Agency-Wide Expenditures for Family Planning, HIV/AIDS, Health, and Nutrition

FY 2002

A USAID Managers Report

October 2003

U.S. Agency for International Development
Bureau for Global Health

PHNI Project

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Abstract

Agency-Wide Expenditures for Family Planning, HIV/AIDS, Health, and Nutrition is an annual publication summarizing expenditures for family planning, HIV/AIDS, health, and nutrition activities sponsored by the U.S. Agency for International Development (USAID).

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Introduction

This report provides an overview of USAID's global health expenditures for fiscal year (FY) 2002 (October 1, 2001 through September 30, 2002). Two main channels support global health activities: (1) centrally managed projects funded by the Bureau for Global Health (GH) and (2) bilateral projects managed by USAID Missions. Agreements managed by 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. As in prior years, the report also includes an annex showing shipment data on contraceptives purchased through the Central Contraceptive Procurement Program.

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 global, regional, and country levels. The report provides an overview of expenditures incurred at the project level for implementing 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 difference in timing between obligation funding and project-level expenditures, funds are typically not expended in the same year in which they are obligated but are instead expended in subsequent years. **Therefore, expenditure amounts presented in this report reflect funding decisions made prior to FY 2002 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. These figures provide managers with a broad view of spending patterns but in general lack the precision and detail required to meet formal accounting standards.

Methodology of Data Collection

Data for this overview report were taken from the following sources:

- Mission Accounting and Control Systems (MACS) Auxiliary Ledger, October 2002
- Mission Activity Expenditure Reports, January 2003
- Cooperating Agency FY 2002 Cost Reports, January 2003
- NEWVERN Data Systems, GH, January 2003

After the end of each fiscal year, the Population, Health and Nutrition Information (PHNI) Project sends out an annual request for expenditure data to all USAID Missions and cooperating agencies (CAs) that have centrally managed agreements with GH.

Data from USAID Missions

Data provided by Mission systems 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 centrally managed activities managed by GH. These expenditures are reported by those CAs that have received 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 indirectly from MACS. Once these amounts are obtained, the population, health, and nutrition (PHN) officers at each Mission code each project's expenditures by line item. The directive (family planning/reproductive health, HIV/AIDS, child survival/maternal health, infectious diseases, or non-health-related activities) and institution that implemented the activity associated with each cost are 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.

Next, Mission PHN officers complete the "Focus Area Breakdown" and "Functional Activity Breakdown" forms for each of their health-related projects. These forms 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 entered between CAs and GH in Washington, D.C.

CAs submit a cost report that 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, long-term technical assistance, short-term technical assistance, or 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: family planning/reproductive health, HIV/AIDS, child survival/maternal health, infectious diseases, or non-health-related activities. In prior years, these percents were applied evenly across all countries related to the agreement. In FY 2002, CAs were able to estimate the directive breakdown of expenditures for each country individually.

Finally, the CA completes the "Focus Area Breakdown" and the "Functional Activity Breakdown" forms for each of its agreements with GH. These percents are broken out for each directive and are 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 the Commodities Security and Logistics Division of USAID.

PHNI 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.

The data from NEWVERN provide only total shipments to a given country. A breakdown of amounts shipped to a country for HIV/AIDS prevention versus amounts sent for family planning/reproductive health activities is not available. Therefore, the values in this report were separated by applying prior year (FY 2001) funding proportions for contraceptive procurement. For example, if a country received 50% HIV/AIDS funding and 50% family planning/reproductive health funding in FY 2001, the values of FY 2002 shipments are estimated accordingly. This calculation is based on the assumption that there is a one-year lag between when funding is received and when contraceptives are actually shipped.

Current Limitations to Data

Given current data collection methods, there are some limitations to the information provided in this report. These limitations are continuously being addressed as part of an effort to improve the overall quality of expenditure data collection and reporting.

The current data limitations are as follows:

- 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 and CAs who have a centrally funded agreement with GH. Currently, the data collection does not include expenditures incurred via agreements with USAID Regional Bureaus.
- As stated earlier, the data do not include local host institution information for CAs who 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

For more than 40 years, USAID has been committed to improving global health and stabilizing world population through programs in family planning and reproductive health, child survival, maternal health, HIV/AIDS, and other infectious diseases. Through close relationships with its partners, nongovernmental organizations (NGOs), host governments, multilateral organizations, and other bilateral agencies, the Agency combines field experience in developing countries with global research on innovative technologies and approaches to create uniquely designed programs.

In FY 2002, USAID expended $1.05 billion on health-related activities. These expenditures reflect funding decisions made in prior years and are not comparable to appropriation or obligation amounts that may appear in other USAID reports. Of this $1.05 billion, 44% ($463 million) was spent via Mission-managed projects, while programs under central management from the Bureau for Global Health spent 56% ($586 million). More than one-third ($383.4 million, or 37%) of expenditures were for family planning and reproductive health services and commodities. Programs in child survival and maternal health represented $340.5 million (32%), while another $237.8 million (23%) went to support the global fight against HIV/AIDS. Spending on infectious diseases increased substantially from $49.7 million in FY 2001 to $87 million (8%) in FY 2002, likely reflecting an increase in FY 2001 appropriations for infectious diseases.

With $385 million in spending on health programs in FY 2002, Africa continued to have the largest portion (36%) of health spending by region. Expenditures on HIV/AIDS initiatives of $136.4 million constituted the largest portion (35%) of spending in the region. Family planning/reproductive health programs ($108 million) and child survival/maternal health activities ($106 million) each accounted for 28% of the spending. Another $34 million (9%) was spent on infectious diseases control and prevention.

Expenditures in the Asia/Near East (ANE) region amounted to 25% of FY 2002 spending. A significant portion (44%) of this was for family planning and reproductive health programs, while 35% was for child survival/maternal health activities. The Latin America/Caribbean (LAC) region (14% of global health expenditures) also had 44% of its spending in family planning and reproductive health activities. The remaining expenditures in FY 2002 were in the Europe/Eurasia (E&E) region (6%) and on worldwide activities that were not region-specific (19%).

On a country basis, the distribution of expenditures was fairly concentrated, with 48% of all expenditures occurring in 20 countries. Of the top 20 countries, 11 were in the Africa region, seven were in ANE, and two were in LAC. Egypt ($56 million) and Bangladesh ($41 million) had the most expenditures, combining to account for about 9% of all USAID FY 2002 global health expenditures.

When broken down by functional activities, service delivery and training represented the greatest portion (23%) of FY 2002 expenditures. Institutional capacity and management totaled 16% of expenditures, and another 12% was spent on behavior change and communications. Data collection and monitoring and evaluation represented 11% of expenditures, while research constituted 10%. The remaining expenditures were in areas of contraceptive and health commodity procurement, pharmaceutical management and logistics, and policy development.

Expenditures on in-country global health activities represented 71% of the total. The remaining 29% supported global leadership and short-term technical assistance (TA) via centrally managed agreements. In-country spending is money spent via local NGOs, private voluntary organizations (PVOs), and for-profit private entities; local government agencies; USAID Missions via bilateral programs; international agencies working in the field; and U.S.-based cooperating agencies (CAs) that have established field offices, work directly with Mission programs, or provide long-term TA via their United States office. Direct contraceptive and condom shipments to countries also represent expenditures supporting in-country activities.

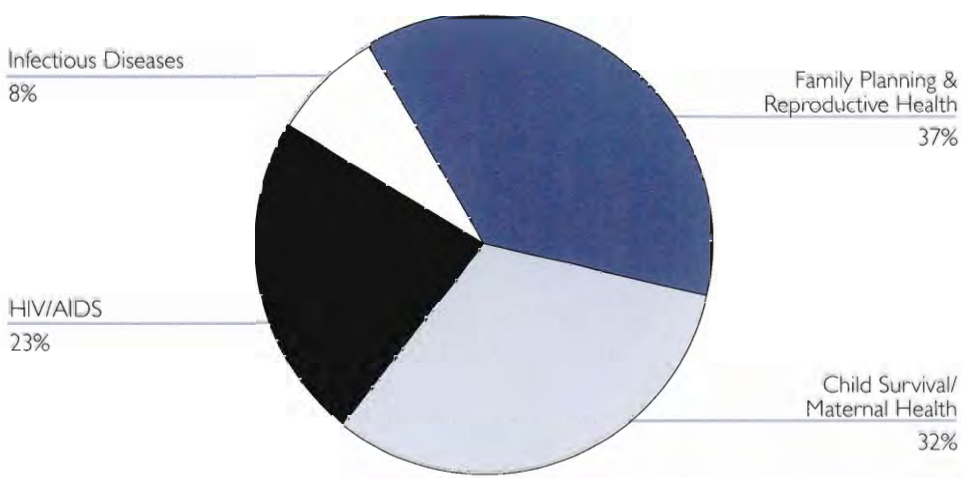
Table 1

USAID Global Health Expenditures by Directive
FY 2002 ($1,000s)

Directive	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total Global Health Expenditures
Family Planning and Reproductive Health	157,275	81,521	104,004	40,585	383,385
Child Survival/Maternal Health	180,991	67,418	92,120	-	340,529
HIV/AIDS	89,910	74,505	64,344	9,087	237,846
Infectious Diseases	34,454	22,098	30,582	-	87,134
Total	**$462,630**	**$245,542**	**$291,050**	**$49,672**	**$1,048,894**

Figure 1

USAID Global Health Expenditures by Directive
FY 2002



Total: $1.05 billion

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

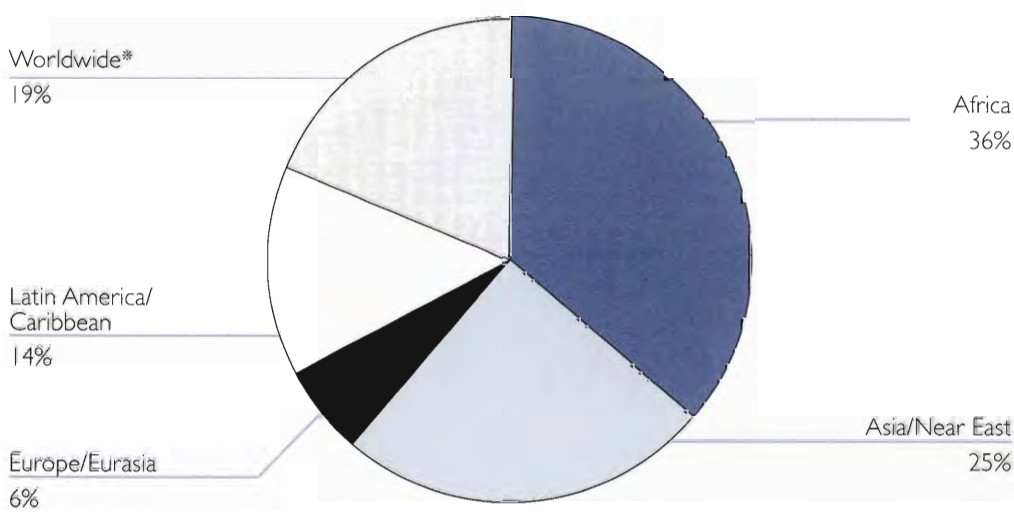
Table 2

USAID Global Health Expenditures by Region
FY 2002 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total Global Health Expenditures
Africa	181,168	124,620	53,676	25,666	385,130
Asia/Near East	146,422	71,938	24,149	16,366	258,875
Europe/Eurasia	47,139	12,476	5,677	332	65,624
Latin America/Caribbean	87,901	36,508	12,657	7,308	144,374
Worldwide	-	-	194,891	-	194,891
Total	**$462,630**	**$245,542**	**$291,050**	**$49,672**	**$1,048,894**

Figure 2

USAID Global Health Expenditures by Region
FY 2002



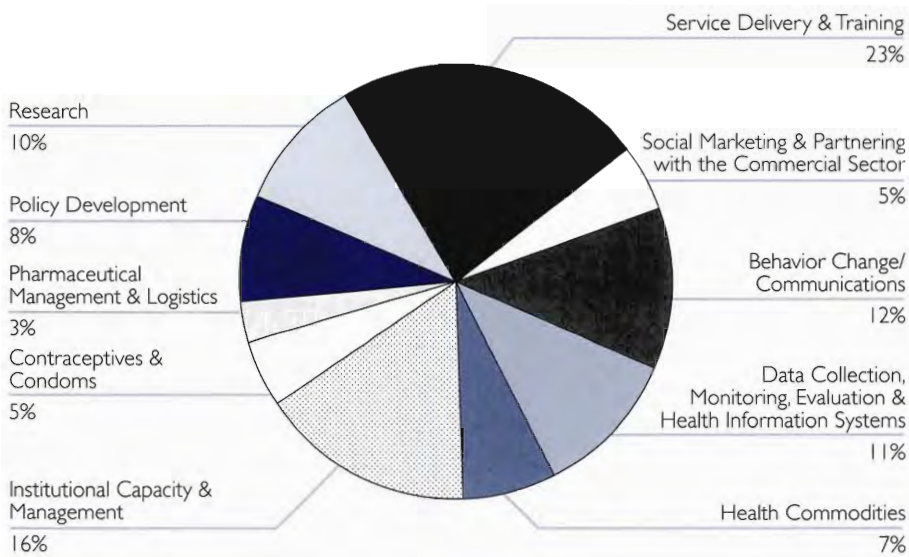
Total: $1.05 billion

* *Worldwide includes the U.S. government contribution to the Global Alliance for Vaccines and Immunization ($48 million).*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 3

USAID Global Health Expenditures by Activity
FY 2002



Total: $1.05 billion

Table 3

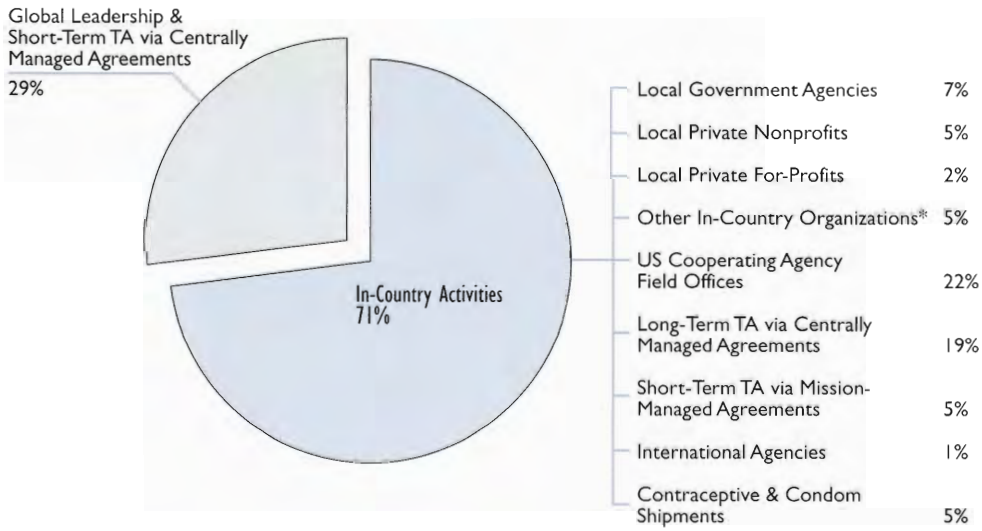
FY 2002 Global Health Expenditures
FY 2002: Top 20 Countries
($1,000s)

Top 20 Countries	
Egypt	$56,099
Bangladesh	41,256
Indonesia	32,626
India	32,433
Ghana	31,164
Uganda	29,817
Nigeria	23,697
Jordan	23,498
Kenya	23,390
Ethiopia	22,724
Zambia	22,082
Peru	20,749
Malawi	20,670
Philippines	20,210
Bolivia	19,896
Mali	18,888
WARP	17,848
South Africa	18,278
Mozambique	16,740
Nepal	15,577
Total	**$507,642**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 4

Expenditures on In-Country Activities for Global Health FY 2002



Total: $1.05 billion

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

The current data collection process does not provide institution breakdowns for U.S. cooperating agencies who enter into sub-agreements with local host-country organizations via Mission-managed activities. Therefore, the percent reported by U.S. cooperating agencies (field and home offices) includes expenditures related to in-country host institutions that are not currently identifiable.

