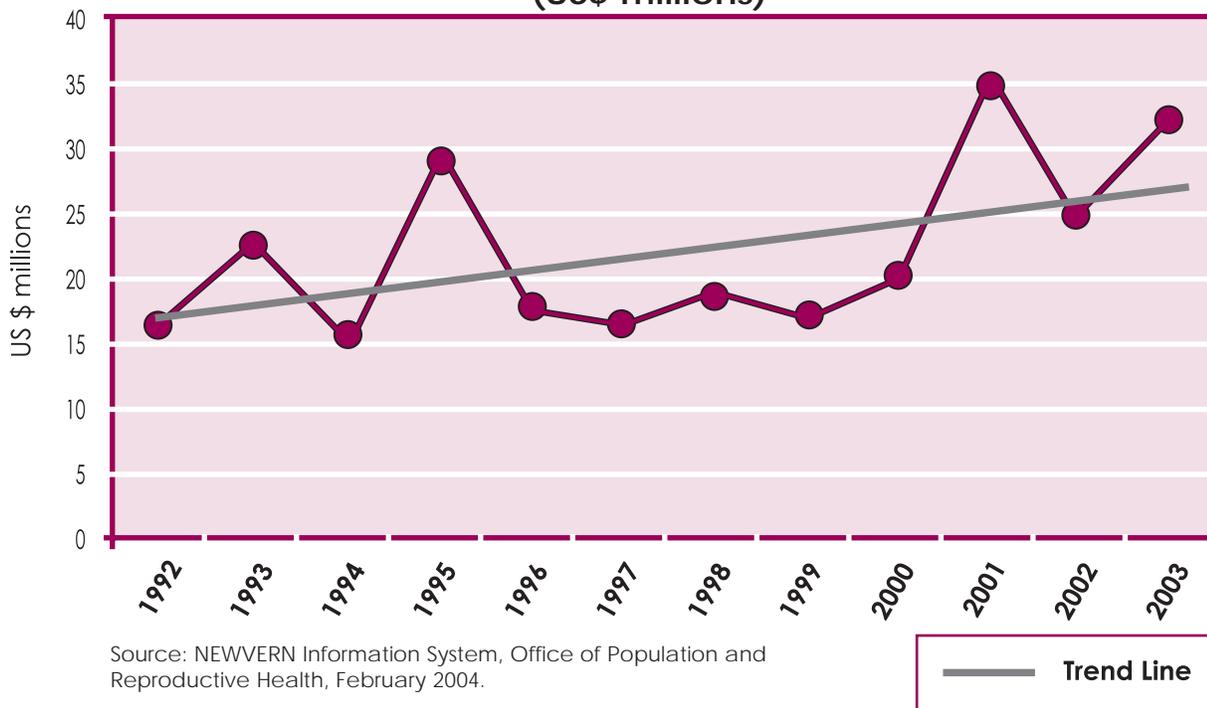
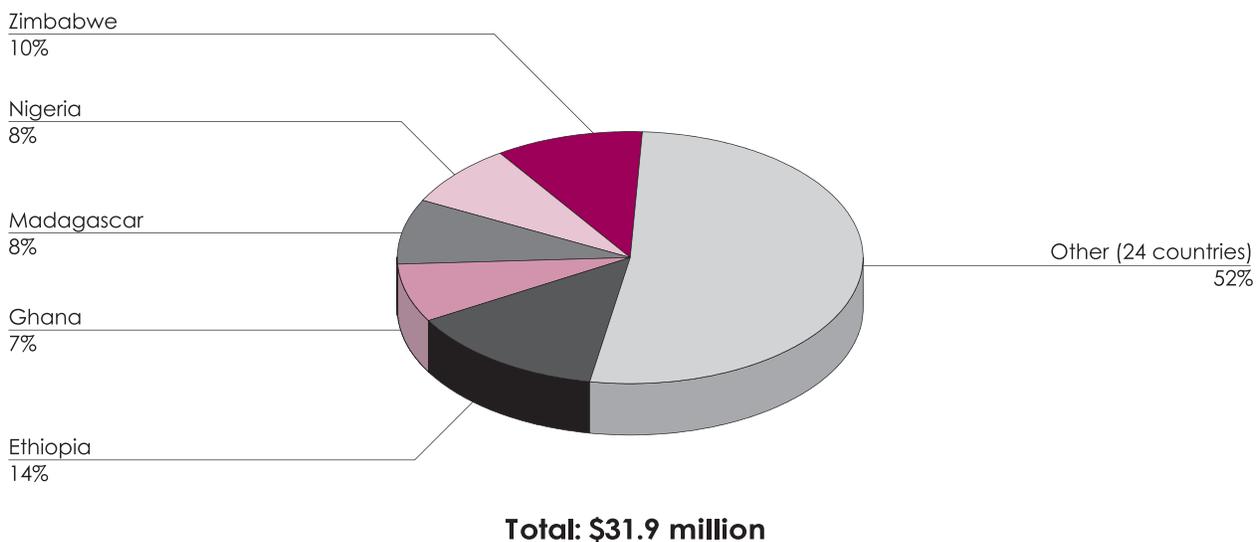


Figure 5

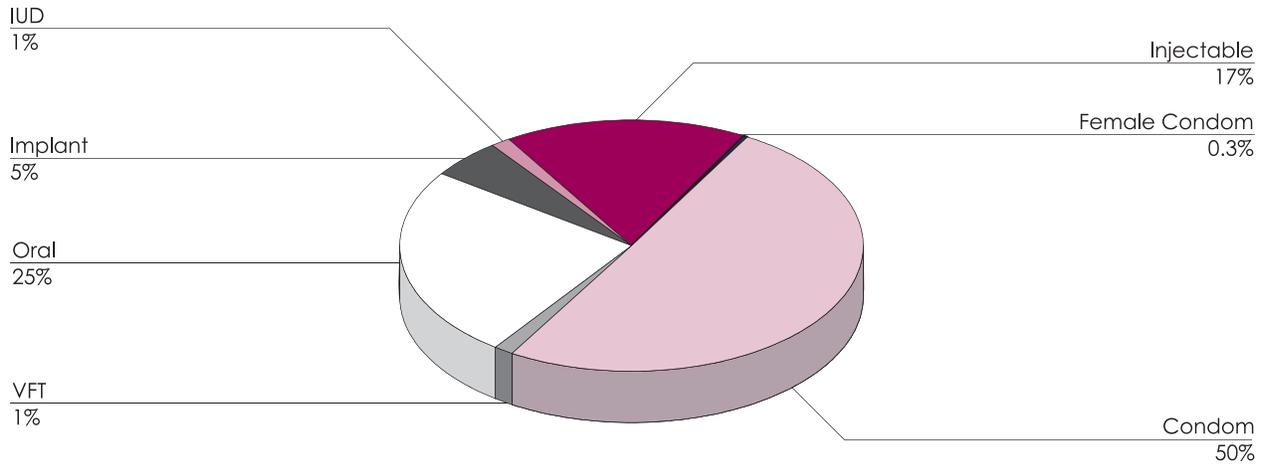
### Contraceptive & Condom Shipment Values to Africa Major Receiving Countries FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

Figure 6

### Contraceptive & Condom Shipment Values to Africa by Method FY 2003



**Total: \$31.9 million**

Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

## Contraceptive and Condom Shipments to Asia/Near East

Twelve countries in USAID's ANE region received contraceptive and condom shipments in FY 2003, compared with nine countries in FY 2002. Laos, Morocco, Myanmar, and Pakistan were new countries receiving shipments in FY 2003. West Bank/Gaza, a FY 2002 recipient, received no shipments in FY 2003. The total value of contraceptive shipments to the region was \$23.4 million, a 43% increase from FY 2002. As shown in figure 7, ANE contraceptive and condom shipment values have maintained an upward trend over the past 12 years.

In FY 2003, Bangladesh (\$8.5 million), Egypt (\$7.1 million), and the Philippines (\$3.1 million) accounted for 80% of the value of regional contraceptive shipments (figure 8). The same three countries accounted for the largest share

of contraceptive shipments to the region in FY 2002. While shipment values to Bangladesh and Philippines remained stable in FY 2003, shipments to Afghanistan, Egypt, and Vietnam more than doubled, accounting for most of the increase in total regional shipment values.

As presented in figure 9, oral contraceptives accounted for the largest share of regional shipment value in FY 2003 (41%), followed by injectables (29%), condoms (19%), and IUDs (11%). The shares of value by method mix in FY 2003 slightly changed from those of FY 2002. In FY 2002, oral contraceptives accounted for 59%, injectables 21%, IUDs 12%, and condoms 7%. Implant shipment values had the greatest decrease (93%), while the largest increase in value was for condoms (280%).