Table 4

USAID Global Health Expenditures by Type of Assistance FY 2002 ($1,000s)

Region	Mission-Managed Agreements*	Centrally Managed Agreements					Total Global Health Expenditures
		Sub-Agreements	Long-Term Technical Assistance	Short-Term Technical Assistance	Contraceptives & Condoms	Other**	
Africa	181,168	20,877	85,508	30,745	25,666	41,166	385,130
Asia/Near East	146,422	12,254	59,815	14,423	16,366	9,595	258,875
Europe/Eurasia	47,139	1,201	9,824	4,304	332	2,824	65,624
Latin America/Caribbean	87,901	6,258	24,807	11,334	7,308	6,766	144,374
Worldwide	-	482	15,406	29,155	-	149,848	194,891
Total	**$ 462,630**	**$ 41,072**	**$ 195,360**	**$ 89,961**	**$ 49,672**	**$ 210,199**	**$ 1,048,894**

* *The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" column in this table represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.*

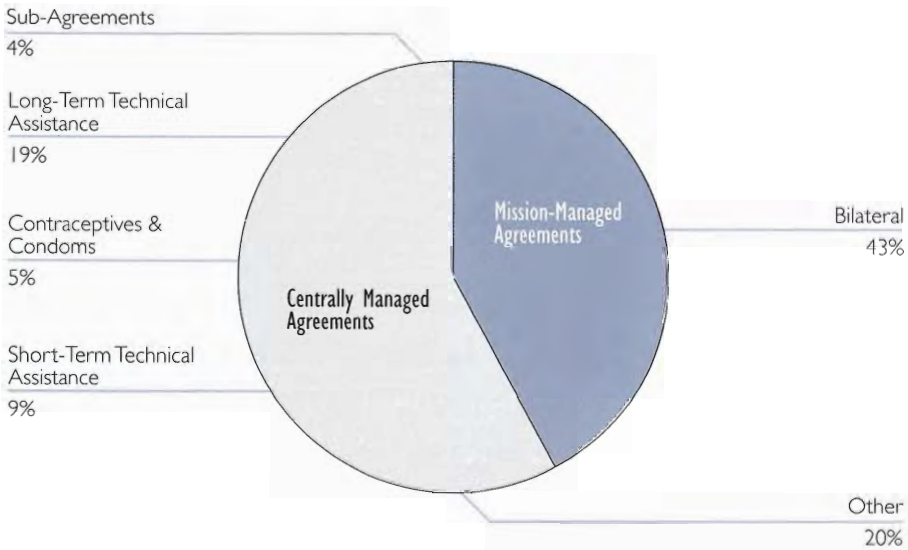
** *The "Other" category includes amounts spent primarily to support research, global leadership, strategic planning, new initiatives and other direct and indirect costs incurred to support host country population, health and nutrition activities (e.g., invitation travel of LDC personnel, study/observational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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 5

USAID Global Health Expenditures by Type of Assistance

FY 2002



Total: $1.05 billion

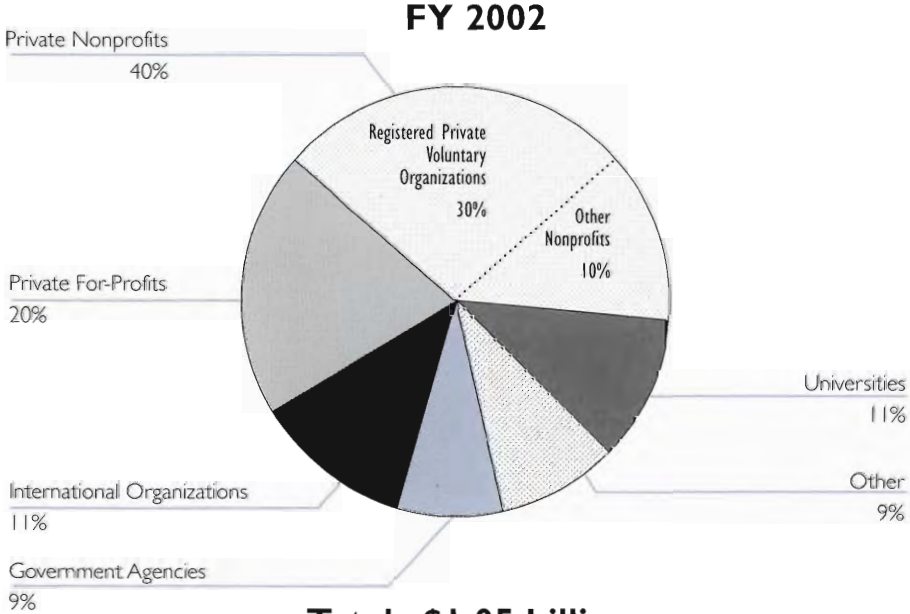
The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" section of this graph represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.

The "Other" 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 6

USAID Global Health Expenditures by Type of Implementing Partner

FY 2002



Total: $1.05 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 direct agreements 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.

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 5

AFRICA: Global Health Expenditures by Country
FY 2002 ($1,000s)

Country	Family Planning and Reproductive Health	Child Survival/Maternal Health	HIV/AIDS	Infectious Diseases	Total Global Health Expenditures
Angola	-	3,563	1,935	18	5,516
Benin	2,571	3,056	2,568	552	8,747
Botswana	-	2	626	1	629
Burkina Faso	463	248	302	67	1,080
Burundi	-	241	311	47	599
Cameroon	1,661	45	254	28	1,988
Chad	-	646	17	14	677
Congo	28	316	16	1,658	2,018
Cote d'Ivoire	194	125	595	85	999
Congo, Dem. Republic of	386	4,842	4,148	1,322	10,698
Eritrea	1,222	6,011	1,798	1,046	10,077
Ethiopia	7,138	9,019	6,295	272	22,724
Ghana	13,397	7,939	7,070	2,758	31,164
Guinea	2,226	(1,073)*	250	22	1,425
Kenya	8,305	1,467	12,807	811	23,390
Lesotho	-	10	302	8	320
Liberia	660	1,906	17	5	2,588
Madagascar	3,570	6,594	1,449	223	11,836
Malawi	7,416	4,478	8,030	746	20,670
Mali	8,779	8,365	1,685	59	18,888
Mauritania	-	302	22	4	328
Mozambique	3,735	6,172	5,609	1,224	16,740
Namibia	-	8	787	6	801
Nigeria	7,064	6,889	7,858	1,886	23,697
REDSO/ESA	602	1,829	1,343	317	4,091
Rwanda	800	1,683	3,488	412	6,383
Senegal	3,020	5,137	3,788	2,176	14,121
Sierra Leone	-	40	32	76	148
Somalia	-	465	-	-	465
South Africa	1,558	4,993	10,451	1,276	18,278
Swaziland	-	11	181	9	201
Tanzania	6,265	1,983	5,904	417	14,569
Togo	923	20	79	17	1,039
Uganda	6,806	5,496	15,522	1,993	29,817
WARP	8,721	2,544	6,525	58	17,848
Zambia	3,478	4,361	10,969	3,274	22,082
Zimbabwe	1,311	109	4,094	71	5,585
Multiple - Africa	5,880	6,102	9,297	11,625	32,904
Total Africa	**$108,179**	**$105,944**	**$136,424**	**$34,583**	**$385,130**

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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation/funding.

Table 6

ASIA/NEAR EAST: Global Health Expenditures by Country FY 2002 ($1,000s)

Country	Family Planning and Reproductive Health	Child Survival/Maternal Health	HIV/AIDS	Infectious Diseases	Total Global Health Expenditures
Bangladesh	28,930	9,915	1,633	778	41,256
Burma (Myanmar)	394	525	472	131	1,522
Cambodia	3,734	3,606	4,875	257	12,472
Egypt	16,332	26,277	2,589	10,901	56,099
India	16,588	7,995	6,357	1,493	32,433
Indonesia	9,895	17,315	5,350	66	32,626
Jordan	13,185	9,441	132	740	23,498
Morocco	2,535	4,710	278	-	7,523
Nepal	6,749	3,748	3,867	1,213	15,577
Pakistan	108	147	68	53	376
Philippines	14,313	3,848	1,128	921	20,210
Sri Lanka	36	39	16	-	91
Thailand	144	9	2,032	150	2,335
Vietnam	40	604	944	65	1,653
West Bank/Gaza	617	632	1	43	1,293
Yemen	80		-	18	98
Multiple - ANE	836	1,463	6,007	1,507	9,813
Total ANE	**$114,516**	**$90,274**	**$35,749**	**$18,336**	**$258,875**

Table 7

EUROPE/EURASIA: Global Health Expenditures by Country FY 2002 ($1,000s)

Country	Family Planning and Reproductive Health	Child Survival/Maternal Health	HIV/AIDS	Infectious Diseases	Total Global Health Expenditures
Albania	1,177	1,054	11	-	2,242
Armenia	2,975	2,296	408	1,906	7,585
Azerbaijan	657	653	69	287	1,666
Belarus	-	234	53	-	287
Central Asian Republics			91	314	405
Georgia	1,858	1,611	658	1,022	5,149
Kazakhstan	156	3,974	317	786	5,233
Kosovo	-	583	-	-	583
Kyrgyzstan	60	2,105	16	320	2,501
Latvia			25	98	123
Macedonia	70	-	13	-	83
Moldova	469	17	85	50	621
Romania	2,173	112	352	6	2,643
Russia	3,050	1,644	5,196	3,878	13,768
Serbia	-	635	-	16	651
Tajikistan	24	1,084	13	469	1,590
Turkey	1,706	3	2	-	1,711
Turkmenistan	17	1,013	32	289	1,351
Ukraine	3,892	1,486	722	270	6,370
Uzbekistan	663	5,110	156	431	6,360
Multiple - E&E	185	1,110	1,444	1,963	4,702
Total E&E	**$19,132**	**$24,724**	**$9,663**	**$12,105**	**$65,624**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 8

LATIN AMERICA/CARIBBEAN: Global Health Expenditures by Country FY 2002 ($1,000s)

Country	Family Planning and Reproductive Health	Child Survival/Maternal Health	HIV/AIDS	Infectious Diseases	Total Global Health Expenditures
Bolivia	13,747	3,078	586	2,485	19,896
Brazil	342	24	4,233	282	4,881
Colombia	-	-	47	64	111
Dominican Republic	2,352	3,295	4,173	112	9,932
Ecuador	1,855	776	18	-	2,649
El Salvador	4,352	7,687	277	301	12,617
Guatemala	5,842	5,687	232	13	11,774
Guyana	-	-	442	-	442
Haiti	4,257	5,484	3,431	574	13,746
Honduras	6,301	3,017	1,455	511	11,284
Jamaica	4,259	16	1,962	-	6,237
Mexico	345	-	1,913	707	2,965
Nicaragua	6,330	8,023	127	39	14,519
Paraguay	2,766	111	27	-	2,904
Peru	10,381	8,627	168	1,573	20,749
Caribbean Regional	-	134	649	-	783
G/CAP	-	-	3,513	334	3,847
Multiple - LAC	880	1,194	2,326	638	5,038
Total LAC	**$64,009**	**$47,153**	**$25,579**	**$7,633**	**$144,374**

Table 9

WORLDWIDE: Global Health Expenditures by Country FY 2002 ($1,000s)

Country	Family Planning and Reproductive Health	Child Survival/Maternal Health	HIV/AIDS	Infectious Diseases	Total Global Health Expenditures
USA*	18,271	4,555	11,034	2,735	36,595
Multiple-Interregional	59,278	67,879	19,397	11,742	158,296
Total Worldwide	**$77,549**	**$72,434**	**$30,431**	**$14,477**	**$194,891**

* *Expenditures included in "USA" represent amounts spent within the United States primarily to support research, global leadership, strategic planning, and new initiatives.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Family Planning and Reproductive Health Overview

Overview of Family Planning and Reproductive Health Expenditures

Since 1965, USAID's family planning and reproductive health (FP/RH) programs have protected the health of children and couples. USAID's support for voluntary family planning and reproductive health services helps couples determine the size of their families and protects maternal and child health by reducing high-risk pregnancies and promoting birth spacing. These services also help prevent the spread of sexually transmitted infections, including HIV/AIDS.

In FY 2002, USAID FP/RH expenditures exceeded $383 million. This was an 8% decrease from their FY 2001 level of $418 million, which marked a five-year high. (As stated earlier, these expenditures reflect funding decisions made in prior years and are not comparable to appropriation or obligation amounts that may appear in other USAID reports.) In FY 2002, the newly developed Child Survival and Health Account became the primary support account for FP/RH programs, replacing FP/RH funding from the Development Assistance account. Additional FP/RH support came from the Economic Support Fund, the Assistance for Eastern Europe and the Balkans account, and the Freedom Support Act.

With $114 million (30%), the ANE region had the most FP/RH expenditures, followed closely by Africa at 28%. The LAC region represented 17% of expenditures, E&E 5%, and worldwide programs 20% (figure 1). Worldwide programs primarily support research, global leadership, strategic planning, and new initiatives. Expenditures in all regions except E&E declined from FY 2001, by 14% in both ANE and Africa and by 19% in LAC. Expenditures in E&E increased 33% from FY 2001.

Mission-managed agreements accounted for $157 million (41%) of expenditures (table 1). Expenditures on centrally managed agreements reached $226 million in FY 2002, or 59% of total FP/RH expenditures. Long-term TA expenditures incurred under centrally managed activities represented 17% of total expenditures. Contraceptives and condoms represented 11%, followed by short-term TA (9%), and sub-agreements (4%). 18% of total expenditures were for other activities such as research, global leadership, strategic planning, new initiatives and other direct and indirect costs incurred to support host country family planning activities (e.g., invitation travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.).

A further breakdown of expenditures finds that nearly three-quarters ($280 million, or 73%) of FP/RH expenditures were for in-country activities. The remaining 27% went to support activities related to global leadership and short-term TA.

USAID FP/RH expenditures in FY 2002 supported 69 country and regional programs in all four USAID regions as well as worldwide initiatives and two sub-regional programs in Africa. The top 20 recipient countries had 57% of FP/RH expenditures (table 2). Bangladesh, India, Egypt, the Philippines, and Bolivia remained the five countries with the highest expenditure levels.

By focus area, family planning services spent the largest portion of FP/RH funds (59%), followed by integrated reproductive health activities (18%), policy, data analysis and evaluation (16%), non-family planning/reproductive health activities (4%), and breastfeeding/family planning (3%) (figure 2). Of the 11 FP/RH activity categories, service delivery (14%) constituted the largest share of expenditures. Training, behavior change/communications, contraceptives and condoms, institutional capacity and management, data collection, monitoring and evaluation, and research each also had at least 10% of total expenditures (figure 3).

Table 1

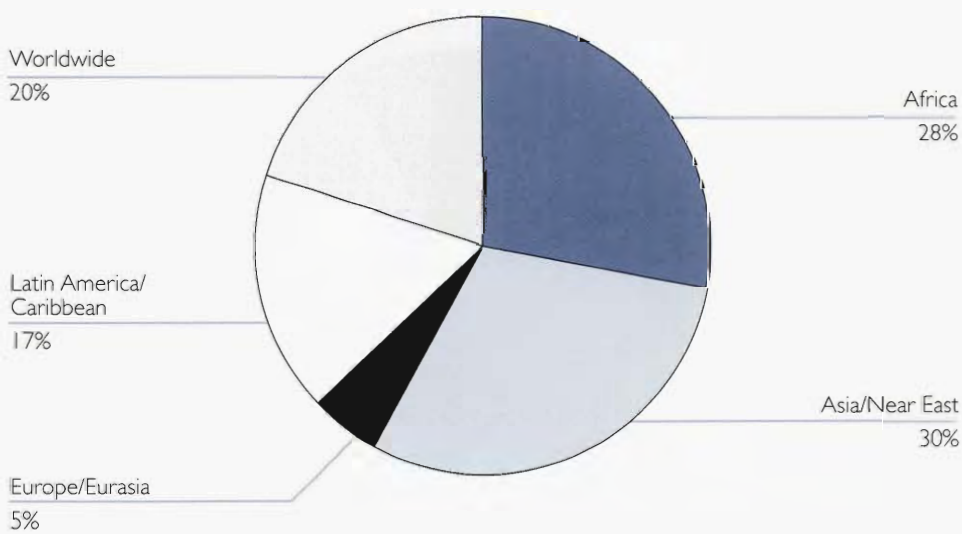
USAID Family Planning and Reproductive Health Expenditures by Region FY 2002 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Africa	52,447	26,226	11,892	17,614	108,179
Asia/Near East	58,790	34,509	5,430	15,787	114,516
Europe/Eurasia	12,404	3,727	2,669	332	19,132
Latin America/Caribbean	33,634	17,059	6,464	6,852	64,009
Worldwide	-	-	77,549	-	77,549
Total	**$157,275**	**$81,521**	**$104,004**	**$40,585**	**$383,385**

* *Contraceptive and condom shipments for family planning activities are estimates based on FY 2001 funding proportions.*