Figure 7

### Trends in Contraceptive & Condom Shipment Values to Asia/Near East FY 1992–2003 (US\$ millions)

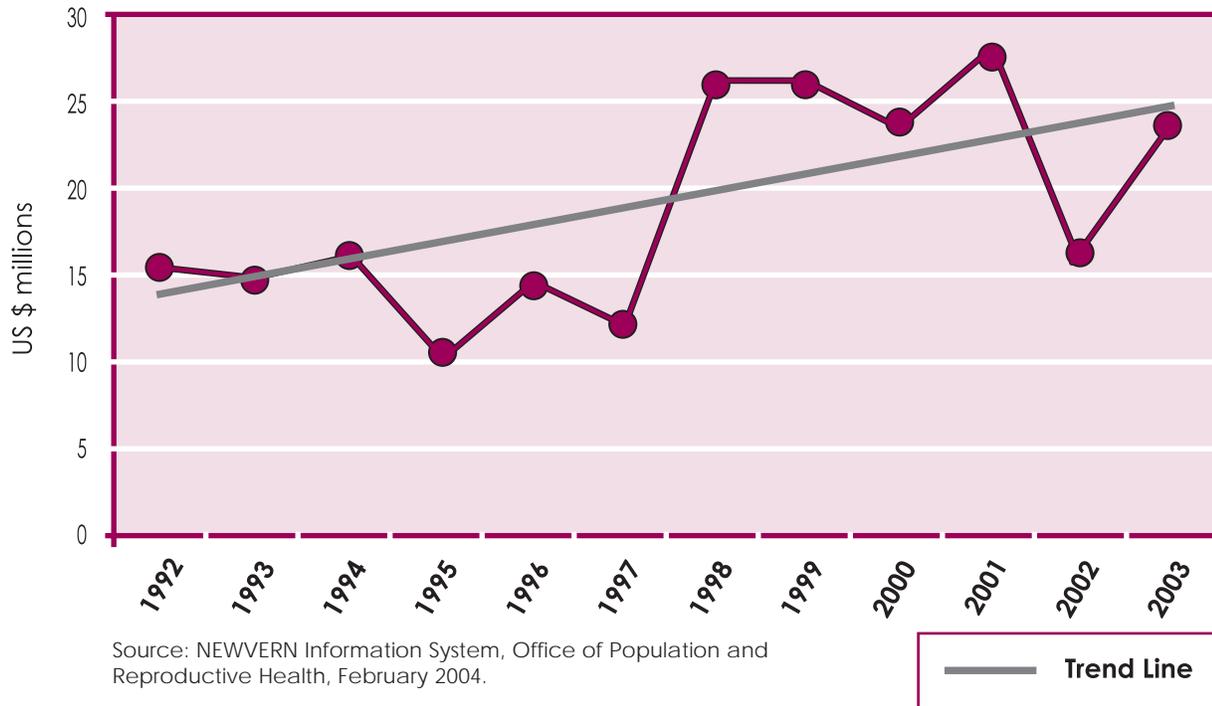
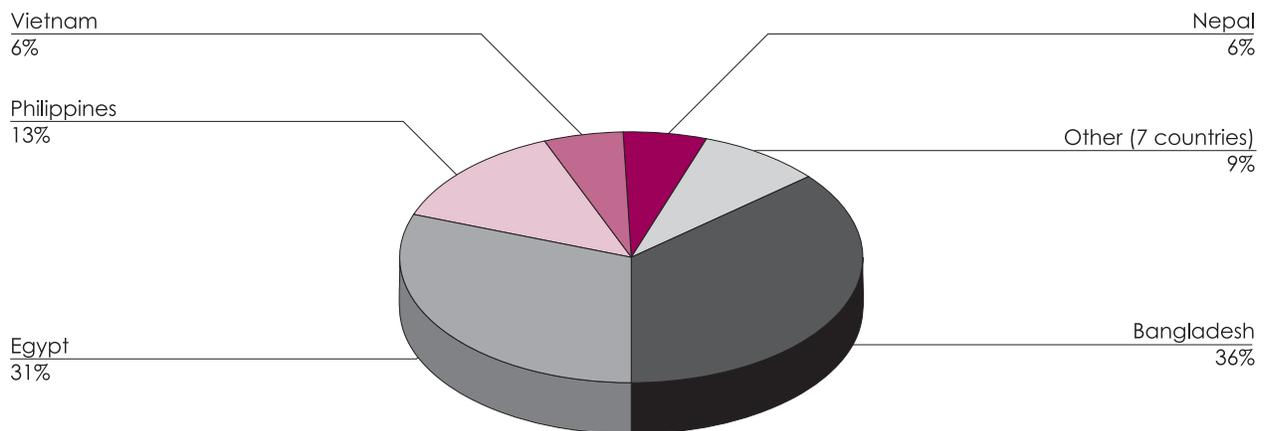


Figure 8

### Contraceptive & Condom Shipment Values to Asia/Near East Major Receiving Countries FY 2003

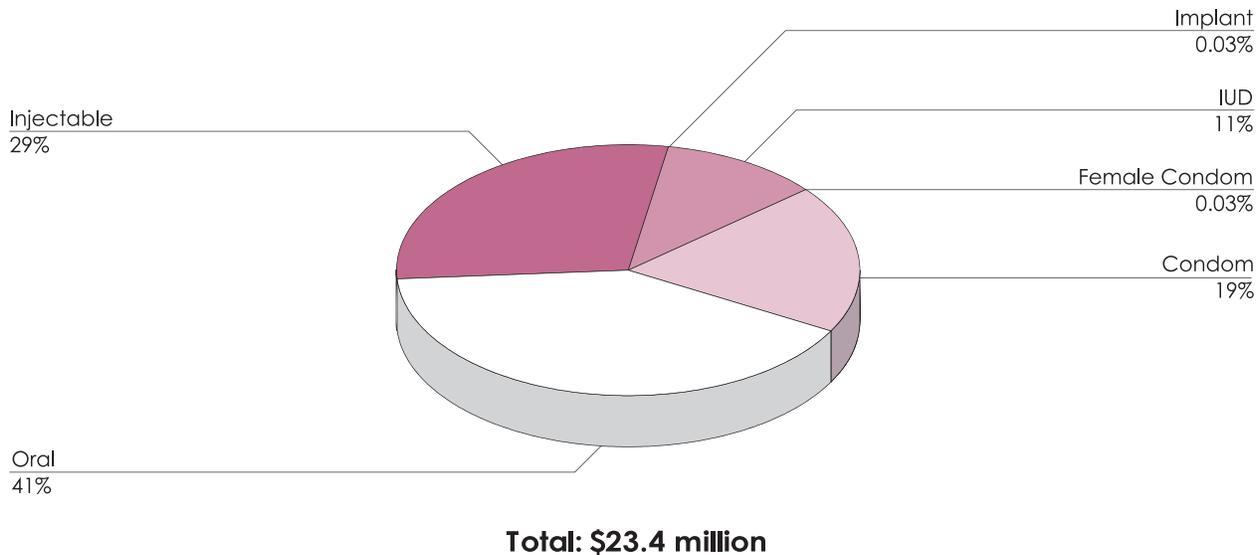


**Total: \$23.4 million**

Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.

Note: Totals may not add to 100 due to rounding.

### Contraceptive & Condom Shipment Values to Asia/Near East by Method FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

## Contraceptive and Condom Shipments to Europe/Eurasia

Four countries in USAID's E&E region received contraceptive and condom shipments in FY 2003. The total value of contraceptive shipments was \$942,649, compared with \$332,038 in FY 2002, a near tripling in value. As shown in figure 10, there has been a downward trend in E&E contraceptive and condom shipment values over the past 12 years.

In FY 2003, Romania accounted for 81% of the total value of contraceptive shipments to the E&E region (figure 11). Kyrgyzstan received 8% of the contraceptive shipment value, followed by Tajikistan and Albania, both with 6%. This differed from FY 2002, when the shipment value breakdown by country was Uzbekistan (40%),

Kazakhstan (31%), Romania (16%), and Albania (14%). Albania and Romania were the only countries in the region receiving contraceptive and condom shipments in both FY 2002 and FY 2003.

With regard to method mix (figure 12), condoms (56%), injectables (32%), and oral contraceptives (11%) accounted for the largest shares of shipment values to the region in FY 2003. IUDs accounted for 2% of the total value. In FY 2002, condoms accounted for the majority of the shipment value (83%), followed by oral contraceptives (10%), injectables (4%), and IUDs (3%).