Figure 1

USAID Family Planning and Reproductive Health Expenditures by Region FY 2002

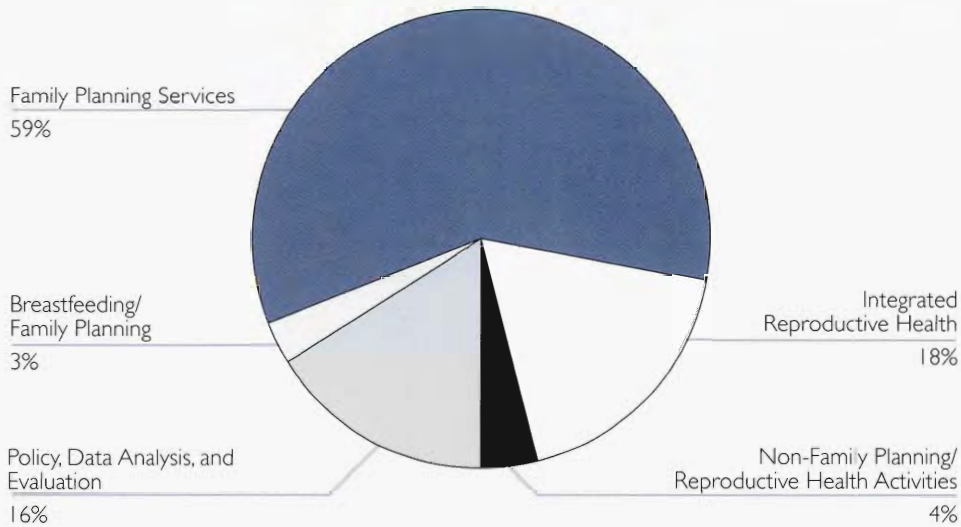


Total: $383.4 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 2

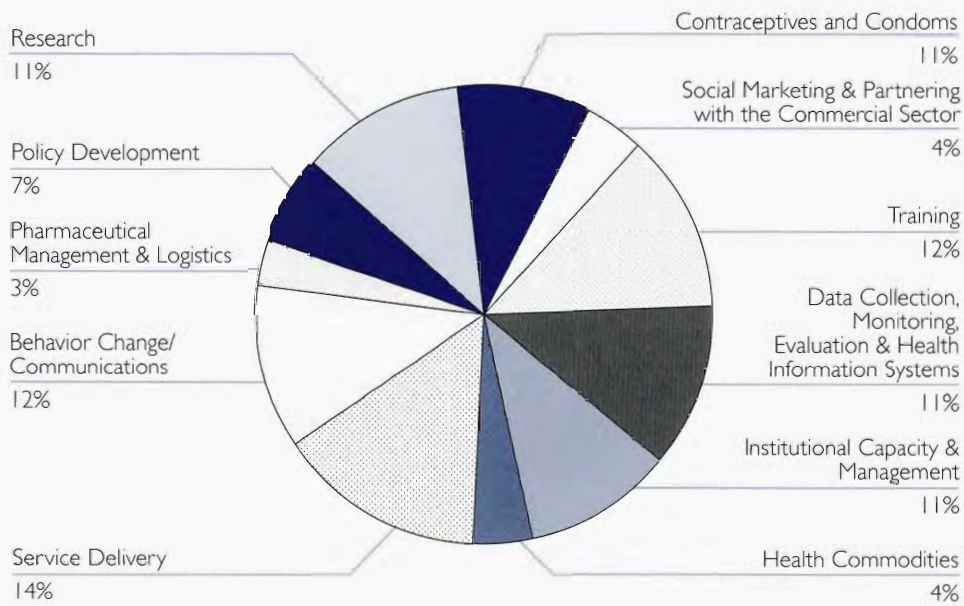
USAID Family Planning and Reproductive Health Expenditures By Focus Area FY 2002



Total: $383.4 million

Figure 3

USAID Family Planning and Reproductive Health Expenditures by Activity FY 2002



Total: $383.4 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

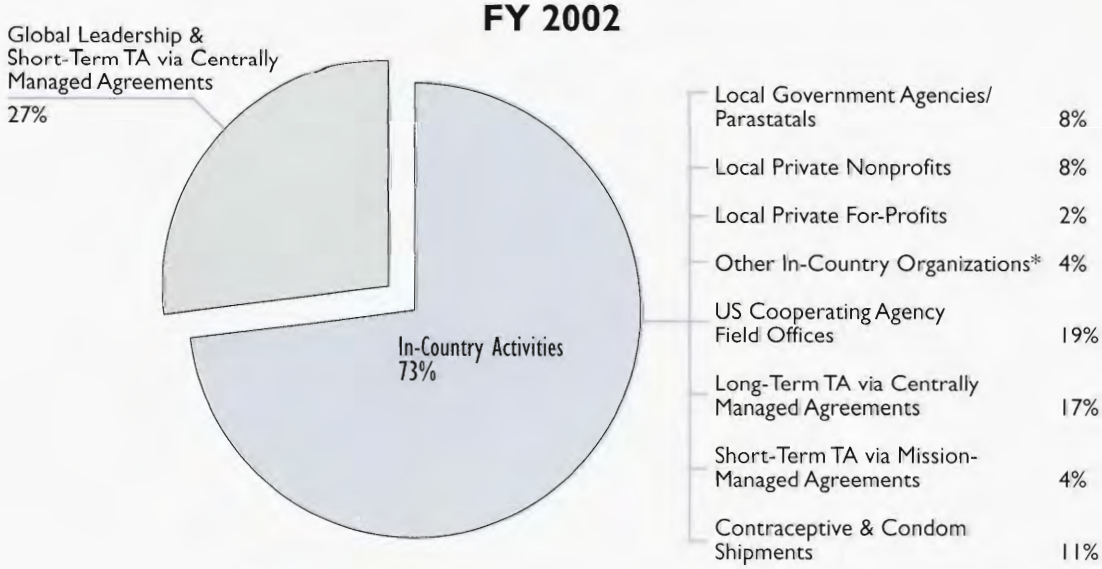
Table 2

Family Planning and Reproductive Health Expenditures FY 2002: Top 20 Countries ($1,000s)

Bangladesh	$28,930
India	16,588
Egypt	16,332
Philippines	14,313
Bolivia	13,747
Ghana	13,397
Jordan	13,185
Peru	10,381
Indonesia	9,895
Mali	8,779
WARP	8,721
Kenya	8,305
Malawi	7,416
Ethiopia	7,138
Nigeria	7,064
Uganda	6,806
Nepal	6,749
Nicaragua	6,330
Honduras	6,301
Tanzania	6,265
Total	**$216,642**

Figure 4

Expenditures on In-Country Activities for Family Planning and Reproductive Health FY 2002



Total: $383.4 million

* *Other in-country organizations may include local universities, local PVOs, and/or the USAID Mission itself.*

The current data collection process does not provide institution breakdowns for U.S. cooperating agencies who enter in sub-agreements with local host-country organizations via Mission-managed activities. Therefore, the percent reported by U.S. cooperating agencies (field and home offices) includes expenditures related to in-country host institutions that are not currently identifiable.

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 3

USAID Family Planning and Reproductive Health Expenditures By Type of Assistance

FY 2002 ($1,000s)

Region	Mission-Managed Agreements**	Centrally Managed Agreements					Total
		Sub-Agreements	Long-Term Technical Assistance	Short-Term Technical Assistance	Contraceptives & Condoms*	Other***	
Africa	52,447	3,715	17,791	9,756	17,614	6,856	108,179
Asia/Near East	58,790	6,408	24,394	6,896	15,787	2,241	114,516
Europe/Eurasia	12,404	553	3,615	1,949	332	279	19,132
Latin America/Caribbean	33,634	3,749	11,843	4,473	6,852	3,458	64,009
Worldwide	-	421	8,731	11,692	-	56,705	77,549
Total	**$157,275**	**$14,846**	**$66,374**	**$34,766**	**$40,585**	**$69,539**	**$383,385**

* *Contraceptive and condom shipments for family planning activities are estimates based on FY 2001 funding proportions.*

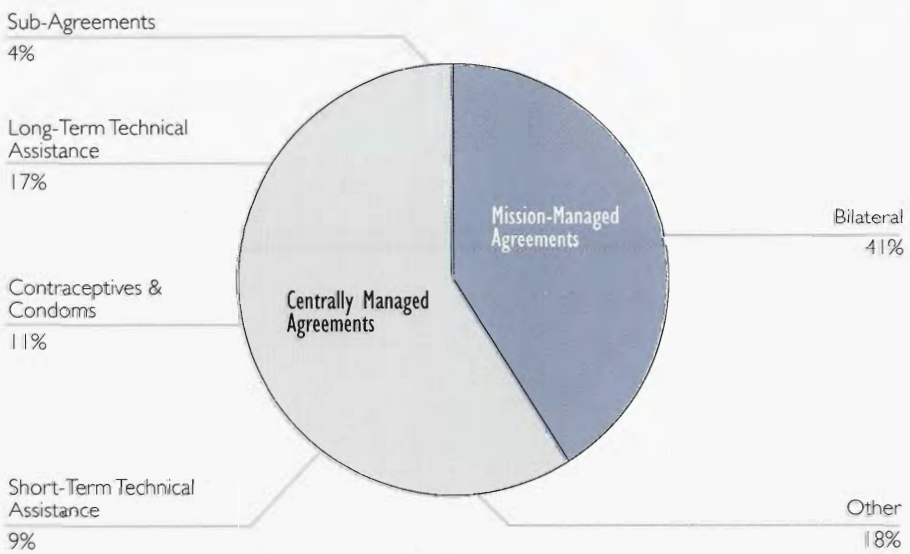
** *The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" column in this table represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.*

*** *The "Other" 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 5

USAID Family Planning and Reproductive Health Expenditures by Type of Assistance

FY 2002



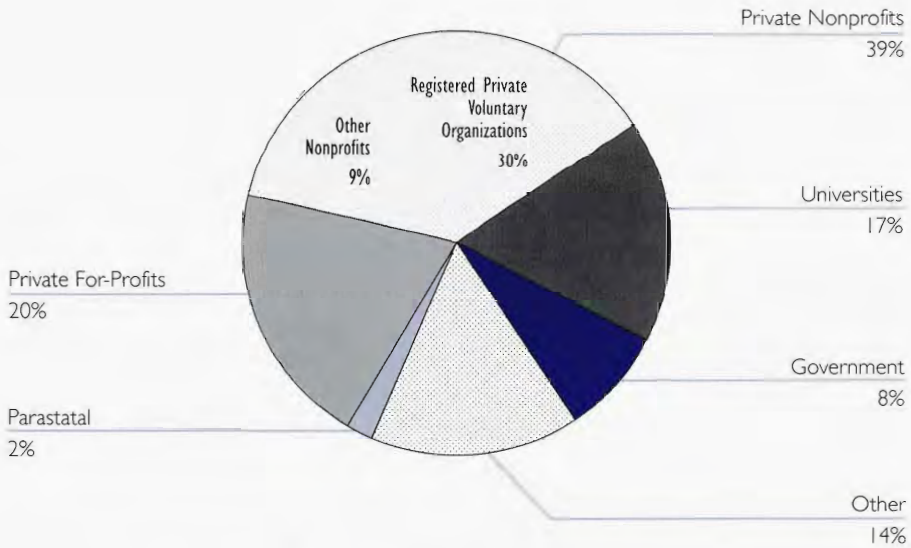
Total: $383.4 million

The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" section of this graph represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.

The "Other" 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).

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

USAID Family Planning and Reproductive Health Expenditures by Type of Implementing Partner FY 2002



Total: $383.4 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 direct agreements 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.

Table 4

AFRICA: Family Planning and Reproductive Health Expenditures by Country

FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Benin	694	1,177	331	369	2,571
Burkina Faso	-	71	68	324	463
Cameroon	-	-	300	1,361	1,661
Cote d'Ivoire	-	1	-	193	194
Congo	-	-	-	28	28
Congo, Dem. Republic of	149	209	28	-	386
Eritrea	1,057	165	-	-	1,222
Ethiopia	3,732	1,427	582	1,397	7,138
Ghana	4,556	4,790	861	3,190	13,397
Guinea	1,861	67	244	54	2,226
Guinea-Bissau	-	-	-	125	125
Kenya	4,089	1,835	2,283	98	8,305
Liberia	140	-	-	520	660
Madagascar	1,384	449	635	1,102	3,570
Malawi	3,381	3,492	165	378	7,416
Mali	5,717	625	132	2,305	8,779
Mozambique	3,230	135	7	363	3,735
Nigeria	2,023	3,375	320	1,346	7,064
REDSO/ESA	506	96	-	-	602
Rwanda	204	399	197	-	800
Senegal	1,437	563	517	503	3,020
South Africa	796	687	75	-	1,558
Tanzania	3,366	1,189	348	1,362	6,265
Togo	-	-	-	923	923
Uganda	3,859	2,172	377	398	6,806
WARP	7,800	921	-	-	8,721
Zambia	2,329	499	300	350	3,478
Zimbabwe	137	72	177	925	1,311
Multiple - Africa	-	1,810	3,945	-	5,755
Total Africa	**$52,447**	**$26,226**	**$11,892**	**$17,614**	**$108,179**

* *Contraceptive and condom shipments for family planning activities are estimates based on FY 2001 funding proportions.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 5

ASIA/NEAR EAST: Family Planning and Reproductive Health Expenditures by Country

FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Bangladesh	14,565	5,132	872	8,361	28,930
Burma (Myanmar)	394	-	-	-	394
Cambodia	1,743	1,590	401	-	3,734
Egypt	11,232	1,441	526	3,133	16,332
India	7,488	7,872	1,228	-	16,588
Indonesia	4,376	5,104	75	340	9,895
Jordan	7,205	5,591	37	352	13,185
Morocco	1,206	1,206	123	-	2,535
Nepal	3,315	2,784	531	119	6,749
Pakistan	-	99	9	-	108
Philippines	6,708	3,101	1,151	3,353	14,313
Sri Lanka	-	36	-	-	36
Thailand	-	-	144	-	144
West Bank/Gaza	558	43	-	16	617
Yemen, Republic of	-	-	80	-	80
Mulitiple - ANE	-	510	253	113	876
TOTAL ANE	**$58,790**	**$34,509**	**$5,430**	**$15,787**	**$114,516**

* *Contraceptive and condom shipments for family planning activities are estimates based on FY 2001 funding proportions.*

Table 6

EUROPE/EURASIA: Family Planning and Reproductive Health Expenditures by Country

FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Albania	598	533	-	46	1,177
Armenia	1,788	916	271	-	2,975
Azerbaijan	607	50	-	-	657
Georgia	1,319	539	-	-	1,858
Kazakhstan	-	-	54	102	156
Kyrgyzstan	31	-	29	-	60
Macedonia	-	70	-	-	70
Moldova	469	-	-	-	469
Romania	1,817	5	298	53	2,173
Russia	2,555	352	143	-	3,050
Tajikistan	-	-	24	-	24
Turkey	-	144	1,562	-	1,706
Turkmenistan	-	17	-	-	17
Ukraine	3,220	432	240	-	3,892
Uzbekistan	-	494	38	131	663
Multiple - E&E	-	175	10	-	185
Total E&E	**$12,404**	**$3,727**	**$2,669**	**$332**	**$19,132**

* *Contraceptive and condom shipments for family planning activities are estimates based on FY 2001 funding proportions.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 7

LATIN AMERICA/CARIBBEAN: Family Planning and Reproductive Health Expenditures by Country

FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms*	Total FP/RH Expenditures
Bolivia	9,050	3,088	868	741	13,747
Brazil	-	157	185	-	342
Dominican Republic	1,037	869	399	47	2,352
Ecuador	675	114	261	805	1,855
El Salvador	2,838	719	525	270	4,352
Guatemala	2,575	1,874	585	808	5,842
Haiti	2,392	1,094	68	703	4,257
Honduras	4,413	1,065	454	369	6,301
Jamaica	2,658	1,075	526	-	4,259
Mexico	-	63	282	-	345
Nicaragua	1,749	3,086	755	740	6,330
Paraguay	1,209	992	389	176	2,766
Peru	5,038	2,347	803	2,193	10,381
Multiple - LAC	-	516	364	-	880
Total LAC	**$33,634**	**$17,059**	**$6,464**	**$6,852**	**$64,009**

* *Contraceptive and condom shipments for family planning activities are estimates based on FY 2001 funding proportions.*

Table 8

WORLDWIDE: Family Planning and Reproductive Health Expenditures by Country

FY 2002 ($1,000s)

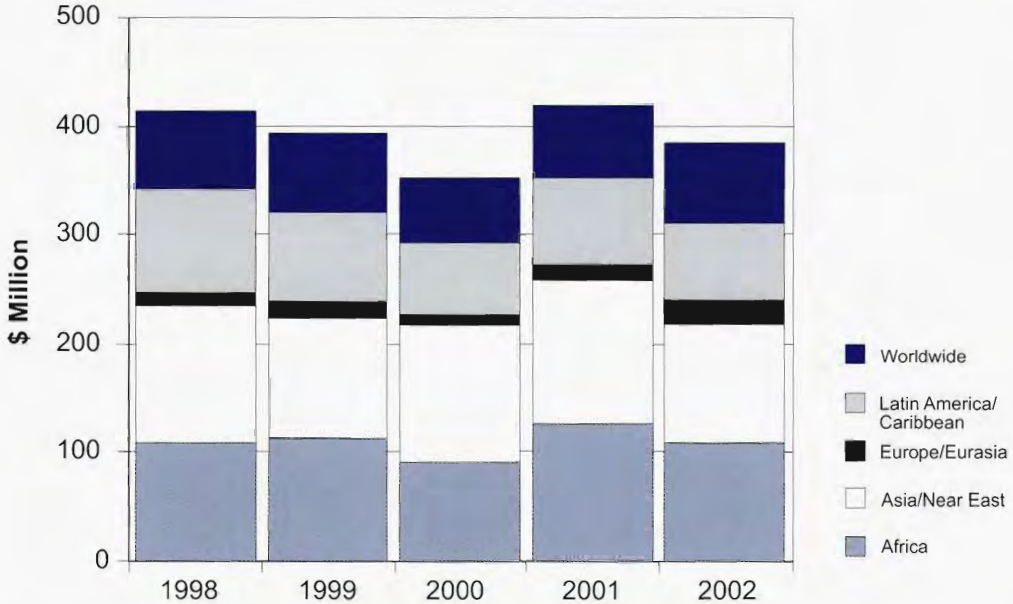
Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Contraceptives & Condoms	Total FP/RH Expenditures
USA*	-	-	18,271	-	18,271
Multiple - International	-	-	59,278	-	59,278
Total Worldwide	**-**	**-**	**$77,549**	**-**	**$77,549**