Figure 10

### Trends in Contraceptive & Condom Shipment Values to Europe/Eurasia FY 1992–2003 (US\$ millions)

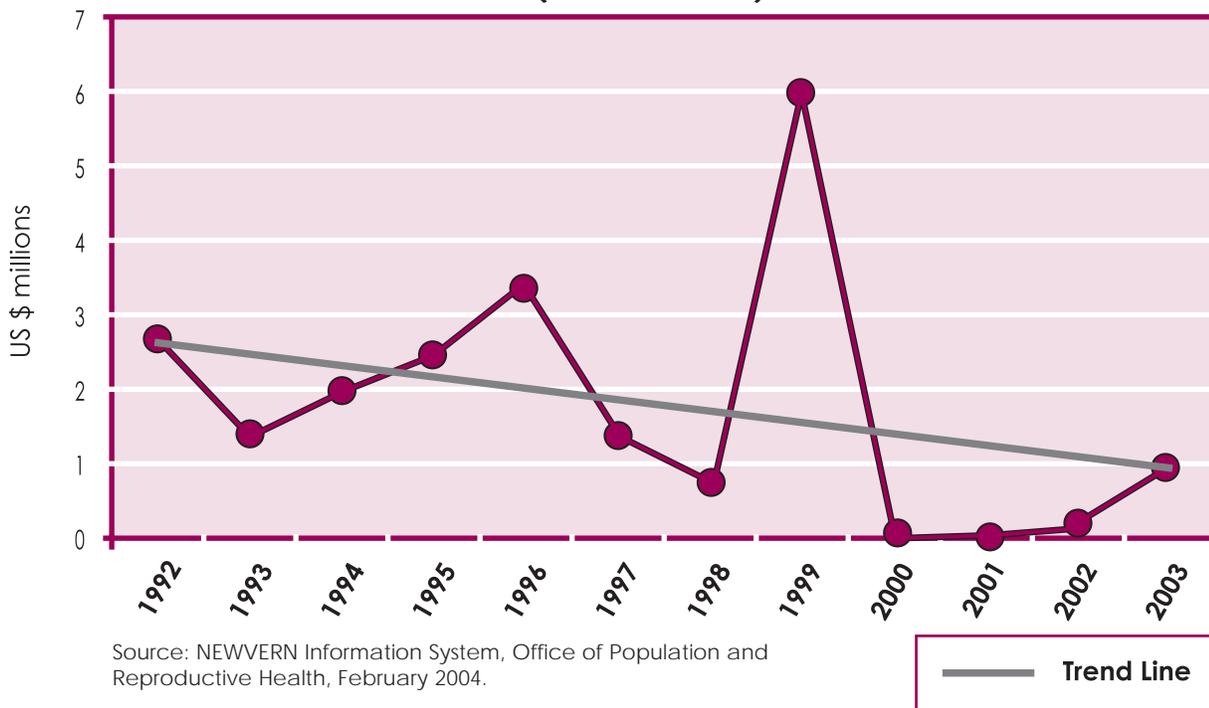
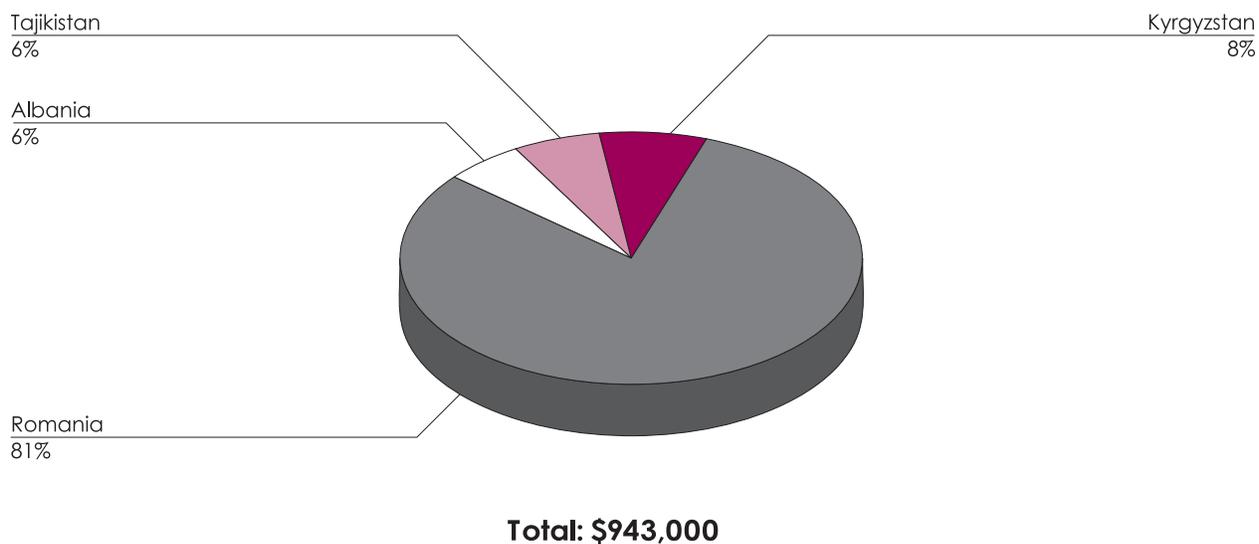


Figure 11

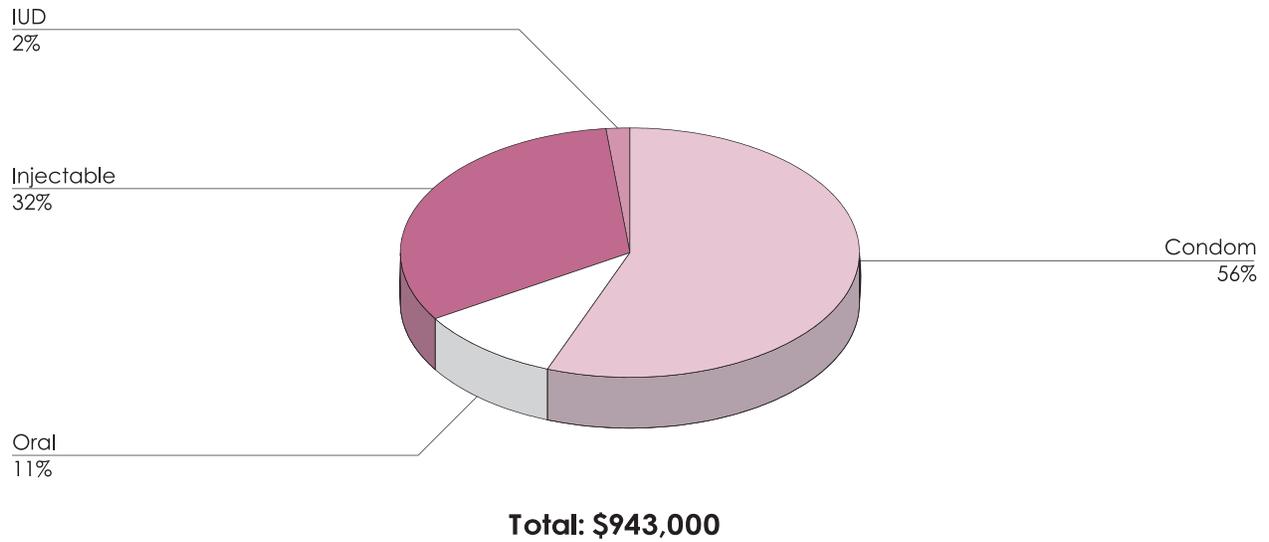
### Contraceptive & Condom Shipment Values to Europe/Eurasia Major Receiving Countries FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

Figure 12

### Contraceptive & Condom Shipment Values to Europe/Eurasia by Method FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

## Contraceptive and Condom Shipments to Latin America/Caribbean

Eleven countries in USAID's LAC region received contraceptive and condom shipments in FY 2003, compared with 10 countries in FY 2002. Guyana was a new recipient in FY 2003. The total value of contraceptive shipments was \$8.8 million, compared with \$7.3 million in FY 2002, a 20% increase. As seen in figure 13, LAC contraceptive and condom shipment values show a downward trend over the past 12 years.

In FY 2003, five countries accounted for 85% of the total contraceptive shipment value to the region (figure 14). These countries were Haiti (25%), Peru (19%), Bolivia (16%), Nicaragua (13%), and Honduras (13%). This differs from the distribution of share values in FY 2002, when the top four countries were Peru (30%), Haiti (14%), Guatemala (11%), and Ecuador (11%). Between FY 2002 and FY 2003, contraceptive

and condom shipment values to Ecuador, Guatemala, and Peru underwent large declines (86%, 79%, and 25%, respectively). The declines for Ecuador and Peru were due to the phase-out of USAID-donated contraceptive supplies.

With regard to method mix (figure 15), injectables, oral contraceptives, and condoms accounted for the greatest proportion of contraceptive shipment values in both FY 2002 and FY 2003. In FY 2003, injectables accounted for 40% of shipment values; oral contraceptives, 28%; and condoms, 26%. Between FY 2002 and FY 2003, injectables realized the greatest increase in value (49%), followed by implants (45%) and VFTs (37%). IUDs and condoms decreased in shipment values by 21% and 2% respectively.

Figure 13

### Trends in Contraceptive & Condom Shipment Values to Latin America/Caribbean FY 1992–2003 (US\$ millions)

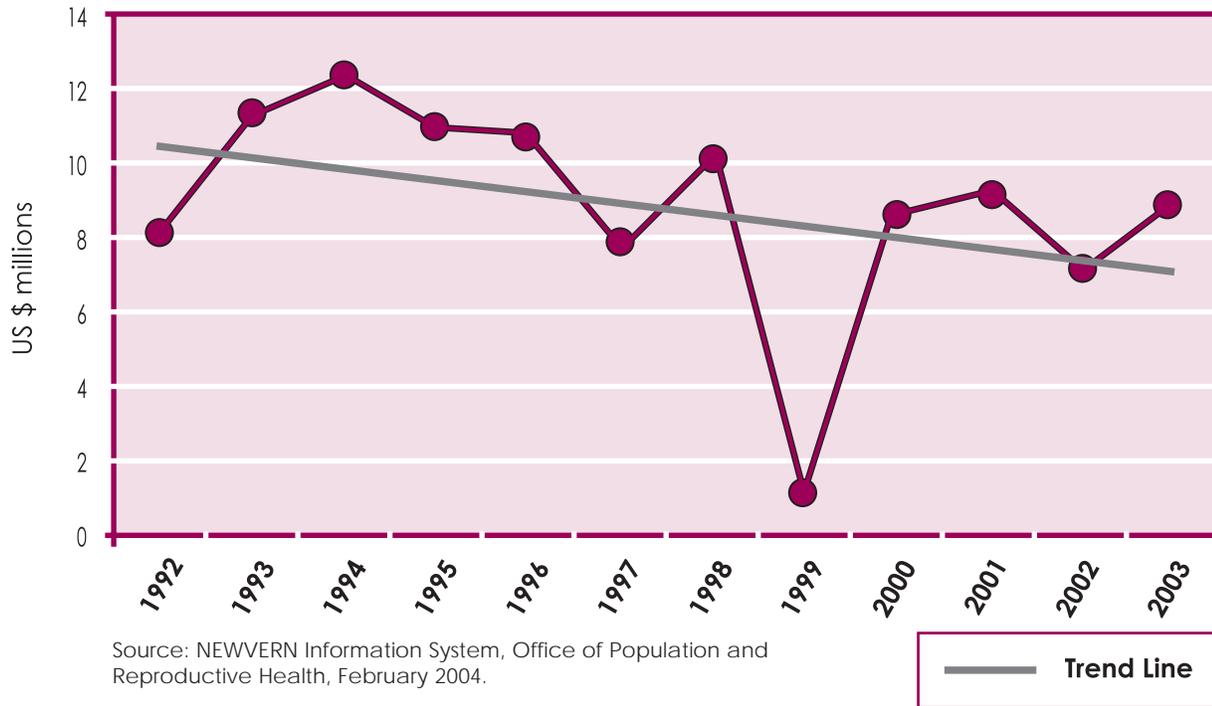
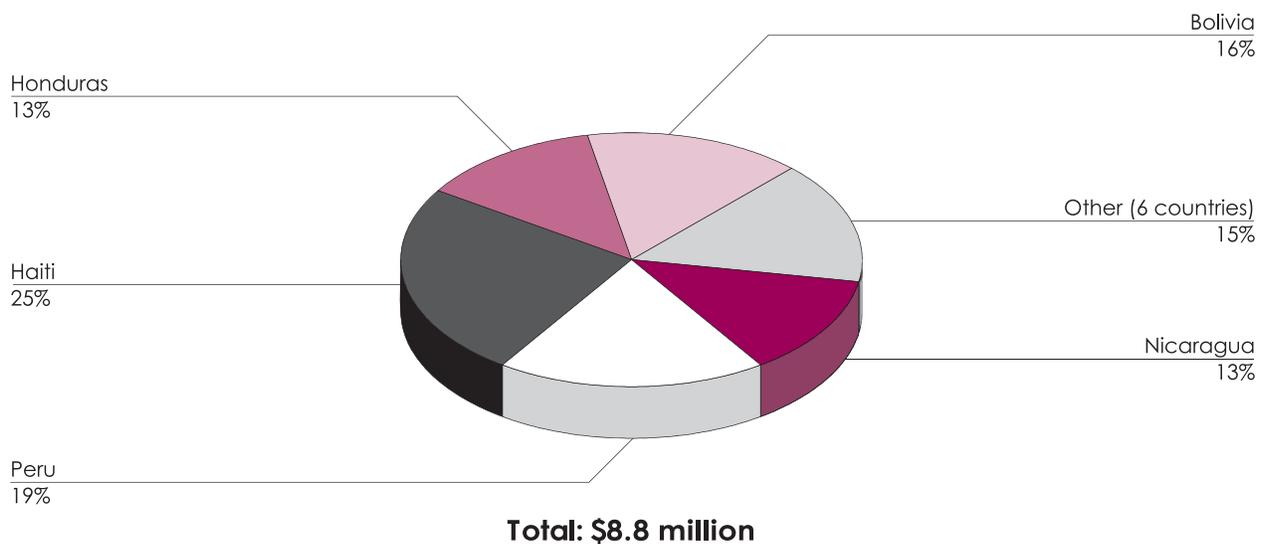


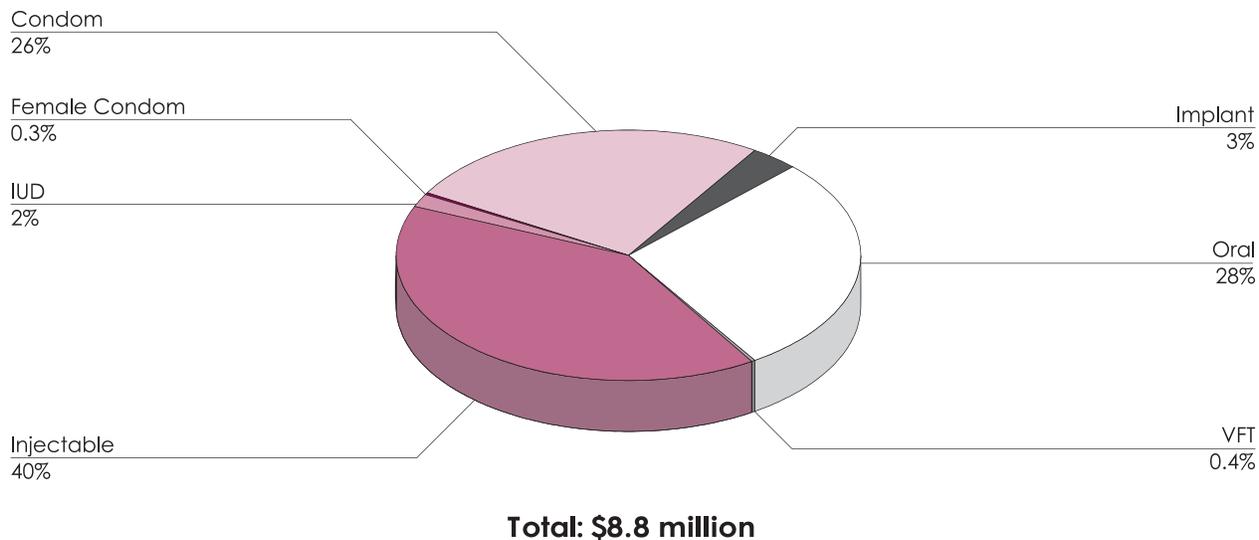
Figure 14

### Contraceptive & Condom Shipment Values to Latin America/Caribbean Major Receiving Countries FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

### Contraceptive & Condom Shipment Values to Latin America/Caribbean by Method FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, February 2004.  
Note: Totals may not add to 100 due to rounding.

## Affiliation Report

In FY 2003, the largest recipients of USAID contraceptives and condoms were social marketing programs (50%) and governmental/parastatal programs (38%) (figure 16). The value of contraceptives and condoms shipped to these programs totaled \$32.3 million and \$24.7 million respectively. The remaining programs – disaster relief, research, and nongovernmental organization (NGO) programs – represented 12.3% (\$8 million) of the worldwide contraceptives provided by USAID. Compared with FY 2002, the value of contraceptive shipments to disaster relief and social marketing programs increased by 51% and 53% respectively, while the value of commodities to governmental/parastatal programs increased by 27%. Only NGO programs encountered a decrease in contraceptive shipment values (18% decline).

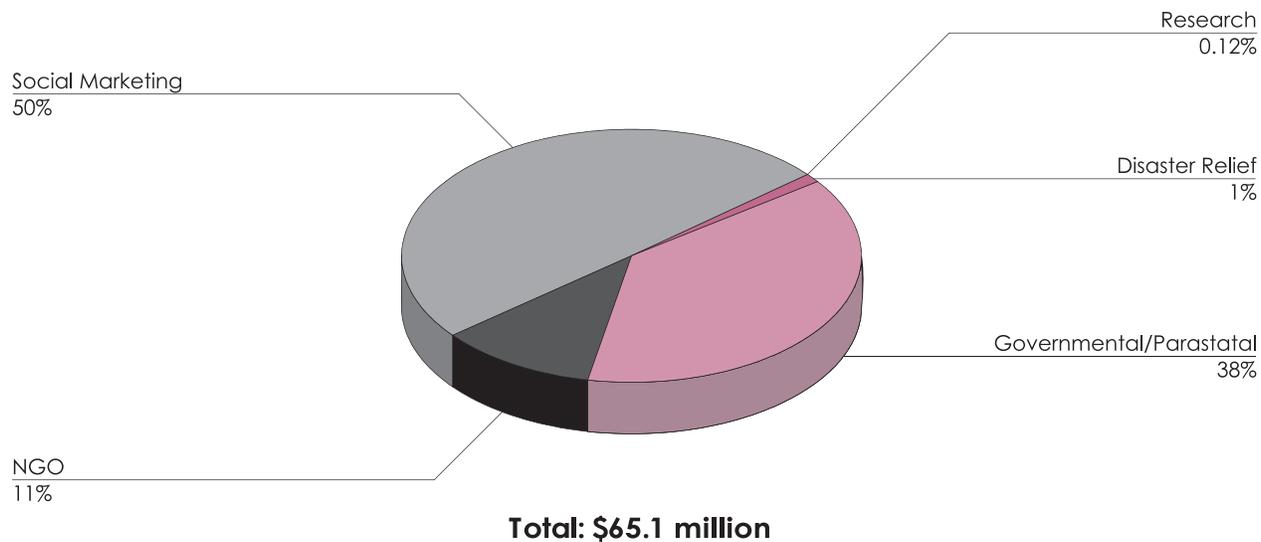
In the Africa region, social marketing programs (\$19.0 million) received 60% of the value of commodity shipments, followed by governmental/parastatal programs (\$8.6 million, or 27%) (figure 17). NGO, disaster relief, and research programs received 10% or less of the total regional value. Between FY 2002 and FY 2003, a 41% decrease in shipment values to NGO programs took place.

In the ANE region, governmental/parastatal, NGO, and social marketing programs received USAID support for contraceptives and condoms (figure 18). Social marketing and governmental/parastatal programs each received close to a 50% share of commodity shipments by value (\$12.1 million and \$11.1 million respectively). NGO programs received less than 1% (\$203,249) of the value of commodities shipped to the region. Of the three programs, the share to governmental/parastatal programs increased 55%, and NGO programs increased by more than 100%.

For the E&E region, close to 94% of the value of contraceptive and condom shipments went to NGO programs, while the remaining 6% was allocated to governmental/parastatal programs (figure 19).

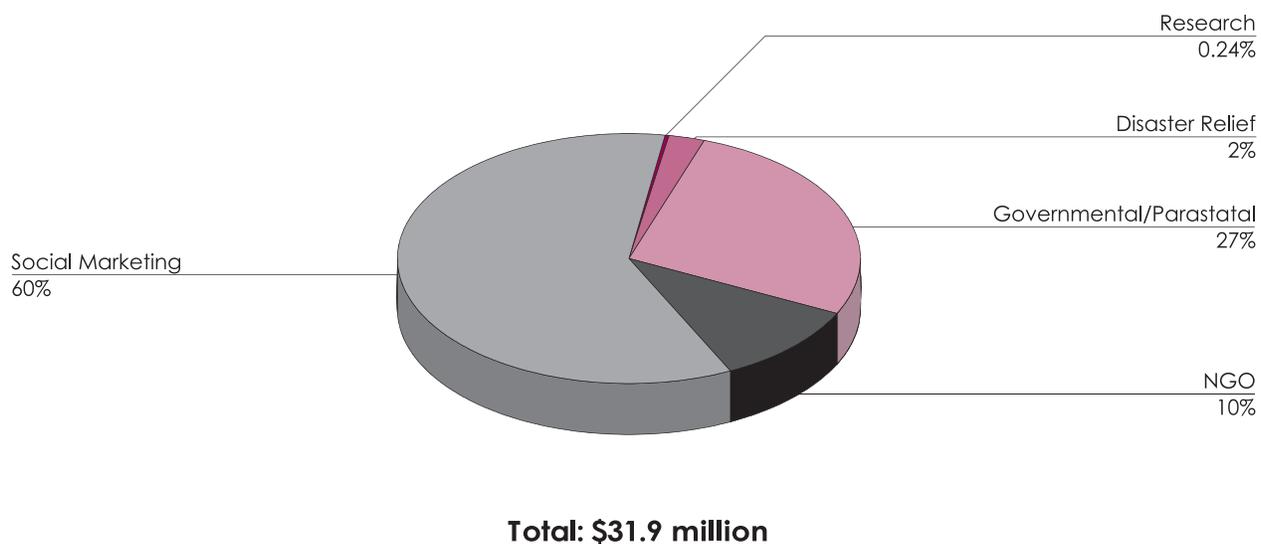
The value of contraceptive and condom shipments to the LAC region totaled \$8.8 million in FY 2003 (figure 20). Slightly over half of the shipment value went to governmental/parastatal programs (\$4.9 million), while 30% went to NGOs (\$2.7 million) and 14% to social marketing programs (\$1.2 million). The largest increase in shipment values occurred in social marketing programs, a more than 100% increase.