* *Expenditures included in "USA" represent amounts spent within the United States primarily to support research, global leadership, strategic planning, and new initiatives.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 7

Trends in Family Planning and Reproductive Health Expenditures FY 1998-2002



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

Table 9

Trends in Family Planning and Reproductive Health Expenditures FY 1998-2002: Top 20 Countries ($1,000s)

Bangladesh	$135,989
Philippines	104,385
India	101,216
Egypt	98,633
Peru	67,992
Bolivia	65,033
Ghana	48,201
Kenya	45,634
Uganda	41,306
Mali	38,077
Nepal	35,581
Guatemala	35,252
Indonesia	34,418
Ethiopia	33,883
Haiti	33,707
Tanzania	31,753
WARP	31,560
Nigeria	30,724
Nicaragua	30,354
Jordan	29,801
Total	**$1,073,499**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 10

AFRICA: Trends in USAID Family Planning and Reproductive Health Expenditures FY 1998-2002 ($1,000s)

Country	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Angola	15	-	-	265	-
Benin	1,291	2,237	2,826	2,639	2,571
Botswana	10	-	40	72	-
Burkina Faso	1,133	240	243	57	463
Burundi	(358)*	3	(132)*	23	
Cameroon	2,182	903	1,956	1,162	1,661
Cape Verde	618	155	-	1	-
Central African Rep	2	8	50	-	-
Chad	9	3	3	-	-
Comoros	3	-	2	14	-
Congo	-	93	-	167	28
Congo, Dem. Republic of	-	99	341	1,337	386
Cote d'Ivoire	434	400	8	11	194
Eritrea	979	1,018	8	401	1,222
Ethiopia	4,770	4,277	5,430	12,268	7,138
Gabon	-	5	-	-	-
Gambia	36	36	46	-	-
Ghana	6,451	11,143	6,751	10,458	13,397
Guinea	1,299	4,358	2,083	1,335	2,226
Guinea-Bissau	30	-	-	-	125
Kenya	11,219	11,841	6,797	7,472	8,305
Lesotho	192	41	21	75	-
Liberia	26	42	110	-	660
Madagascar	6,153	5,845	3,666	4,382	3,570
Malawi	4,635	2,470	4,897	4,229	7,416
Mali	9,546	11,158	3,919	4,675	8,779
Mauritania	1	-	-	24	-
Mauritius	7	-	3	-	-
Mozambique	3,889	3,945	3,556	4,979	3,735
Namibia	35	-	10	53	-
Niger	902	758	86	54	-
Nigeria	7,007	4,178	3,886	8,589	7,064
REDSO/ESA	1,941	3,004	1,182	2,284	602
Rwanda	422	155	1,158	5,162	800
Sahel Regional	350	351	238	67	-
Senegal	8,931	6,114	5,446	5,819	3,020
Seychelles	-	-	20	-	-
Sierra Leone	66	95	14	-	-
Somalia	-	-	-	4	-
South Africa	1,164	2,791	2,159	7,854	1,558
Southern Afr Region	-	73	-	-	-
Swaziland	20	3	-	90	-
Tanzania	7,324	6,262	4,557	7,345	6,265
Togo	1,015	514	669	1,056	923
Uganda	7,492	8,205	9,455	9,348	6,806
WARP	2,507	6,616	7,378	6,338	8,721
Zambia	6,208	3,425	4,559	5,064	3,478
Zimbabwe	3,526	4,075	3,177	4,660	1,311
Multiple - AFR	4,392	5,234	3,875	6,066	5,755
Total AFRICA	**$107,874**	**$112,173**	**$90,493**	**$125,898**	**$108,179**

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

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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

ASIA/NEAR EAST: Trends in USAID Family Planning and Reproductive Health Expenditures FY 1998-2002 ($1,000s)

Country	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Bangladesh	26,504	22,795	27,702	30,058	28,930
Burma (Myanmar)	-	-	-	-	394
Cambodia	3,896	5,264	4,127	4,046	3,734
Cook Islands	-	5	-	-	-
Egypt	19,520	12,525	23,908	26,348	16,332
Fiji	-	-	3	3	-
India	23,184	21,306	22,594	17,544	16,588
Indonesia	6,350	9,947	3,269	4,957	9,895
Israel	20	22	-	-	-
Japan	-	-	90	-	13,185
Jordan	7,337	5,521	7,231	9,712	-
Kiribati	-	8	3	2	-
Lebanon	47	-	12	18	-
Malaysia	104	9	3	-	-
Maldives	10	-	-	-	-
Mongolia	-	-	3	1	-
Morocco	9,280	5,355	3,094	3,042	2,535
Nepal	7,948	8,896	4,965	7,023	6,749
Oman	2	-	-	-	-
Pakistan	375	345	-	-	108
Papua New Guinea	4	3	2	-	-
Philippines	18,677	17,541	27,373	26,481	14,313
Solomon Islands	12	11	-	-	-
Sri Lanka	49	47	85	101	36
Thailand	30	-	39	104	144
Tonga	4	3	2	12	-
Tunisia	25	27	-	-	-
Tuvalu	-	-	-	2	-
Vanuatu	4	4	1	-	-
Vietnam	-	111	35	147	-
West Bank/Gaza	-	330	1,556	2,533	617
Western Samoa	13	-	4	-	-
Yemen	2,306	793	369	131	80
Multiple - ANE	1,485	483	963	653	876
Total ANE	**$127,186**	**$111,351**	**$127,433**	**$132,918**	**$114,516**

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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 12

EUROPE/EURASIA: Trends in USAID Family Planning and Reproductive Health Expenditures FY 1998-2002 ($1,000s)

Country	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Albania	453	706	46	308	1,177
Armenia	21	250	1,387	3,221	2,975
Azerbaijan	-	-	174	891	657
Belarus	3	-	16	-	-
Central Asian Reps.	1,171	9	90	6	-
Georgia	28	368	583	971	1,858
Hungary	-	-	-	-	-
Kazakhstan	273	856	1,104	1,531	156
Kyrgyzstan	484	769	31	75	60
Macedonia	-	-	-	-	70
Moldova	1,056	371	-	-	469
Romania	827	1,144	1,351	2,398	2,173
Russia	675	5,205	1,167	1,151	3,050
Tajikistan	160	192	-	30	24
Turkey	3,791	3,271	1,767	1,412	1,706
Turkmenistan	42	184	258	234	17
Ukraine	2,400	2,133	861	1,278	3,892
Uzbekistan	89	342	157	780	663
Multiple - E&E	111	144	69	107	185
Total E&E	**$11,584**	**$15,944**	**$9,061**	**$14,394**	**$19,132**

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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

LATIN AMERICA/CARIBBEAN: Trends in USAID Family Planning and Reproductive Health Expenditures FY 1998-2002 ($1,000s)

Country	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Antigua	13	-	-	-	-
Aruba	5	-	-	-	-
Bahamas	2	-	-	-	-
Belize	1	-	-	6	-
Bolivia	14,951	12,509	8,891	14,935	13,747
Brazil	6,781	3,645	2,311	542	342
Chile	503	231	5	(2)	-
Colombia	187	301	232	36	-
Costa Rica	31	-	34	-	-
Curacao	6	-	-	-	-
Dominica	8	-	-	-	-
Dominican Republic	3,162	4,062	3,068	2,560	2,352
Ecuador	5,303	6,022	4,840	6,546	1,855
El Salvador	4,527	5,646	3,782	4,799	4,352
Grenada	18	-	-	-	-
Guatemala	7,289	6,914	6,170	9,037	5,842
Guyana	-	-	-	16	-
Haiti	8,475	8,604*	5,108	7,263	4,257
Honduras	3,617	4,410	5,391	5,996	6,301
Jamaica	2,445	1,382	1,341	1,656	4,259
Mexico	12,763	4,725	583	528	345
Nicaragua	5,734	3,135	5,698	9,457	6,330
Panama	38	-	-	-	-
Paraguay	2,038	3,185	1,159	2,202	2,766
Peru	14,931	14,205	15,370	13,105	10,381
St. Kitts/Nevis	8	-	-	-	-
St. Lucia	14	5	-	-	-
Suriname	3	-	-	-	-
Trinidad & Tobago	51	-	-	-	-
Uruguay	40	-	-	-	-
Venezuela	35	-	-	-	-
Multiple - LAC	1,459	825	911	633	880
Total LAC	**$94,438**	**$79,806***	**$64,894**	**$79,315**	**$64,009**

* *The difference in the total reported previously for FY 1999 is due to an adjustment to figures for Haiti.*

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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 14

WORLDWIDE: Trends in USAID Family Planning and Reproductive Health Expenditures

FY 1998-2002 ($1,000s)

Country	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
USA*	12,525	15,504	13,709	10,766	18,271
Multiple - International	58,750	59,374	47,120	55,149	59,278
Total Worldwide	**$71,275**	**$74,878**	**$60,829**	**$65,915**	**$77,549**

* *Expenditures included in "USA" represent amounts spent within the United States to support research, global leadership, strategic planning, and new initiatives.*

FP/RH Totals	**$412,357**	**$394,152**	**$352,710**	**$418,440**	**$383,385**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Child Survival/Maternal Health Overview

Overview of Child Survival/Maternal Health Expenditures

Since initiating child survival programs in the 1970s, USAID and its partners have provided lifesaving disease prevention and health services to children and women in developing countries. USAID's child survival and maternal health (CS/MH) programs seek to improve pre-pregnancy and prenatal care, delivery care, and infant and early childhood health interventions.

In FY 2002, USAID's CS/MH expenditures were more than $340 million, a 22% increase from FY 2001. Support for CS/MH activities came from the Child Survival and Health Account, the Economic Support Fund, the Freedom Support Act, and the Assistance to Eastern Europe and the Balkans account. These expenditures reflect funding decisions made in prior years and are not comparable to appropriation or obligation amounts that may appear in other USAID reports.

Regionally, the largest share (31%) of CS/MH expenditures was spent on activities in Africa, followed by ANE (27%), LAC (14%), and E&E (7%). Worldwide programs received 21% of expenditures (figure 1). The top 20 countries received more than half of expenditures, with Egypt alone amounting to 8% and Indonesia 5% (table 2).

Mission-managed projects represented 53% of spending, with the remaining spending occurring through centrally managed agreements. One-third of centrally managed expenditures went to long-term TA activities, while short-term TA activities accounted for 16%. Half of centrally managed expenditures were spent on other activities such as research, global leadership, strategic planning, new initiatives, sub-agreements 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.) (table 3 and figure 5).

In FY 2002, in-country activities represented 71% of CS/MH expenditures. Global leadership and short-term TA via centrally managed agreements accounted for 15% of spending. The remaining 14% of CS/MH funds were expended through the Global Alliance for Vaccines and Immunization (GAVI). Approximately one-third of GAVI resources are used for specific in-country activities, while two-thirds are used to purchase vaccines and supplies for in-country use.

Of the 11 CS/MH focus areas, immunization activities represented the largest share of expenditures (21%). Other focus areas representing more than 10% of expenditures included child survival core activities; maternal health/child survival; maternal health/safe pregnancy; and policy analysis, reform, and systems strengthening (figure 2). Institutional capacity and management, training, and service delivery initiatives together represented nearly half of total expenditures by activity category (figure 3).

Private institutions were the implementing partner for more than half of FY 2002 CS/MH expenditures (private nonprofits for 35% and private for-profits for 24%). International organizations were implementing partners for 23% of expenditures, universities 7%, and U.S. and host-country government agencies 6%. Other institutions were implementing partners for a small portion of CS/MH expenditures (figure 6).

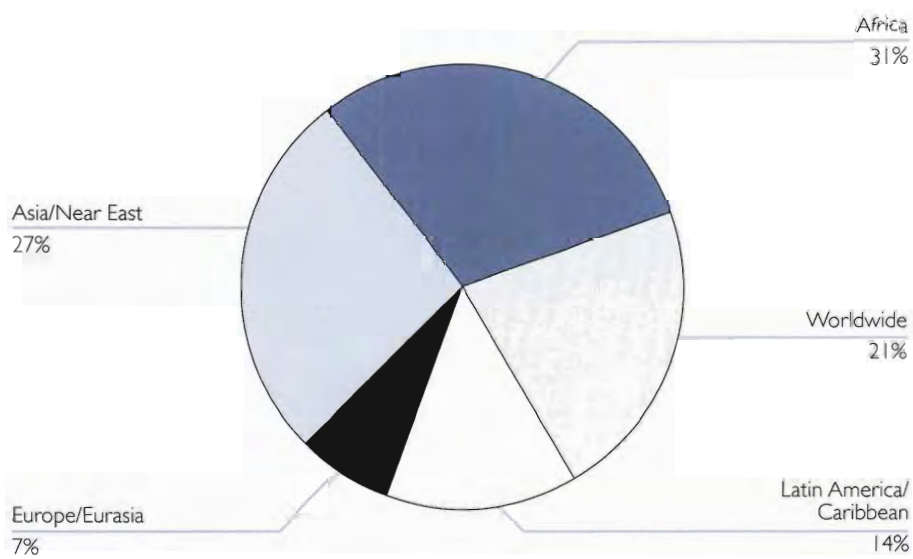
Table 1

USAID Child Survival/Maternal Health Expenditures by Region FY 2002 ($1,000s)

Region	Mission/Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Africa	61,916	36,038	7,990	105,944
Asia/Near East	61,643	19,442	9,189	90,274
Europe/Eurasia	21,460	2,258	1,006	24,724
Latin America/Caribbean	35,972	9,680	1,501	47,153
Worldwide	-	-	72,434	72,434
Total	**$180,991**	**$67,418**	**$92,120**	**$340,529**

Figure 1

USAID Child Survival/Maternal Health Expenditures by Region FY 2002

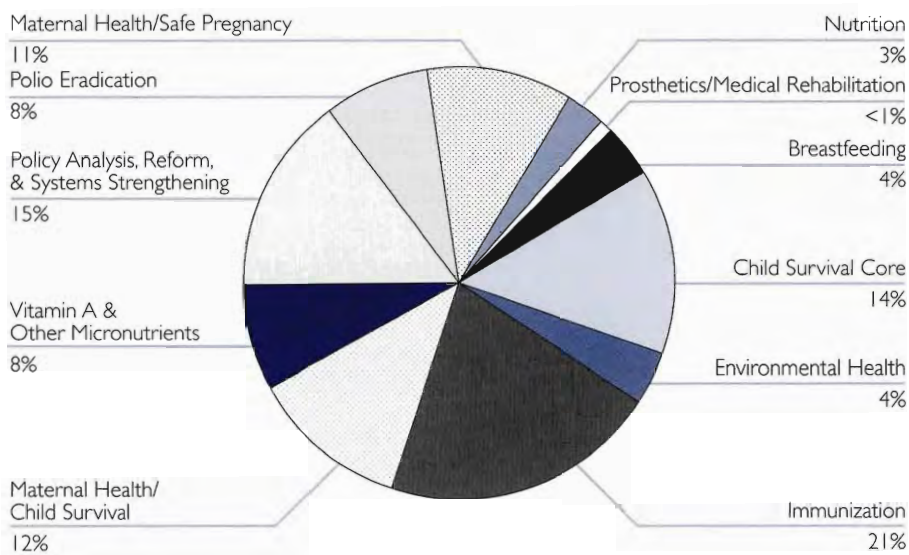


Total: $340.5 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 2

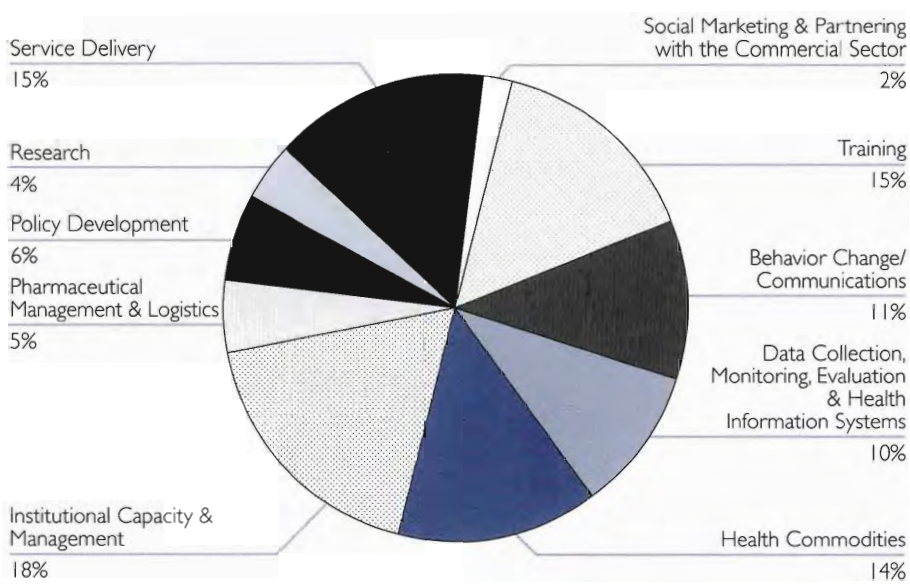
USAID Child Survival/Maternal Health Expenditures by Focus Area FY 2002



Total: $340.5 million

Figure 3

USAID Child Survival/Maternal Health Expenditures by Activity FY 2002



Total: $340.5 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

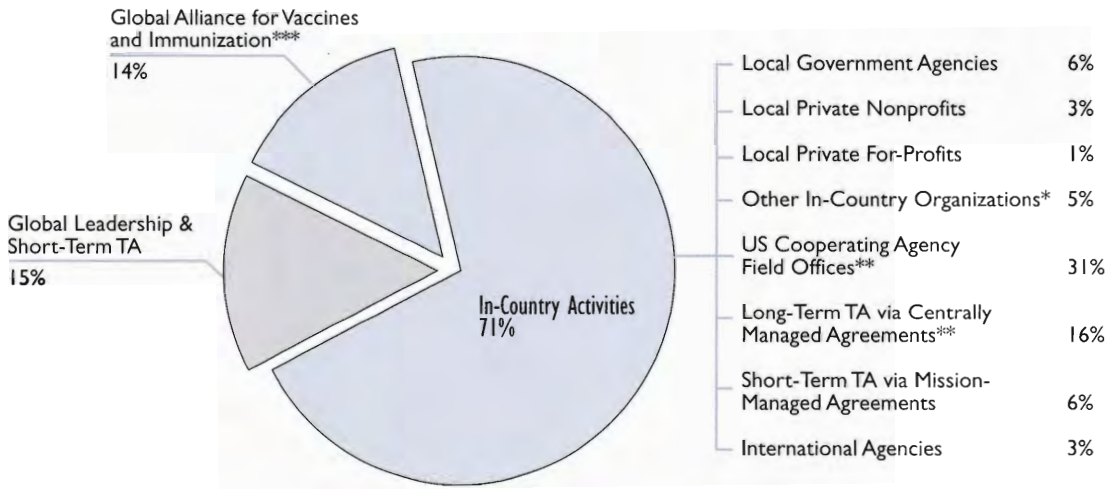
Child Survival/Maternal Health Expenditures
FY 2002: Top 20 Countries ($1,000s)

Egypt	$26,277
Indonesia	17,315
Bangladesh	9,915
Jordan	9,441
Ethiopia	9,019
Peru	8,627
Mali	8,365
Nicaragua	8,023
India	7,995
Ghana	7,939
El Salvador	7,687
Nigeria	6,889
Madagascar	6,594
Mozambique	6,172
Eritrea	6,011
Guatemala	5,687
Uganda	5,496
Haiti	5,484
Senegal	5,137
Uzbekistan	5,110
Total	**$173,183**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 4

Expenditures on In-country Activities for Child Survival/Maternal Health FY 2002



Total: $340.5 million

* *Other in-country organizations may include local universities, local PVOs, and/or the USAID mission itself.*

** *The current data collection process does not provide institution breakdowns for U.S. cooperating agencies who enter into sub-agreements with local host-country organizations via Mission-managed activities. Therefore, the percent reported by U.S. cooperating agencies (field and home offices) includes expenditures related to in-country host institutions that are not currently identifiable.*

*** *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.*

Table 3

USAID Child Survival/Maternal Health Expenditures by Type of Assistance FY 2002 ($1,000s)

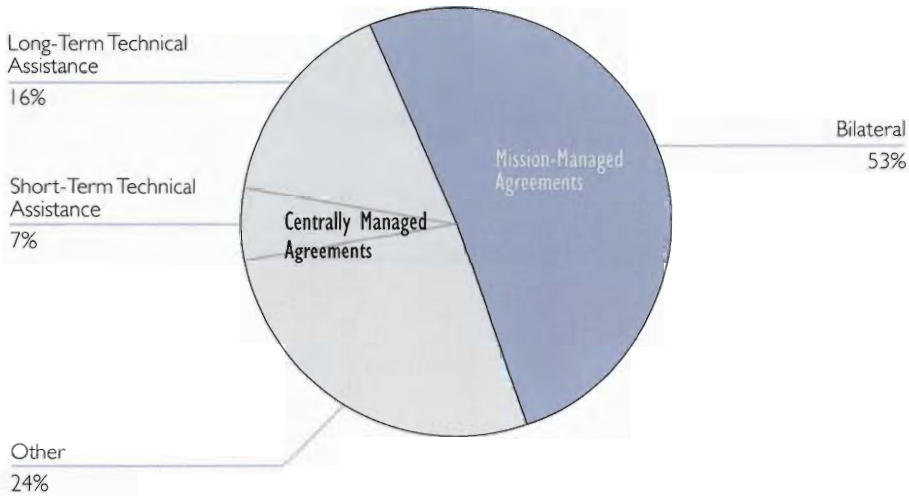
Region	Mission-Managed Projects*	Centrally Managed Agreements			Total CS/MH Expenditures
		Long-Term Technical Assistance	Short-Term Technical Assistance	Other**	
Africa	61,916	22,834	6,557	14,637	105,944
Asia/Near East	61,643	21,953	3,103	3,575	90,274
Europe/Eurasia	21,460	1,848	869	547	24,724
Latin America/Caribbean	35,972	4,844	3,969	2,368	47,153
Worldwide	-	2,039	10,384	60,011	72,434
Total	**$180,991**	**$53,518**	**$24,882**	**$81,138**	**$340,529**

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

** *The "Other" 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 5

USAID Child Survival/Maternal Health Expenditures by Type of Assistance FY 2002



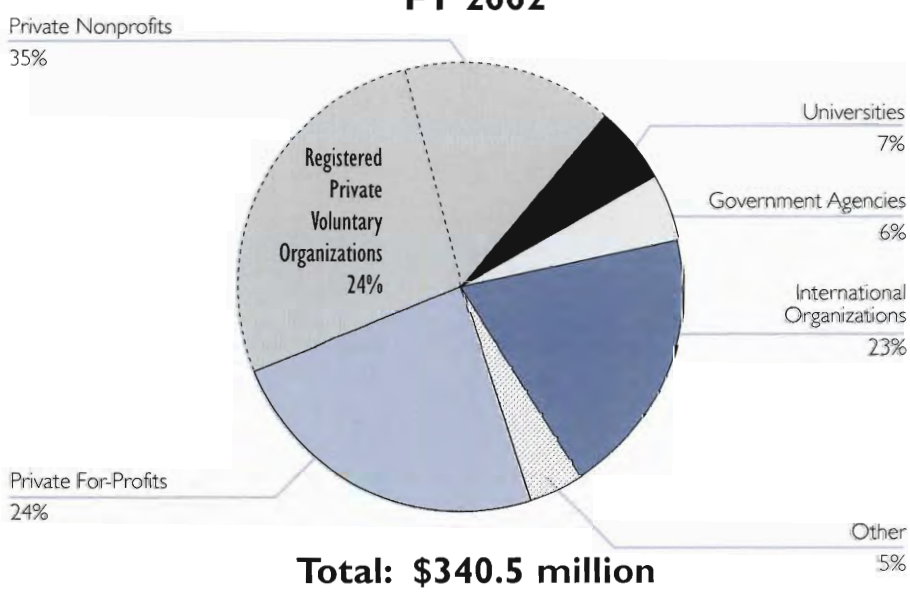
Total: $340.5 million

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

The "Other" 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 6

USAID Child Survival/Maternal Health Expenditures by Type of Implementing Partner FY 2002



Total: $340.5 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 direct agreements 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.

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 4

AFRICA: Child Survival/Maternal Health Expenditures by Country FY 2002 ($1,000s)

Country	Mission/Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Angola	1,450	2,085	28	3,563
Benin	1,671	1,020	365	3,056
Burkina Faso	-	248	-	248
Burundi	-	241	-	241
Cameroon	-	45	-	45
Chad	-	646	-	646
Congo	-	9	307	316
Cote d'Ivoire	-	110	15	125
Congo, Dem. Republic of	2,602	1,668	572	4,842
Eritrea	5,580	394	37	6,011
Ethiopia	5,682	3,276	61	9,019
Ghana	3,329	3,662	948	7,939
Guinea	(2,021)*	735	213	(1,073)*
Kenya	253	945	269	1,467
Liberia	1,491	415	-	1,906
Madagascar	5,604	307	683	6,594
Malawi	3,445	1,033	-	4,478
Mali	7,566	761	38	8,365
Mozambique	5,881	170	121	6,172
Namibia	-	8	-	8
Nigeria	266	6,457	166	6,889
REDSO/ESA	1,055	760	14	1,829
Rwanda	1,139	437	107	1,683
Senegal	3,431	1,693	13	5,137
Sierra Leone	-	40	-	40
Somalia	457	-	8	465
South Africa	4,717	221	55	4,993
Swaziland	-	11	-	11
Tanzania	881	989	113	1,983
Togo	-	20	-	20
Uganda	3,147	2,086	263	5,496
WARP	1,978	566	-	2,544
Zambia	2,312	1,584	465	4,361
Zimbabwe	-	109	-	109
Multiple - Africa	-	3,287	3,129	6,416
Total Africa	**$61,916**	**$36,038**	**$7,990**	**$105,944**

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

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

ASIA/NEAR EAST: Child Survival/Maternal Health Expenditures by Country FY 2002 ($1,000s)

Country	Mission/Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Bangladesh	5,726	2,680	1,509	9,915
Burma (Myanmar)	525	-	-	525
Cambodia	2,645	961	-	3,606
Egypt	25,697	539	41	26,277
India	853	2,831	4,311	7,995
Indonesia	9,202	6,818	1,295	17,315
Jordan	7,390	2,047	4	9,441
Morocco	4,305	383	22	4,710
Nepal	2,415	710	623	3,748
Pakistan	-	32	115	147
Philippines	2,374	1,400	74	3,848
Sri Lanka	39	-	-	39
Thailand	-	-	9	9
Vietnam	100	-	504	604
West Bank/Gaza	372	260	-	632
Multiple - ANE	-	781	682	1,463
Total ANE	**$61,643**	**$19,442**	**$9,189**	**$90,274**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 6

EUROPE/EURASIA: Child Survival/Maternal Health Expenditures by Country FY 2002 ($1,000s)

Country	Mission/Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Albania	-	1,054	-	1,054
Armenia	1,897	317	82	2,296
Azerbaijan	637	16	-	653
Belarus	234	-	-	234
Georgia	1,583	28	-	1,611
Kazakhstan	3,954	-	20	3,974
Kosovo	583	-	-	583
Kyrgyzstan	2,097	8	-	2,105
Moldova	14	3	-	17
Romania	88	24	-	112
Russia	1,576	68	-	1,644
Serbia	635	-	-	635
Tajikistan	941	143	-	1,084
Turkey	-	-	3	3
Turkmenistan	1,007	6	-	1,013
Ukraine	1,486	-	-	1,486
Uzbekistan	4,728	382	-	5,110
Multiple - E&E	-	209	901	1,110
Total E&E	**$21,460**	**$2,258**	**$1,006**	**$24,724**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 7

LATIN AMERICA/CARIBBEAN: Child Survival/Maternal Health Expenditures by Country FY 2002 ($1,000s)

Country	Mission/Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
Bolivia	2,162	615	301	3,078
Brazil	-	-	24	24
Caribbean Regional	134	-	-	134
Dominican Republic	2,866	424	5	3,295
Ecuador	757	9	10	776
El Salvador	6,637	1,040	10	7,687
Guatemala	4,747	860	80	5,687
Haiti	4,949	391	144	5,484
Honduras	1,321	1,694	2	3,017
Jamaica	-	15	1	16
Nicaragua	4,776	2,414	833	8,023
Paraguay	-	111	-	111
Peru	7,623	993	11	8,627
Multiple - LAC	-	1,114	80	1,194
Total LAC	**$35,972**	**$9,680**	**$1,501**	**$47,153**

Table 8

WORLDWIDE: Child Survival/Maternal Health Expenditures by Country FY 2002 ($1,000s)

Country	Mission/Bilateral	Field Support/ MAARD	Central Core	Total CS/MH Expenditures
USA*	-	-	4,555	4,555
Multiple - Interregional	-	-	67,879	67,879
Total Worldwide	**-**	**-**	**$72,434**	**$72,434**

* *Expenditures included in "USA" represent amounts spent within the U.S. primarily to support research, global leadership, strategic planning, and new initiatives.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

HIV/AIDS Overview

Overview of HIV/AIDS Expenditures

From the onset of the global AIDS epidemic, USAID has had a proven record of accomplishment in preventing new HIV infections, providing care and treatment, and addressing the needs of children and families affected by AIDS. In 2001, USAID designed an "expanded response strategy" aimed at improving the ability of developing countries to prevent HIV transmission and provide services to those infected with HIV and others affected by the epidemic. The strategy has been accelerated, and more money and decisionmaking capabilities have been committed to the field to scale up prevention, care, and treatment programs, and to support children affected by HIV/AIDS.

The International Mother and Child HIV Prevention Initiative announced in 2002 seeks to prevent the transmission of HIV/AIDS from mothers to infants and to improve health care delivery. Through a combination of improving care and drug treatment and building health care delivery capacity, this new effort is expected to reach up to 1 million women annually and reduce mother-to-child HIV transmission by 40% within five years in 12 African and Caribbean countries. The Initiative will complement the efforts of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and represents the next essential step in the global struggle against AIDS. It should be noted, however, that the expenditures described in this report do not represent expenditures in support of these expanded activities and new initiatives. Instead, because of the time lag between when funds are provided as obligations and when they are expended at the project level, the expenditures reported here reflect funding decisions of previous years.

FY 2002 HIV/AIDS expenditures totaled $238 million (table 1), an increase of $67 million over FY 2001. At $136 million, expenditures in the Africa region were more than half the total. The seven countries with the highest HIV/AIDS expenditures are all in Africa, with the top four – Uganda, Kenya, Zambia, and South Africa – each spending more than $10 million. The ANE region expended the second largest amount, $36 million, and LAC the third largest amount of $26 million. Europe/Eurasia ($10 million) spent the least. Expenditures for worldwide activities were $30 million.

Mission-managed agreements accounted for 38% of expenditures and centrally managed projects 62%. Centrally managed assistance included long- and short-term TA, sub-agreements, and condom shipments. Just over 50% of expenditures were spent on four activities – behavior change/communications, research, institutional capacity and management, and policy development (figure 3).

In FY 2002, in-country activities represented 73% of HIV/AIDS expenditures (figure 4). Global leadership and short-term TA contributed another 24% of spending. The remaining 3% of HIV/AIDS funds were expended through the International AIDS Vaccine Initiative (IAVI).

The largest portion of expenditures (51%) was for HIV/AIDS prevention activities. Spending for care, treatment, and support activities accounted for 18% of expenditures and prevention of mother-to-child transmission 5%. Policy and surveillance activities represented another 26% (figure 2).