### Affiliation Report: Worldwide FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, March 2004.  
 Note: Totals may not add to 100 due to rounding.

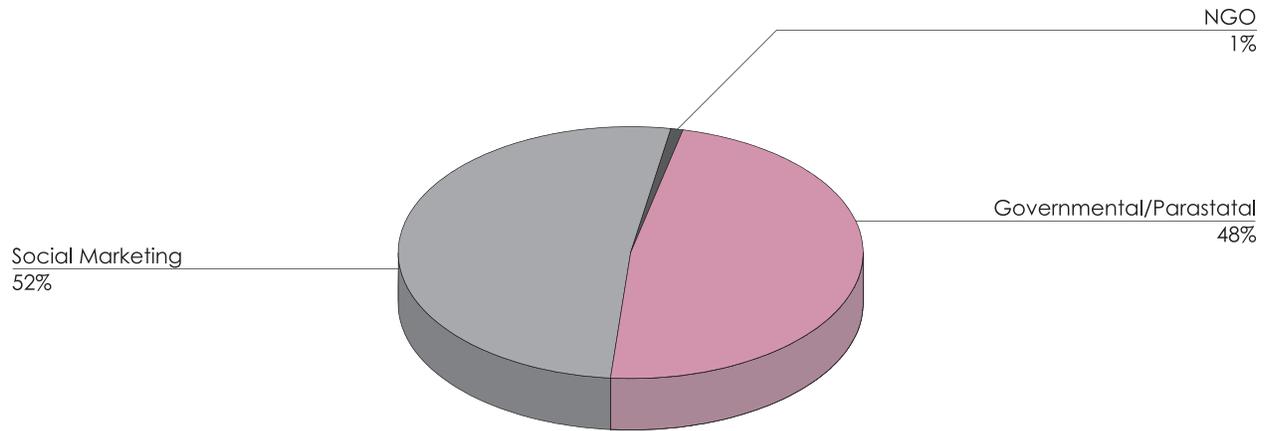
### Affiliation Report: Africa FY 2003



Source: NEWVERN Information System, Office of Population and Reproductive Health, March 2004.  
 Note: Totals may not add to 100 due to rounding.

Figure 18

### Affiliation Report: Asia/Near East FY 2003

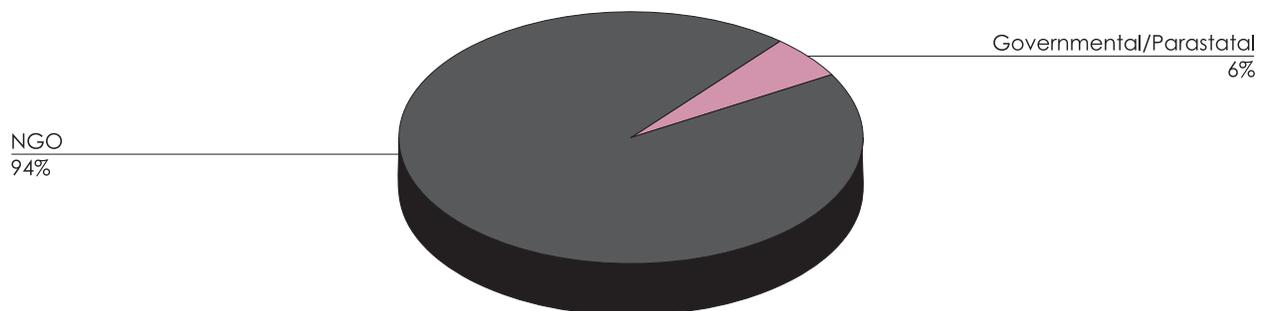


**Total: \$23.4 million**

Source: NEWVERN Information System, Office of Population and Reproductive Health, March 2004.  
Note: Totals may not add to 100 due to rounding.

Figure 19

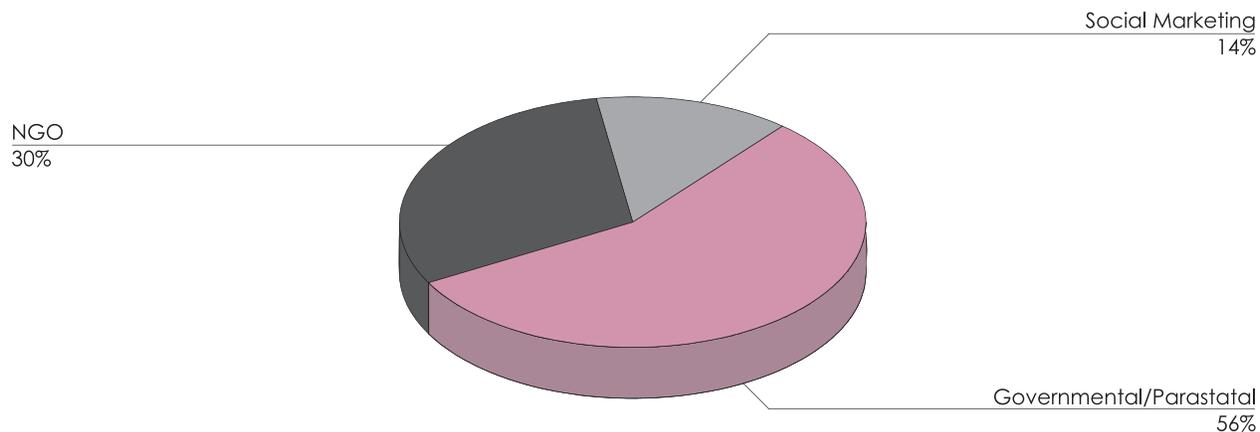
### Affiliation Report: Europe/Eurasia FY 2003



**Total: \$943,000**

Source: NEWVERN Information System, Office of Population and Reproductive Health, March 2004.  
Note: Totals may not add to 100 due to rounding.

### Affiliation Report: Latin America/Caribbean FY 2003



**Total: \$8.8 million**

Source: NEWVERN Information System, Office of Population and Reproductive Health, March 2004.  
Note: Totals may not add to 100 due to rounding.

## Trends in USAID Contraceptive and Condom Shipments

The total value of worldwide USAID contraceptive and condom shipments increased 31% between FY 2002 and FY 2003, climbing from \$49.7 million to \$65.1 million.

### Condoms

After a sharp decline in FY 2002, the value of condom shipments increased dramatically by 64% to a total value of \$23.4 million in FY 2003 (figure 21). The number of pieces shipped worldwide in FY 2003 (434 million) reached approximately the same level as in 1993, 1994, 1998, and 2001. Over the past decade, 1995 marked the peak of condom shipments, with 604 million pieces. It is important to note, however, that since 1992 there has been a gradual decline in shipments of condoms worldwide. With regard to condom shipments by region, the majority have gone to Africa in response to the HIV/AIDS epidemic.

### Oral Contraceptives

Oral contraceptive shipments have gradually increased since FY 2000 after a few years of fluctuating shipment levels (figure 22). Over the past decade, oral contraceptive shipment levels have steadied, and remained on average at approximately 70 million cycles per year. During FY 2002 and FY 2003, the ANE and Africa regions were the largest recipients of oral contraceptives.

### Injectables

In contrast to condoms and oral contraceptives, shipments of injectables have increased since FY 1992 (figure 23). One-quarter of a million injectable units were delivered worldwide in FY 1994, and this figure had increased to 16 million units by FY 2003. Between FY 2002 and FY 2003, there was a 59% increase from 10.1 million to 16.0 million units in the number of injectable units shipped worldwide.

### Implants

USAID's shipments of implants have increased over the past decade, although not as steeply as injectables (figure 24). The most implant units (300,400) were delivered in FY 1999 as a one-time contribution to Indonesia in response to its financial crisis. Despite a decade-long average increase, the number of units shipped between FY 2002 and FY 2003 decreased from 115,000 units to 74,000 units. With regard to value, this represented a 35% decline. The Africa region was the primary recipient of implants over the past decade.

### IUDs

USAID's IUD shipments have steadily declined since FY 1992, when shipment levels peaked at 5.3 million units (figure 25). In FY 2003, 2 million units were distributed worldwide, with a value of \$3.2 million. One reason for the decline in IUDs over time is the 1999 phaseout of IUD donations to Turkey, which used to receive a large percentage of the IUDs procured by USAID.

### VFTs

USAID's shipments of VFTs have sharply declined over the last decade (figure 26). In FY 1992, 21.3 million tablets were distributed worldwide, but by FY 2003 shipments had decreased to 3 million tablets. USAID has phased out its procurement of this method, and the last shipments will take place in calendar year 2004.