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Table 1

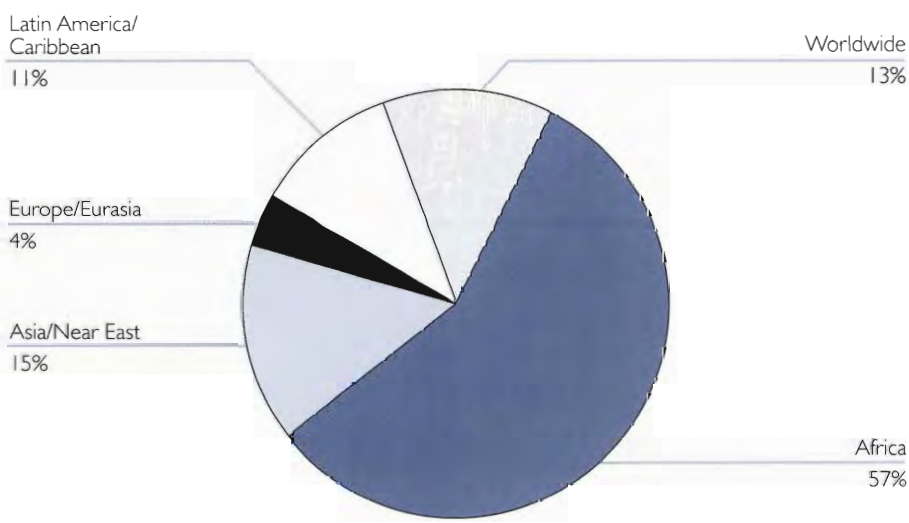
USAID HIV/AIDS Expenditures by Region
FY 2002 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Africa	58,790	49,100	20,482	8,052	136,424
Asia/Near East	14,007	13,497	7,666	579	35,749
Europe/Eurasia	3,980	3,930	1,753	-	9,663
Latin America/Caribbean	13,133	7,978	4,012	456	25,579
Worldwide	-	-	30,431	-	30,431
Total	**$89,910**	**$74,505**	**$64,344**	**$9,087**	**$237,846**

* *Condom shipments for HIV/AIDS prevention are estimates based on FY 2001 funding proportions.*

Figure 1

USAID HIV/AIDS Expenditures by Region
FY 2002

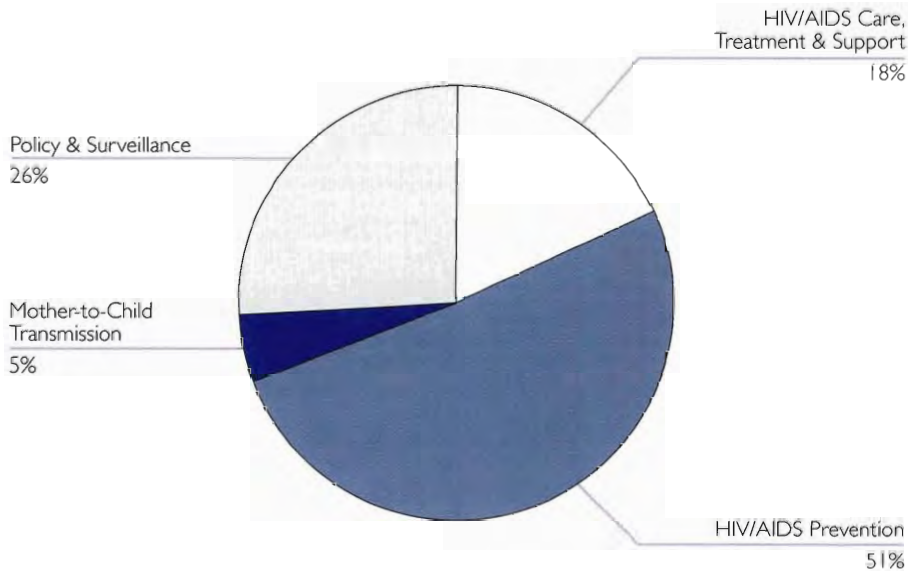


Total: $237.8 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 2

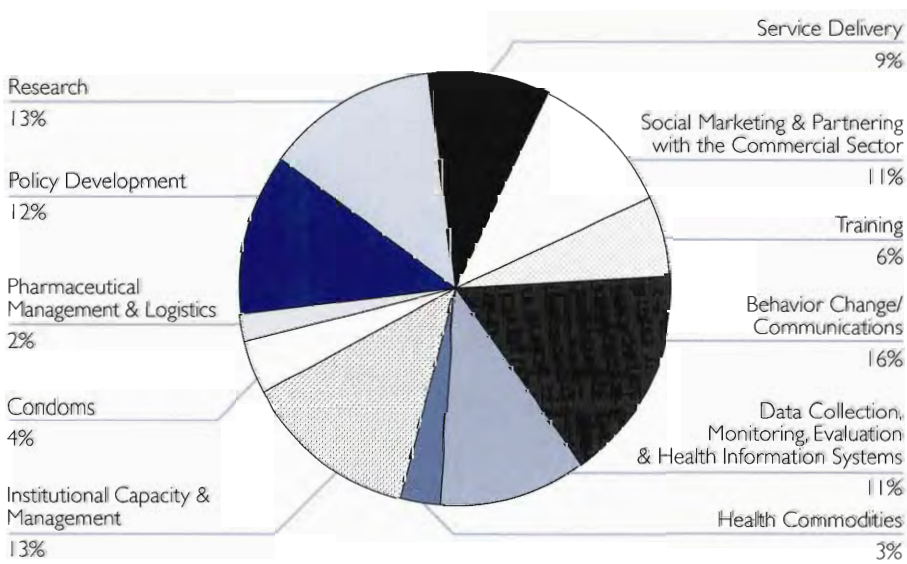
USAID HIV/AIDS Expenditures by Focus Area
FY 2002



Total: $237.8 million

Figure 3

USAID HIV/AIDS Expenditures by Activity
FY 2002



Total: $237.8 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 2

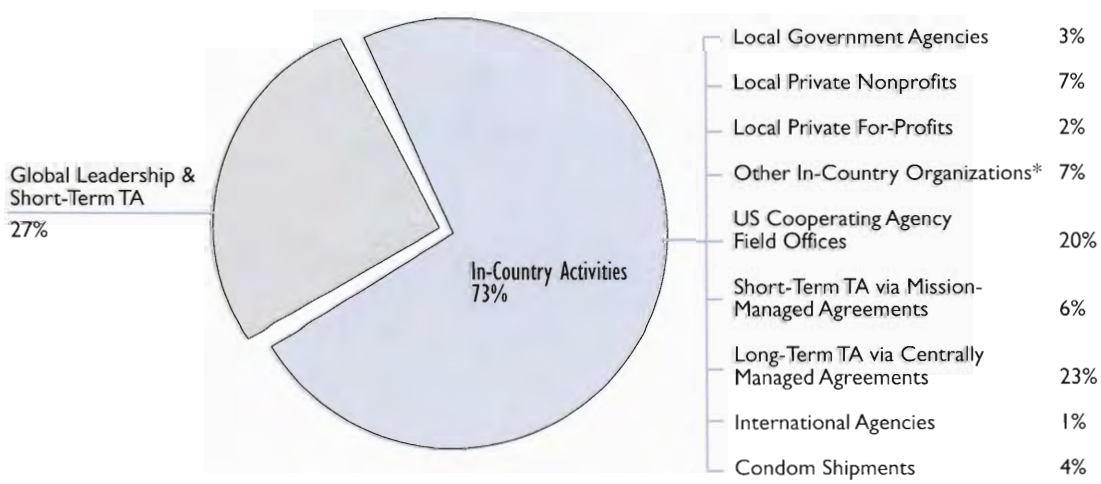
HIV/AIDS Expenditures

FY 2002: Top 20 Countries ($1,000s)

Uganda	$15,522
Kenya	12,807
Zambia	10,969
South Africa	10,451
Malawi	8,030
Nigeria	7,858
Ghana	7,070
WARP	6,525
India	6,357
Ethiopia	6,295
Tanzania	5,904
Mozambique	5,609
Indonesia	5,350
Russia	5,196
Cambodia	4,875
Brazil	4,233
Dominican Republic	4,173
Congo, Dem Republic of	4,148
Zimbabwe	4,094
Nepal	3,867
Total	**$139,333**

Figure 4

Expenditures on In-Country Activities for HIV/AIDS FY 2002



Total: $237.8 million

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

The current data collection process does not provide institution breakdowns for U.S. cooperating agencies who enter in sub-agreements with local host-country organizations via Mission-managed activities. Therefore, the percent reported by U.S. cooperating agencies (field and home offices) includes expenditures related to in-country host institutions that are not currently identifiable.

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 3

USAID HIV/AIDS Expenditures by Type of Assistance FY 2002 ($1,000s)

Region	Mission-Managed Projects**	Centrally Managed Agreements					Total HIV/AIDs Expenditures
		Sub-Agreements	Long-Term Technical Assistance	Short-Term Technical Assistance	Condoms*	Other***	
Africa	58,790	13,160	32,242	12,208	8,052	11,972	136,424
Asia/Near East	14,007	4,716	10,741	2,757	579	2,949	35,749
Europe/Eurasia	3,980	400	2,586	950	-	1,747	9,663
Latin America/Caribbean	13,133	1,205	6,398	2,392	456	1,995	25,579
Worldwide	-	18	1,781	2,938	-	25,694	30,431
Total	**$89,910**	**$19,499**	**$53,748**	**$21,245**	**$9,087**	**$44,357**	**$237,846**

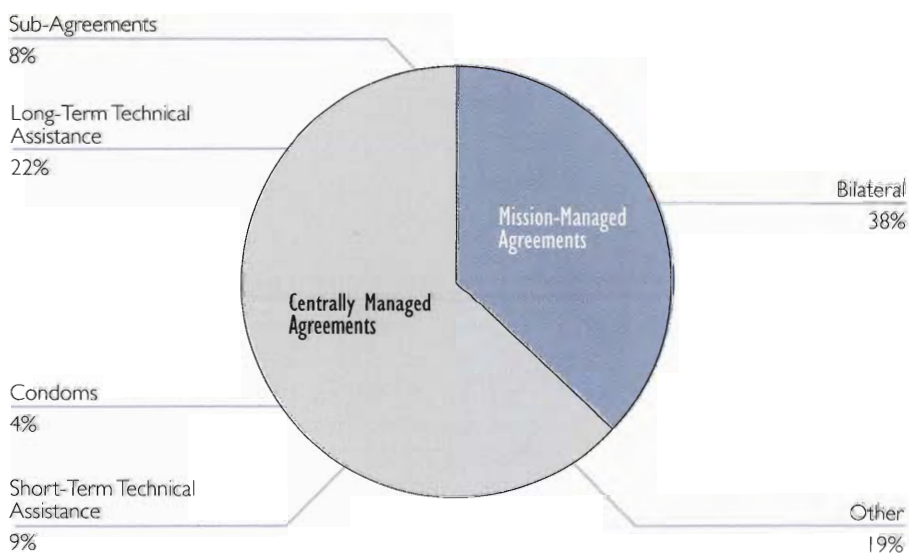
* *Condom shipments for HIV/AIDS prevention are estimates based on FY 2001 funding proportions.*

** *The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" column in this table represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.*

*** *The "Other" 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 5

USAID HIV/AIDS Expenditures by Type of Assistance FY 2002



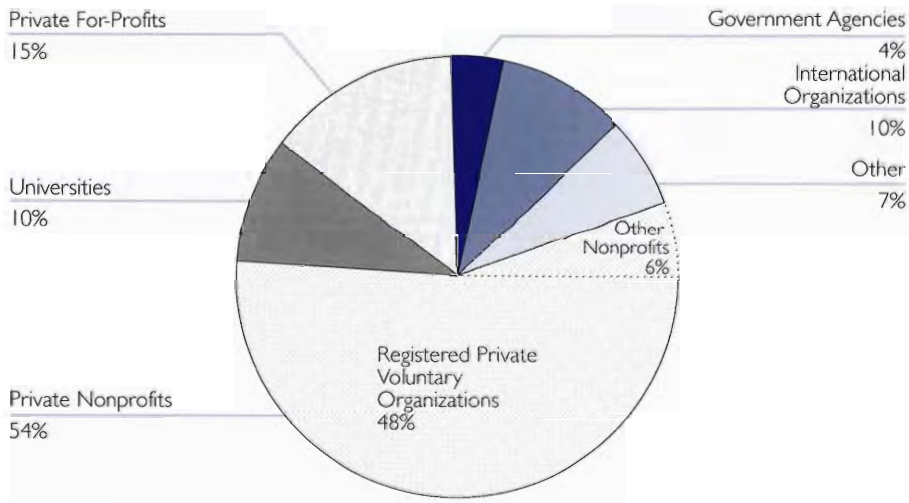
Total: $237.8 million

The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" section of this graph represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.

The "Other" 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).

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

USAID HIV/AIDS Expenditures by Type of Implementing Partner FY 2002



Total: $237.8 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 direct agreements 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.

Table 4

AFRICA: HIV/AIDS Expenditures by Country
FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Angola	66	1,650	219	-	1,935
Benin	1,019	1,506	43	-	2,568
Botswana	-	85	541	-	626
Burkina Faso	-	151	151	-	302
Burundi	-	250	61	-	311
Cameroon	-	59	195	-	254
Cote d'Ivoire	-	491	104	-	595
Congo, Dem. Republic of	254	2,374	38	1,482	4,148
Eritrea	170	974	70	584	1,798
Ethiopia	2,851	625	107	2,712	6,295
Ghana	2,889	2,558	382	1,241	7,070
Guinea	64	138	48	-	250
Kenya	2,312	7,267	3,228	-	12,807
Lesotho	-	209	93	-	302
Madagascar	274	920	255	-	1,449
Malawi	3,390	4,154	419	67	8,030
Mali	1,331	327	27	-	1,685
Mauritania	-	-	22	-	22
Mozambique	4,831	304	278	196	5,609
Namibia	95	594	98	-	787
Nigeria	843	6,664	351	-	7,858
REDSO/ESA & GHAI	330	1,013	-	-	1,343
Rwanda	651	2,596	241	-	3,488
Senegal	2,383	714	443	248	3,788
South Africa	4,238	3,164	2,859	190	10,451
Swaziland	-	103	78	-	181
Tanzania	4,318	1,490	96	-	5,904
Uganda	10,598	2,474	1,118	1,332	15,522
WARP	6,125	400	-	-	6,525
Zambia	6,753	3,052	1,164	-	10,969
Zimbabwe	3,005	339	750	-	4,094
Multiple-Africa	-	2,455	7,003	-	9,458
Total Africa	**$58,790**	**$49,100**	**$20,482**	**$8,052**	**$136,424**

* *Condom shipments for HIV/AIDS prevention are estimates based on FY 2001 funding proportions.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 5

ASIA/NEAR EAST: HIV/AIDS Expenditures by Country FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Bangladesh	356	1,214	63	-	1,633
Burma (Myanmar)	377	-	95	-	472
Cambodia	2,090	2,653	132	-	4,875
Egypt	2,486	87	16	-	2,589
India	1,438	4,085	834	-	6,357
Indonesia	5,225	48	77	-	5,350
Jordan	-	132	-	-	132
Morocco	-	153	125	-	278
Nepal	1,048	2,131	109	579	3,867
Philippines	875	173	80	-	1,128
Sri Lanka	-	-	16	-	16
Thailand	112	213	1,707	-	2,032
West Bank/Gaza	-	1	-	-	1
Multiple - ANE	-	2,607	4,412	-	7,019
Total ANE	**$14,007**	**$13,497**	**$7,666**	**$579**	**$35,749**

* *Condom shipments for HIV/AIDS prevention are estimates based on FY 2001 funding proportions.*

Table 6

EUROPE/EURASIA: HIV/AIDS Expenditures by Country FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Albania	-	11	-	-	11
Armenia	259	108	41	-	408
Azerbaijan	-	69	-	-	69
Central Asian Republics	-	91	-	-	91
Georgia	355	290	13	-	658
Kazakhstan	113	118	86	-	317
Kyrgyzstan	-	-	16	-	16
Moldova	63	1	21	-	85
Romania	206	121	25	-	352
Russia	2,346	2,573	277	-	5,196
Tajikistan	-	-	13	-	13
Turkey	-	-	2	-	2
Turkmenistan	20	4	8	-	32
Ukraine	618	6	98	-	722
Uzbekistan	-	117	39	-	156
Multiple - E&E	-	421	1,114	-	1,535
Total E&E	**$3,980**	**$3,930**	**$1,753**	**-**	**$9,663**

* *Condom shipments for HIV/AIDS prevention are estimates based on FY 2001 funding proportions.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 7

LATIN AMERICA/CARIBBEAN: HIV/AIDS Expenditures by Country FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms*	Total HIV/AIDS Expenditures
Bolivia	581	2	3	-	586
Brazil	1,390	1,970	873	-	4,233
Colombia	-	-	47	-	47
Dominican Republic	3,640	385	148	-	4,173
El Salvador	37	213	27	-	277
Guatemala	25	85	122	-	232
Guyana	49	320	73	-	442
Haiti	1,372	1,633	80	346	3,431
Honduras	725	535	85	110	1,455
Jamaica	1,680	234	48	-	1,962
Mexico	215	1,186	512	-	1,913
Nicaragua	-	116	11	-	127
Paraguay	-	-	27	-	27
Peru	66	44	58	-	168
Caribbean Regional	422	227	-	-	649
G/CAP	2,931	578	4	-	3,513
Multiple - LAC	-	450	1,894	-	2,344
Total LAC	**$13,133**	**$7,978**	**$4,012**	**$456**	**$25,579**

* *Condom shipments for HIV/AIDS prevention are estimates based on FY 2001 funding proportions.*

Table 8

WORLDWIDE: HIV/AIDS Expenditures by Country FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Condoms	Total HIV/AIDS Expenditures
USA*	-	-	11,034	-	11,034
Multiple - Interregional	-	-	19,397	-	19,397
Total Worldwide	**-**	**-**	**$30,431**	**-**	**$30,431**

* *Expenditures included in "USA" represent amounts spent within the U.S. primarily to support research, global leadership, strategic planning, and new initiatives.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Infectious Diseases Overview

Overview of Infectious Diseases Expenditures

As part of its activities in child survival, maternal health, and HIV/AIDS, USAID has a long record of addressing control and prevention of infectious disease (ID). With the support of the U.S. Congress, the Agency launched its Infectious Disease Initiative in 1998 to focus on reducing the threat of infectious diseases, including addressing malaria, tuberculosis, antimicrobial resistance, and building surveillance capacity. USAID continues to be a leader in addressing the threat of infectious diseases by implementing health systems for prevention, treatment, and control.