Figure 21

### Worldwide Condom Shipments FY 1992-2003

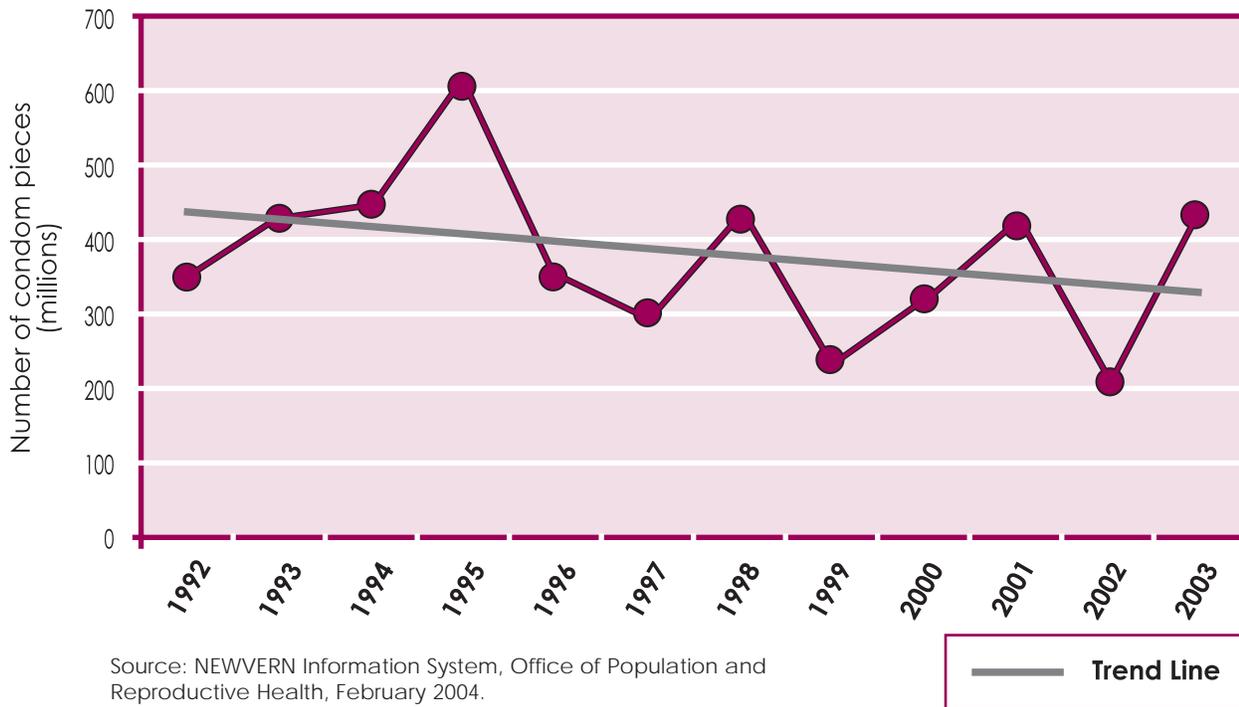


Figure 22

### Worldwide Oral Contraceptive Shipments FY 1992-2003

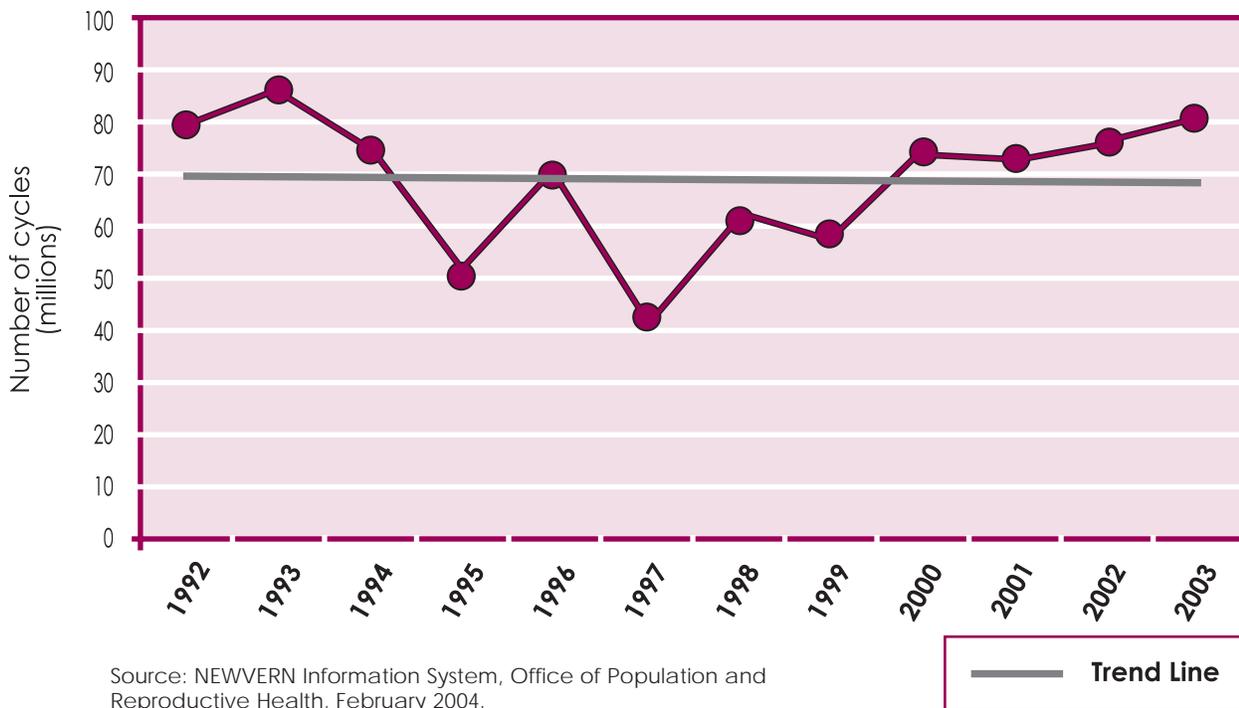


Figure 23

### Worldwide Injectable Contraceptive Shipments FY 1992–2003

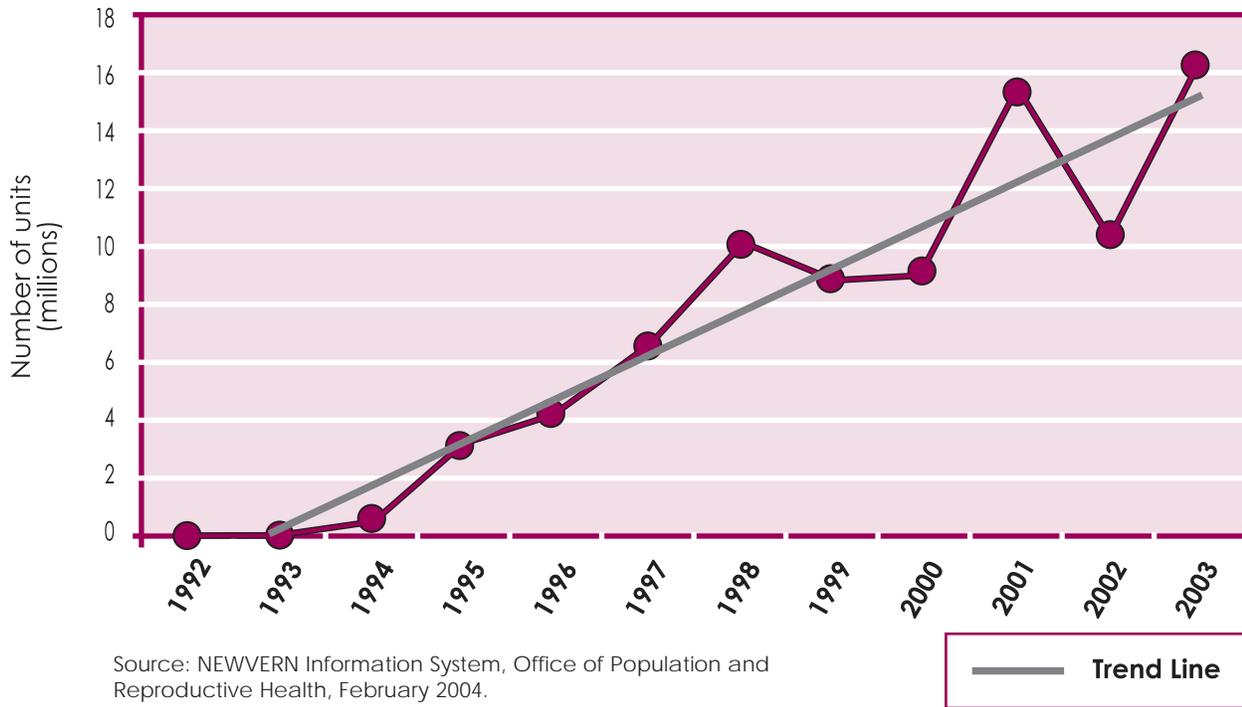


Figure 24

### Worldwide Contraceptive Implant Shipments FY 1992–2003

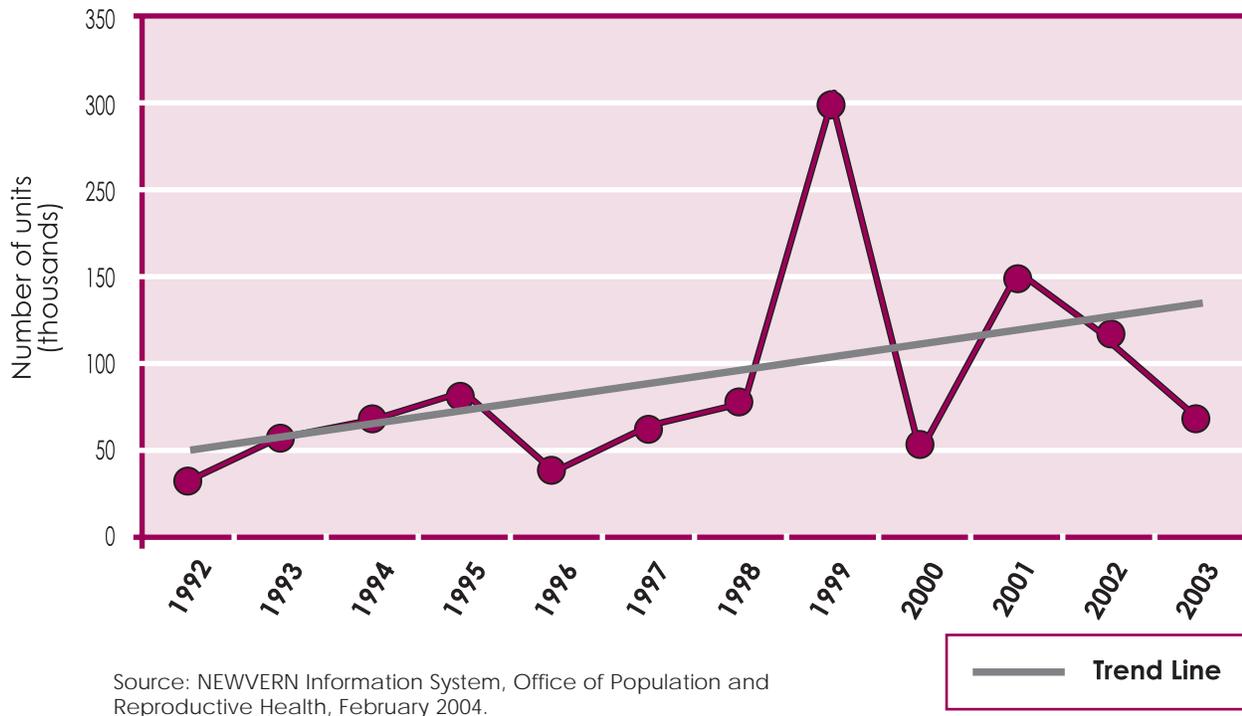


Figure 25

### Worldwide IUD Shipments FY 1992-2003

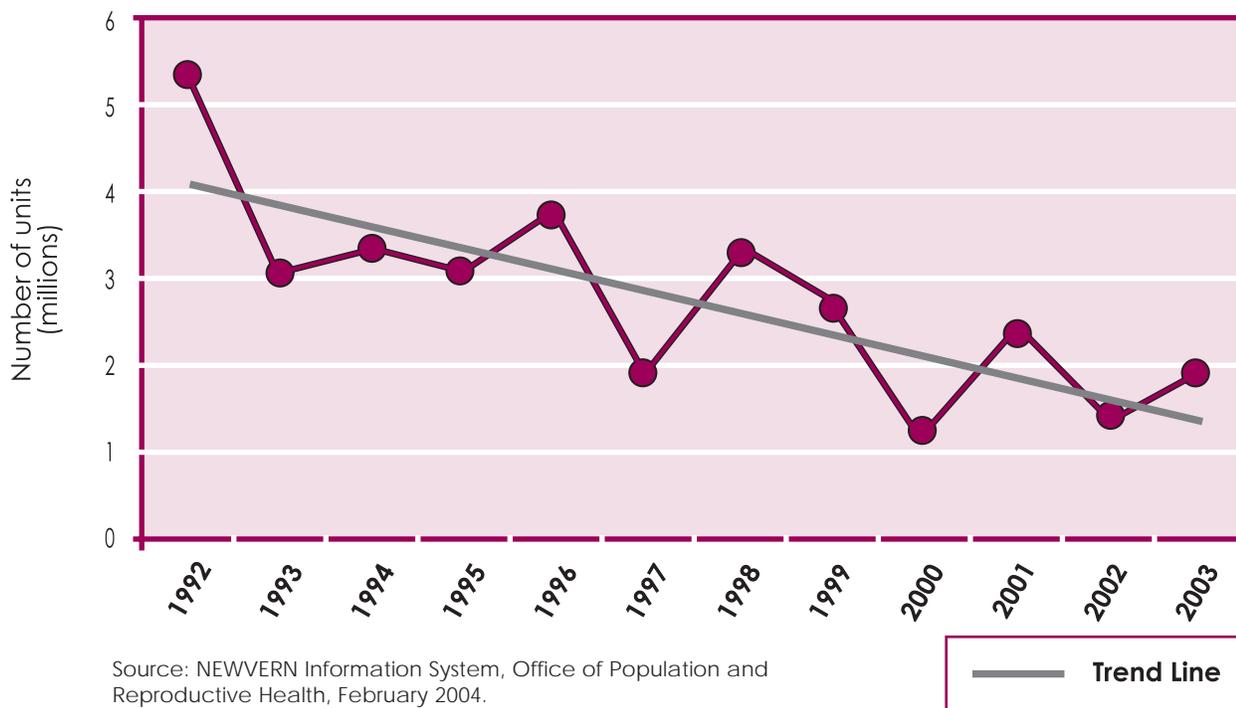
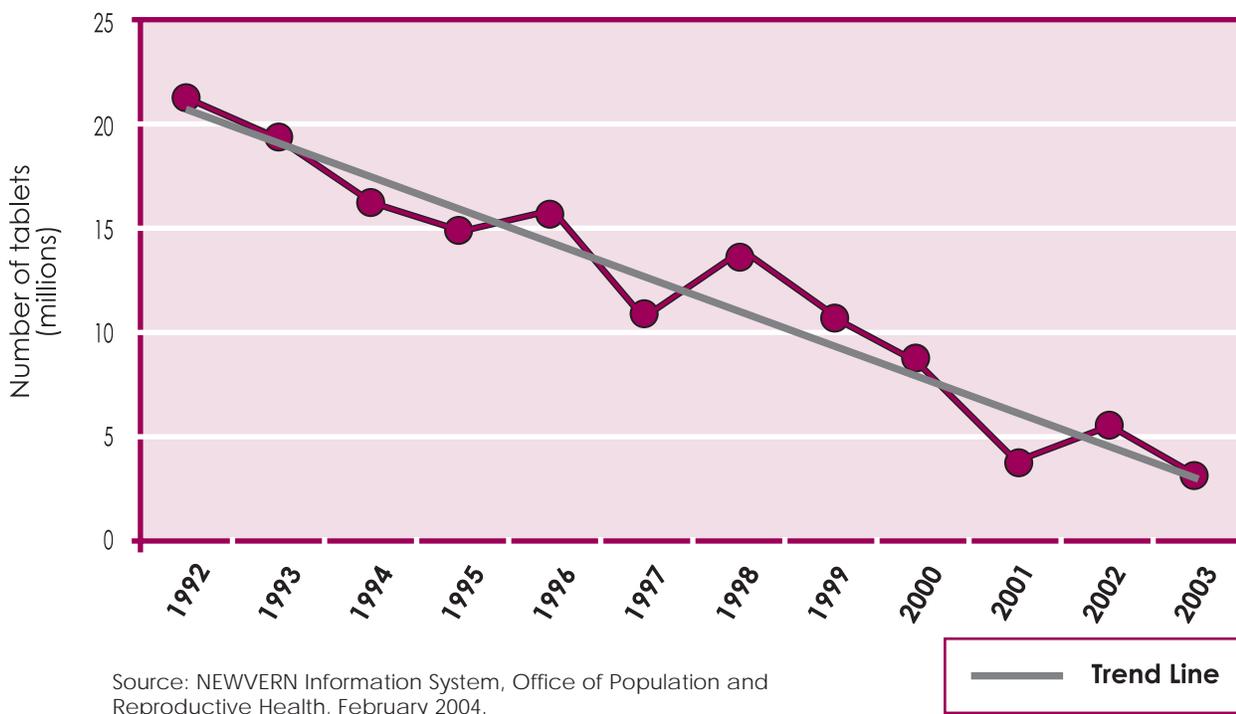


Figure 26

### Worldwide VFT Shipments FY 1992-2003





# Technical Terms and Abbreviations





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<b>Appropriations</b>	An act of Congress permitting federal agencies to incur obligations for specified purposes.
<b>CA</b>	Cooperating agency. For the purposes of this report, CAs are U.S. or international organizations that implement health sector activities under contracts, grants, cooperative agreements, and participating agency service agreements (PASAs) with USAID.
<b>Central core</b>	Funds used to support centrally managed projects for global activities.
<b>Centrally managed</b>	Projects managed in Washington, D.C., by the Bureau for Global Health.
<b>Expenditures</b>	The amounts spent at the project level using USAID funds. There is generally a year or more time lag between when funds are obligated and when they are actually spent.
<b>Field office operations</b>	A recipient organization that is not a local entity but is a U.S. or international implementing organization working out of its field office within the country where the Mission is located.
<b>Field support</b>	Mission or regional bureau funds contributed to centrally managed projects to support specific country activities.
<b>GH</b>	Bureau for Global Health
<b>MAARD</b>	Modified Acquisition and Assistance Request Document. In the context of this report, MAARDs are the mechanism by which USAID Missions contribute bilateral funds to centrally managed projects.
<b>Mission-managed</b>	Projects managed in the field by USAID Missions.
<b>Obligations</b>	Legal commitment of funds through such mechanisms as signed agreements between the U.S. and host governments, contracts and grants to organizations, and purchase orders.
<b>PHN</b>	Population, health, and nutrition
<b>TA</b>	Technical assistance

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## USAID Regions and Regional Bureaus

<b>AFR</b>	Africa
<b>ANE</b>	Asia/Near East
<b>E&amp;E</b>	Europe/Eurasia
<b>G/CAP</b>	Guatemala/Central America Program
<b>GHAI</b>	Greater Horn of Africa Initiative
<b>LAC</b>	Latin America/Caribbean
<b>REDSO/ESA</b>	Regional Economic Development Services Office for East and Southern Africa
<b>RDM/A</b>	Regional Development Mission/Asia
<b>WARP</b>	West Africa Regional Program

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## FOCUS AREA DEFINITIONS

### Family Planning and Reproductive Health

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**Breastfeeding/Family Planning:** Activities that promote breastfeeding and Lactational Amenorrhea Method (LAM) in order to prevent unintended and mistimed pregnancies.