A significant funding increase for infectious diseases occurred for FY 2002, as total expenditures rose sharply to $87.1 million from $49.7 million in FY 2001. This is likely due to the increase in appropriations for infectious diseases in 2001 from about $84 million in FY 2000 to $140 million in FY 2001. The appropriations for ID programs in FY 2002 also increased substantially from FY 2001 (to $182 million from $140 million), and continued appropriations increases are expected for the years to come. It is important to note, however, that the expenditures reported here reflect funding decisions of prior years and are not comparable to appropriations or obligations amounts that may appear in other USAID financial reports.

Regionally, Africa accounted for the largest portion of ID expenditures (39%), followed by ANE (21%), E&E (14%), and LAC (9%). Worldwide expenditures, such as organizational partnerships like the Global TB Facility of the STOP TB Partnership, accounted for 17% (figure 1). The top 20 countries had 51% of expenditures. Egypt again ranked at the top with $10.9 million (almost double its FY 2001 spending), followed by Russia with $3.8 million. Of the top 20 countries, 11 were in Africa, four in ANE, three in E&E, and two in LAC (table 2).

Mission-managed projects represented 40% of spending, with the remaining 60% occurring through centrally managed agreements and consisting of long-term TA (25%), short-term TA (10%), sub-agreements (3%), and other activities such as research, study and observation tours, and travel (22%) (figure 5).

Among the priority focus areas, the largest portion (31%) of FY 2002 expenditures was for prevention, control, and treatment of malaria, including activities to address drug-resistant strains. TB-related activities, emphasizing implementation of the "directly observed treatment, short course," or DOTS approach, accounted for 25% of expenditures. Surveillance and response expenditures amounted to 15% of total expenditures, while activities addressing antimicrobial resistance represented about 10%. Activities to prevent, control, or treat other significant infectious diseases (such as dengue, meningitis, and leishmaniasis) accounted for 19% of expenditures (figure 2).

Private institutions were the implementing partner for more than half of FY 2002 expenditures (private nonprofits for 39% and private for-profits for 14%). U.S. and host-country government agencies were implementing partners for 29% of ID expenditures, international organizations 11%, universities 4%, and other institutions 3% (figure 6).

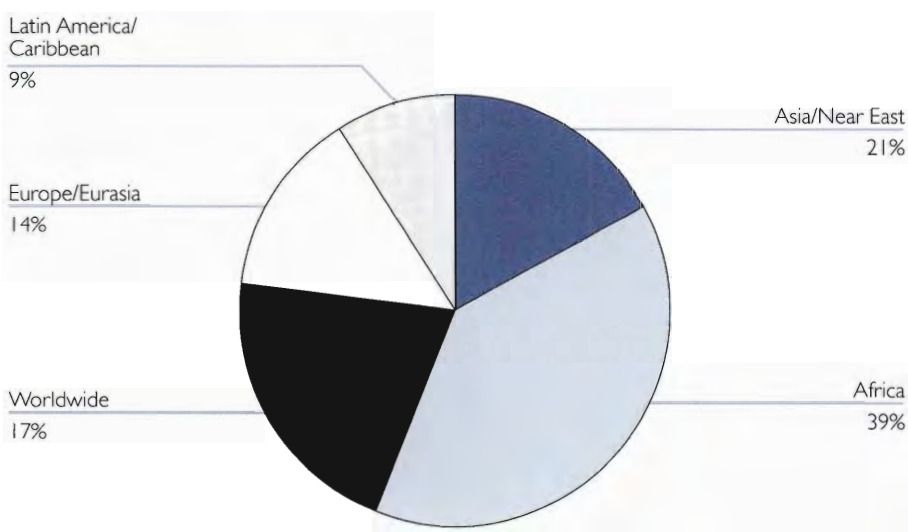
Table 1

USAID Infectious Diseases Expenditures by Region
FY 2002 ($1,000s)

Region	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Africa	8,015	13,256	13,312	34,583
Asia/Near East	11,982	4,490	1,864	18,336
Europe/Eurasia	9,295	2,561	249	12,105
Latin America/Caribbean	5,162	1,791	680	7,633
Worldwide	-	-	14,477	14,477
Total	**$34,454**	**$22,098**	**$30,582**	**$87,134**

Figure 1

USAID Infectious Diseases Expenditures by Region
FY 2002

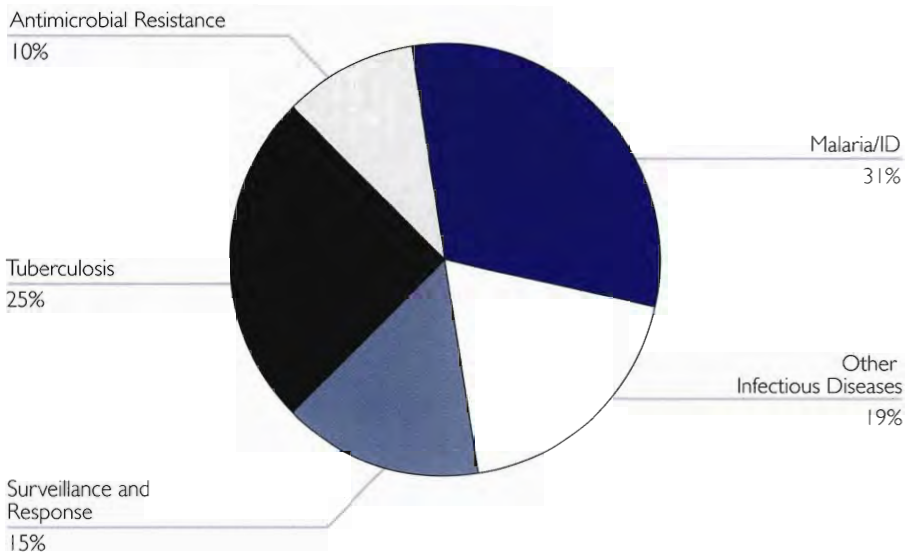


Total: $87.1 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Figure 2

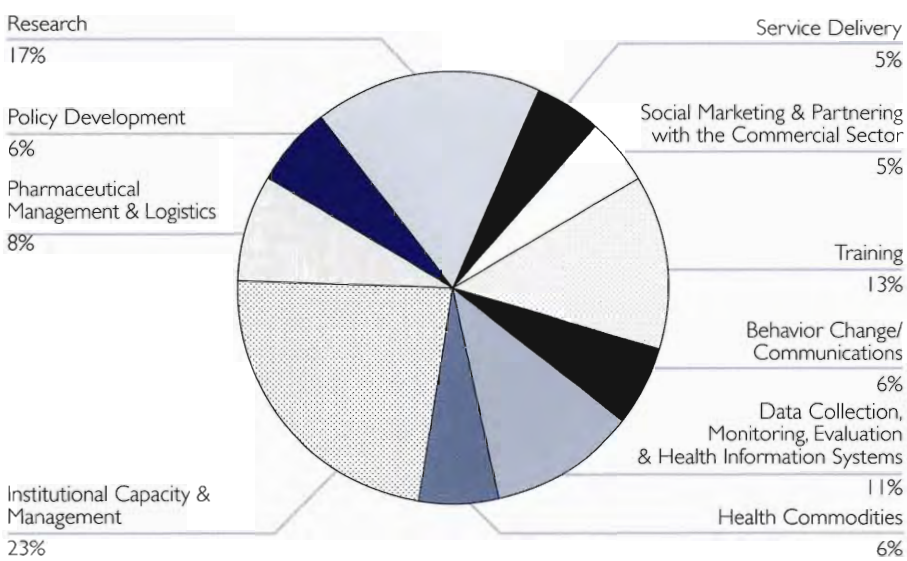
USAID Infectious Diseases Expenditures by Focus Area FY 2002



Total: $87.1 million

Figure 3

USAID Infectious Diseases Expenditures by Functional Activity FY 2002



Total: $87.1 million

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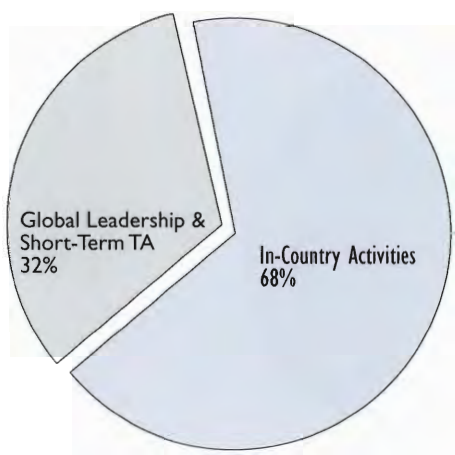
Table 2

Infectious Diseases Expenditures
FY 2002: Top 20 Countries ($1,000s)

Egypt	10,901
Russia	3,878
Zambia	3,274
Ghana	2,758
Bolivia	2,485
Senegal	2,176
Uganda	1,993
Armenia	1,906
Nigeria	1,886
Congo	1,658
Peru	1,573
India	1,494
Congo, Dem. Republic of	1,322
South Africa	1,276
Mozambique	1,224
Nepal	1,213
Eritrea	1,046
Georgia	1,022
Philippines	921
Kenya	811
Total	**$44,817**

Figure 4

Expenditures on In-Country Activities for Infectious Diseases
FY 2002



Local Government Agencies	16%
Local Private Nonprofits	3%
Local Private For-Profits	2%
Other In-Country Organizations*	4%
US Cooperating Agency Field Offices	11%
Long-Term TA via Centrally Managed Agreements	25%
Short-Term TA via Mission Managed Agreements	6%
International Agencies	1%

Total: $87.1 million

* *Other in-country organizations may include local universities, local PVOs, and/or the USAID Mission itself.*

The current data collection process does not provide institution breakdowns for U.S. cooperating agencies who enter into sub-agreements with local host-country organizations via Mission-managed activities. Therefore, the percent reported by U.S. cooperating agencies (field and home offices) includes expenditures related to in-country host institutions that are not currently identifiable.

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 3

USAID Infectious Diseases Expenditures by Type of Assistance FY 2002 ($1,000s)

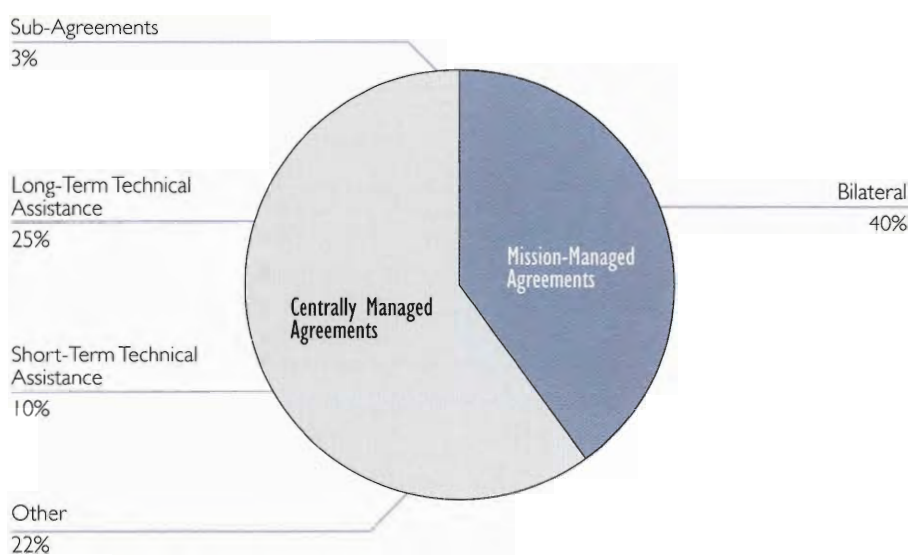
Region	Mission-Managed Agreements*	Centrally Managed Agreements				Total
		Sub-Agreements	Long-Term Technical Assistance	Short-Term Technical Assistance	Other**	
Africa	8,015	2,468	12,640	2,224	9,236	34,583
Asia/Near East	11,982	73	2,727	1,667	1,887	18,336
Europe/Eurasia	9,295	146	1,775	536	353	12,105
Latin America/Caribbean	5,162	136	1,722	500	113	7,633
Worldwide	-	19	2,855	4,141	7,462	14,477
Total	**$34,454**	**$2,842**	**$21,719**	**$9,068**	**$19,051**	**$87,134**

* *The values for Mission-managed agreements include all expenditures via bilateral projects, including all expenditures incurred under sub-agreements. The "Sub-Agreements" column in this table represents expenditures incurred via sub-agreements with local in-country partners under centrally managed projects.*

** *The "Other" category includes those expenditures that could not be accounted for under the other cost categories. It includes direct and indirect costs incurred to support host-country population, health, and nutrition activities (e.g., invitational travel of LDC personnel, study/observational tours, database management, non-contraceptive commodities, etc.) that were not captured in another cost category.*

Figure 5

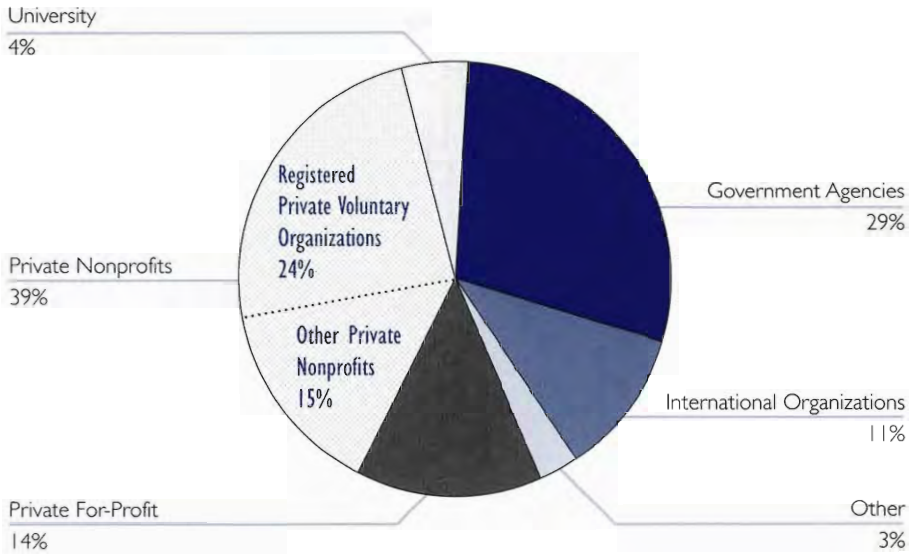
USAID Infectious Diseases Expenditures by Type of Assistance FY 2002



Total: $87.1 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

USAID Infectious Diseases Expenditures By Type of Implementing Partner FY 2002



Total: $87.1 million

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 4

AFRICA: Infectious Diseases Expenditures by Country
FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Angola	-	18	-	18
Benin	314	238	-	552
Burkina Faso	-	67	-	67
Burundi	-	47	-	47
Cameroon	-	28	-	28
Chad	-	14	-	14
Congo	-	52	1,606	1,658
Cote d'Ivoire	-	85	-	85
Congo, Dem. Republic of	459	787	76	1,322
Eritrea	525	518	3	1,046
Ethiopia	169	93	10	272
Ghana	1,790	893	75	2,758
Guinea	-	22	-	22
Kenya	202	599	10	811
Liberia	-	5	-	5
Madagascar	-	218	5	223
Malawi	141	590	15	746
Mali	-	54	5	59
Mozambique	971	117	136	1,224
Namibia	-	6	-	6
Nigeria	-	1,647	239	1,886
REDSO/ESA	70	247	-	317
Rwanda	13	399	-	412
Senegal	382	1,608	186	2,176
Sierra Leone	-	5	71	76
South Africa	697	234	345	1,276
Swaziland	-	9	-	9
Tanzania	17	370	30	417
Togo	-	16	-	16
Uganda	276	1,249	468	1,993
WARP	-	58	-	58
Zambia	1,989	886	399	3,274
Zimbabwe	-	68	3	71
Multiple - Africa	-	2,009	9,630	11,639
Total Africa	**$8,015**	**$13,256**	**$13,312**	**$34,583**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 5

ASIA/NEAR EAST: Infectious Diseases Expenditures by Country FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Bangladesh	-	91	687	778
Burma (Myanmar)	131	-	-	131
Cambodia	194	63	-	257
Egypt	10,632	224	45	10,901
India	202	557	734	1,493
Indonesia	5	58	3	66
Jordan	-	740	-	740
Nepal	-	1,074	139	1,213
Pakistan	-	-	53	53
Philippines	673	187	61	921
Thailand	145	-	5	150
Vietnam	-	-	65	65
West Bank/Gaza	-	43	-	43
Yemen	-	-	18	18
Multiple - ANE	-	1,453	54	1,507
Total ANE	**$11,982**	**$4,490**	**$1,864**	**$18,336**

Table 6

EUROPE/EURASIA: Infectious Diseases Expenditures by Country FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Armenia	1,904	1	1	1,906
Azerbaijan	287	-	-	287
Central Asian Republics	314	-	-	314
Georgia	704	318	-	1,022
Kazakhstan	786	-	-	786
Kyrgyzstan	320	-	-	320
Latvia	-	-	98	98
Moldova	42	8	-	50
Romania	1	5	-	6
Russia	3,541	212	125	3,878
Serbia	-	-	16	16
Tajikistan	469	-	-	469
Turkmenistan	289	-	-	289
Ukraine	270	-	-	270
Uzbekistan	368	63	-	431
Multiple - E&E	-	1,954	9	1,963
Total E&E	**$9,295**	**$2,561**	**$249**	**$12,105**

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Table 7

LATIN AMERICA/CARIBBEAN: Infectious Diseases Expenditures by Country FY 2002 ($1,000s)

Country	Mission/Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
Bolivia	2,434	48	3	2,485
Brazil	19	150	113	282
Colombia	-	-	64	64
Dominican Republic	59	53	-	112
El Salvador	23	265	13	301
Guatemala	-	-	13	13
Haiti	319	235	20	574
Honduras	511	-	-	511
Mexico	304	20	383	707
Nicaragua	-	38	1	39
Peru	1,493	10	70	1,573
G/CAP	-	334	-	334
Multiple - LAC	-	638	-	638
Total LAC	**$5,162**	**$1,791**	**$680**	**$7,633**

Table 8

WORLDWIDE: Infectious Diseases Expenditures FY 2002 ($1,000s)

Country	Mission/ Bilateral	Field Support/ MAARD	Central Core	Total ID Expenditures
USA*	-	-	2,735	2,735
Multiple - Interregional	-	-	11,742	11,742
Total Worldwide	**$0**	**$0**	**$14,477**	**$14,477**

* *Expenditures included in "USA" represent amounts spent within the U.S. primarily to support research, global leadership, strategic plannings, and new initiatives.*

The figures presented in this report represent amounts expended at the project level and are not appropriations or obligation funding.