**Family Planning Services:** Activities aimed at the direct provision of family planning services, such as support for service delivery programs; information, education, and communication activities; the purchase and delivery of contraceptives; logistics training and management capacity building; and biomedical and operations research.

**Integrated Reproductive Health:** Reproductive health activities not captured under family planning or breastfeeding but closely related, including post-abortion care, female genital cutting, integrated family planning/HIV/sexually transmitted disease activities, integrated family planning/safe motherhood activities, and non-family planning aspects of adolescent reproductive health.

**Non-Family Planning/Reproductive Health Activities:** Activities in related other health and non-health areas such as female education and empowerment implemented to directly enhance the demand and use of family planning services.

**Policy, Data Analysis, and Evaluation:** Activities aimed at developing, refining, and/or evaluating population and family planning policies and programs, such as policy development, systems strengthening, strategic planning and resource allocation, the collection/monitoring/analysis of demographic and health data, and related training and research.

### Child Survival/Maternal Health

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**Child Survival/Breastfeeding:** Activities designed to promote breastfeeding in order to improve child health, nutrition, and child spacing.

**Child Survival Core:** Activities designed to: 1) prevent, control, or treat acute respiratory infections; 2) prevent, control, or treat diarrheal disease, including production and distribution of oral rehydration therapy or other commodities, hygiene and health education, and dietary management to reduce incidence or complications of diarrheal disease; and 3) improve the nutritional status of children in order to raise health status. (Note: Excludes micronutrients, vitamin A, and immunizations.)

**Child Survival/Environmental Health:** Activities encompassing those health problems related to environmental conditions including untreated waste water, exposure to air pollutants, poor food hygiene, and hazardous materials. Also includes solid waste management, occupational health and injury prevention, prevention of vector-borne diseases, and water and sanitation activities to improve health and nutrition.

**Child Survival/Immunization:** All activities related to the production, testing, quality control, distribution, and delivery of vaccines, including maternal tetanus toxic immunization. (Note: Excludes polio immunizations.)

**Child Survival/Maternal Child Health:** Activities with a primary purpose of affecting child health and survival by promoting the health of adolescent girls and women of reproductive age, improving pregnancy outcomes, reducing adverse pregnancy outcomes, and improving prenatal and delivery services and neonatal care to promote healthy births.

**Child Survival/Policy Analysis, Reform, and Systems Strengthening:** Activities to improve or enhance functioning of general PHN systems in support of child survival, including sector reform; quality assurance; pharmaceutical management; information systems; monitoring/analysis of demographic and health data; program improvements such as policy, evaluation, strategic planning, and resource allo-

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cation; and health care financing mechanisms, such as cost control, user fees, privatization, and health insurance programs.

**Child Survival/Polio Eradication:** Activities designed to eradicate polio, maintain polio-free status, and contribute to the development of sustainable immunization and disease control programs in conjunction with polio eradication activities.

**Child Survival/Vitamin A and Other Micronutrients:** Activities to support the control and prevention of vitamin A deficiencies and other micronutrient deficiencies (including iodine, iron, and zinc) either singly or in combination.

**Maternal Health/Nutrition:** As part of a maternal health effort, activities that improve the nutritional status of adolescent girls and women to raise health status, improve pregnancy outcomes, and improve productivity and purchasing power. (Note: Does not include micronutrients.)

**Maternal Health/Policy Analysis, Reform, and Systems Strengthening:** Activities to improve or enhance functioning of general PHN systems in support of maternal health, including sector reform; quality assurance; pharmaceutical management; information systems; monitoring/analysis of demographic and health data; program improvements such as policy, evaluation, strategic planning, and resource allocation; and health care financing mechanisms, such as cost control, user fees, privatization, and health insurance programs.

**Maternal Health/Safe Pregnancy:** Activities designed to promote health of adolescent girls and women of reproductive age, reduce reproductive morbidity and mortality, and improve pregnancy outcomes. Activities include antenatal services, planning for birth, recognition of complications, emergency planning, clean and safe birth, treatment of obstetrical complications, and postpartum care.

**Maternal Health/Vitamin A and Other Micronutrients:** As part of a maternal health effort, activities to control and prevent micronutrient deficiencies in adolescent girls and women, including vitamin A for women, iodine, iron, zinc, etc., either singly or in combination.

**Prosthetics/Medical Rehabilitation:** Activities to promote or improve community capacity for medical rehabilitation, including provision of prosthesis, training of technicians, vocational rehabilitation, administrative support, and facility improvements. (Note: Includes activities supported by the War Victims Fund.)

## Infectious Diseases

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**Antimicrobial Resistance:** Activities to combat the emergence and spread of antimicrobial resistance including drug-resistant strains of pneumonia, bacterial dysentery, sexually transmitted infections, and other diseases. Activities can include improved technical guidelines; policies; management and use of antimicrobials; monitoring for antimicrobial resistance and continued drug efficacy; and vaccine development, particularly for pneumonia and diarrheal diseases.

**Malaria/ID:** Prevention, control, and treatment of malaria within the general population, including activities to address drug-resistant strains of malaria.

**Other Infectious Diseases:** Activities to prevent, control, or treat other infectious diseases of significant public health impact, such as dengue, meningitis, leishmaniasis, etc., other than those included under child survival programs.

**Surveillance and Response:** Activities to improve national, regional, and international capacity and systems for surveillance of major communicable and infectious diseases and of drug resistance. (Note: Excludes surveillance activities counted under polio.)

**Tuberculosis:** Activities to prevent, control, or treat tuberculosis, including research and interventions to address drug-resistant strains of tuberculosis.

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## Vulnerable Children

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**Orphans and Displaced Children:** Used for Child Survival and Health (CSH) Programs account funding. Activities with the primary purpose of providing financial and technical assistance for the care and protection of children and adolescents who are displaced or vulnerable due to separation from their families; are at great risk of losing family care and protection; or are exposed to other sources of extreme duress. Activities focus on children affected by war, including child soldiers, children with disabilities, and other disenfranchised or unaccompanied children such as street children. Activities emphasize strengthening family and community capacity for identifying and responding to the special physical, social, educational, and emotional needs of these children.

**Blind Children:** Activities with a primary purpose of funding the activities of Helen Keller International and other organizations that focus on preventing blindness among children through simple and inexpensive methods of prevention and treatment.

**Other Vulnerable Children:** Used for CSH account funding. Activities with a primary purpose of funding activities that Congress has identified as important in assisting disadvantaged children. Activities support nongovernmental organizations such as the Special Olympics that work with children and adolescents with cognitive and/or physical disabilities. (Note: Excludes victims of war and victims of torture.)

## FUNCTIONAL ACTIVITY DEFINITIONS

**Behavior Change/Communications:** Activities aimed at promoting healthy behaviors and health behavior change through communications; mass media; community-based messages; interpersonal counseling and interactions; or other individual, community, and institutional behavior change interventions.

**Contraceptives and Condoms:** Contraceptives and condom procurement through the Commodities Security and Logistics Division only.

**Data Collection, Monitoring, Evaluation, and Health Information Systems:** Activities that support data collection, monitoring, and evaluation that inform managers of health and population programs. Also includes activities that support, develop, or improve health information and surveillance systems and increase the use of and demand for data and information in health systems.

**Health Commodities:** The cost of purchasing contraceptives, condoms, and other health commodities (such as test kits, laboratory equipment, etc.), including the procurement, warehousing, and shipping of commodities. These costs should not include technical assistance to organizations to strengthen their ability to manage the distribution of commodities or to strengthen systems.

**Institutional Capacity and Management:** Activities that support and strengthen the management and human resource capabilities of host-country population, health, and nutrition programs and organizations. This category includes all aspects of management including strategic planning, financial management, personnel management, quality improvement, the management of service delivery facilities and programs, management of administrative systems, management training, and human resource development.

**Pharmaceutical Management and Logistics:** Activities that help promote and ensure the availability and appropriate use of health commodities of assured quality, including measures to preserve the effectiveness of existing drugs and combat antimicrobial resistance in both the public and private sectors. This includes forecasting as well as ensuring the provision of unbiased drug information for providers and users. It includes strengthening health systems and local capacity for drug selection, quantification, and international procurement, along with improved decision making relating to drug policy and health reform; regulatory, drug quality, and financing issues; and activities to change incorrect drug use and demand at the individual and community levels.

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**Policy Development:** Planning and analysis that supports development, implementation, and financing of policies that promote improved access to health services. This includes supporting partnerships such as the Global Alliance for Vaccines and Immunization (GAVI) and the Global Alliance for Improved Nutrition (GAIN) that bring greater resources to bear on addressing health problems.

**Research:** Includes biomedical research that develops new or improves existing health products/technologies; operations research that improves delivery of information and services; and social and behavioral science research that advances knowledge of determinants and consequences of health behavior and develops new or improves existing tools and approaches to change health-related behaviors at individual, community, and institutional levels.

**Service Delivery:** Delivery of family planning, health, or nutrition services through the formal health infrastructure, public or nongovernmental, as well as through community-based services. (Note: Excludes social marketing).

**Social Marketing & Partnering with the Commercial Sector:** The use of commercial marketing concepts and /or techniques, including promotion, pricing, distribution, and sale of health commodities and/or services at a socially acceptable price. Also includes activities to work with the commercial private sector to deliver health and family planning services.

**Training:** Short-term or long-term training, whether based in a classroom or service site, for service delivery and health system personnel. (Note: Training that is part and parcel of an overarching activity should be considered under that larger activity, e.g., management training should be considered under "Management.")

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