Annex: Contraceptive & Condom Shipments

Overview of Contraceptive and Condom Shipments

USAID is among the largest international donors of contraceptives and condoms. Since the 1970s, the Agency has provided family planning and reproductive health commodities to countries in its Africa, Asia/Near East, Latin America/Caribbean, and Europe/Eurasia regions. The Commodities 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, and maintains a database on USAID commodity assistance.

USAID's contraceptive and condom shipments are a component of the Agency's larger population and reproductive health program, which seeks to provide high-quality voluntary family planning and reproductive health services to couples in developing countries.

FY 2002 marked the initiation of the Agency's Commodity Fund, which set aside $25 million for procurement, distribution, and programming of condoms in USAID-assisted countries seeking commodities to prevent HIV/AIDS infection. Countries with high HIV/AIDS burdens receive priority for Commodity Fund support. The Commodity Fund has generated increased interest in condoms, and requests for condoms are forecasted to increase in the coming years.

In FY 2002, USAID also finalized new contract arrangements for condom supplies. Under the new contract, condom prices from the manufacturer have fallen significantly, thus enabling the Agency's limited resources to better meet family planning and HIV/AIDS program needs.

This section of this report describes USAID's contraceptive and condom distribution activities in FY 2002. Details include the value and quantities of commodities by USAID region and country, affiliations of recipient organizations, and trends in commodity shipments over the past decade. It should be noted that one-year fluctuations in contraceptive and condom shipments on the regional and country level are not necessarily the result of programmatic shifts. Changes in production and shipment schedules, as well as large variations in year-to-year shipments, may lead to the false appearance of increasing or diminishing activity in some countries. Averaging regional or country-level contraceptive and condom shipments over several years provides a clearer picture of commodity availability and program status.

Worldwide Contraceptive and Condom Shipments

The value of USAID contraceptive and condom shipments worldwide totaled $49.7 million in FY 2002. Shipments reached 48 countries in all four USAID regions – Africa, Asia/Near East (ANE), Latin America/Caribbean (LAC), and Europe/Eurasia (E&E).

In FY 2002, 14 countries received more than $1 million worth of contraceptives and condoms. These countries account for 75% of USAID shipments worldwide. Most of them have long-standing relationships with USAID's family planning and reproductive health program.

The total value of USAID contraceptive and condom shipments decreased 31% between FY 2001 and FY 2002. This decrease followed a 37% increase between FY 2000 and FY 2001, when the value of worldwide shipments reached $71.8 million. Three of the four USAID regions experienced decreases in total shipment values in FY 2002. Shipment values declined by nearly $11 million to the ANE region, $9 million to Africa, and nearly $2 million to LAC.

The decreases in shipment values were mostly due to delayed condom and injectable shipments resulting from manufacturing problems. Increased condom orders coupled with delays in finalizing a new condom manufacturing contract caused postponements in filling some orders that had been planned for the fiscal year. Condom manufacturing has since accelerated, and the backlog of shipments has been reduced at a significantly lower cost than in previous years. USAID's supplier of injectable contraceptives also recently experienced manufacturing and distribution problems, which delayed shipments to field programs. The decrease in injectable shipment values in FY 2002 reflects this and not a change in demand for the product.

The Africa region received 52% of the total value of worldwide USAID contraceptive and condom shipments in FY 2002. ANE (33%), LAC (15%), and E&E (less than 1%) followed Africa in shares of total shipment value.

In USAID's Africa region, the value of contraceptive and condom shipments decreased from $34.6 million in FY 2001 to $25.7 million in FY 2002. This 26% decrease can be attributed in large part to an $8.8 million dollar decrease in condom shipments because of manufacturing delays and contributions from other donors. Despite the decrease, the total shipment value still exceeded annual FY 1996-2000 levels. This contrasts with other regions where FY 2002 contraceptive and condom shipment values are at best stagnant when compared to total shipment values of the last several years.

In FY 2002, the value of contraceptive and condom shipments to ANE was $16.4 million, its lowest level since FY 1997. The 41% decrease from FY 2001 was the largest decrease of any USAID region. The quantity and value of shipments declined for each commodity, with marked declines in value for condoms (from $7.1 million in FY 2001 to $1.2 million in FY 2002) and implants ($1.6 million to $110,000). Both these declines followed large emergency shipments of these commodities in FY 2001 – condoms to Bangladesh to prevent a stockout during a transition to World Bank-funded procurement and implants to Indonesia in response to that country's economic crisis.

With a 20% decrease of $1.9 million from FY 2001, the LAC region had smaller declines than Africa and ANE. The total value of FY 2002 shipments was $7.3 million. Values and quantities decreased for all commodities except oral contraceptives and implants. The value of oral contraceptive shipments increased by nearly $600,000 while implant shipments remained steady. The quantity of oral contraceptives shipped increased by approximately 2.5 million cycles.

The value of contraceptive and condom shipments to E&E more than doubled in FY 2002 to $332,000. All of the increase can be attributed to an increase in condom shipment values from $7,000 in FY 2001 to $275,000 in FY 2002. The values and quantities of all other contraceptives shipped to the region decreased from FY 2001.

The value of oral contraceptive shipments constituted the largest portion (38%) of total worldwide shipment values. Condoms represented 29% of total value, followed by injectables (20%), implants (6%), intrauterine devices (IUDs) (5%), and vaginal foaming tablets (VFTs) (2%). For condoms and oral contraceptives, this distribution by commodity differs from FY 2001, when orals represented 25% of shipment values, and condoms 41%.

The value of condom shipments worldwide ($14.2 million) in FY 2002 was less than half the FY 2001 value. Condom quantities totaled 215 million, also half of FY 2001 levels. The largest decreases were experienced in the Africa and ANE regions, where quantities decreased respectively by 120 million condoms ($8.8 million in value) and 85 million condoms ($5.9 million). The value of injectable shipments decreased 38% to $10.1 million from FY 2001, while the quantity fell 32% to 10.4 million pieces. A return to optimum manufacturing levels will hopefully ameliorate supply shortfalls for condoms and injectable contraceptives.

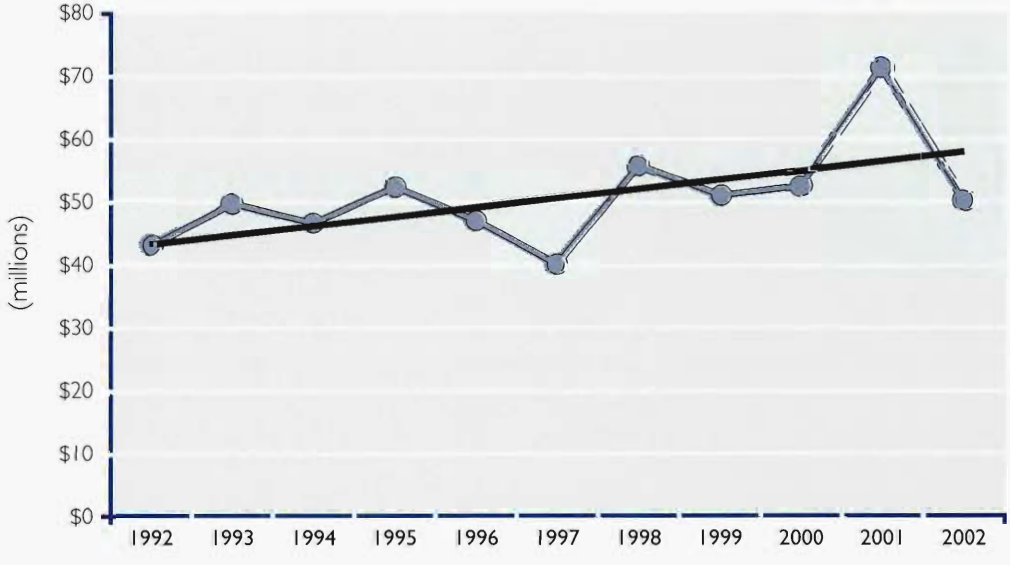
For IUDs, the value and quantity of shipments dropped to $2.6 million and 1.6 million units from $3.8 million and 2.3 million units in FY 2001. Implants values and quantities declined by 21% from FY 2001 to $2.9 million and 116,000 units. The value of oral contraceptives increased by $800,000 in FY 2002, with the number of cycles shipped increasing by 4.6 million. Increased shipment values and quantities to the Africa and LAC regions account for most of the worldwide increase in shipments. USAID did not ship any female condoms in FY 2002.

Figure 1

Trends in Worldwide Contraceptive & Condom Shipments

FY 1992-2002

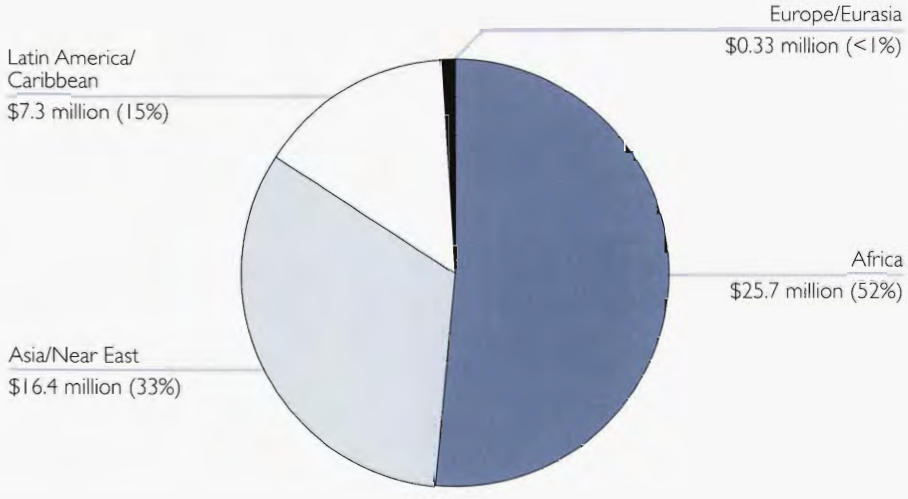
(US$ millions)



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 2

Contraceptive & Condom Shipments by Region
FY 2002

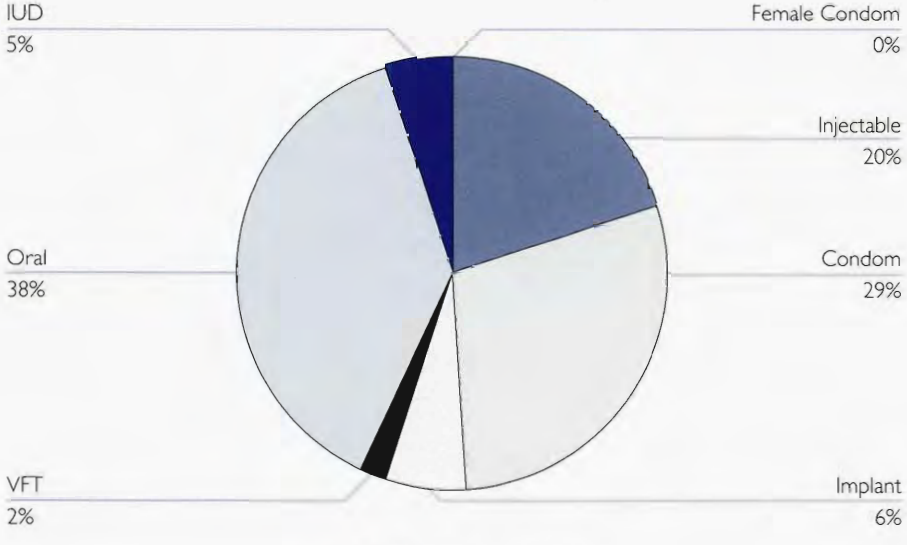


Total: $49.7 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 3

Worldwide Contraceptive & Condom Shipments by Method
FY 2002
(based on US$ value)



Total: $49.7 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Contraceptive and Condom Shipments to Africa

Twenty-five countries in USAID's Africa region received contraceptive and condom shipments in FY 2002, down from 29 countries in FY 2001. The value of these shipments was $25.7 million, down from a 10-year high of $34.6 million in FY 2001. Despite the decrease, FY 2002 values were greater than the annual levels of the late 1990s, when shipment values ranged between $16 million and $20 million.

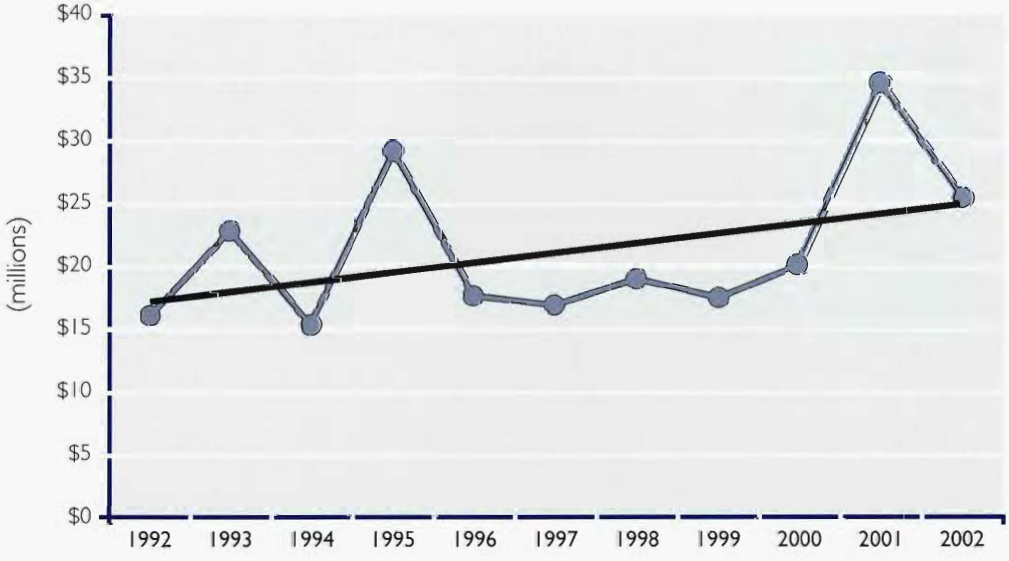
Most of the $9 million decrease in the total shipment value to the region between FY 2001 and FY 2002 can be attributed to the 46% decrease in the value of condom shipments. The value of shipments of injectable contraceptives also decreased by 33% from FY 2001 levels. The value of other contraceptives shipped to Africa increased, with the value of shipments of IUDs increasing 119%, oral contraceptives 11%, VFTs 93%, and implants 36%.

Shipment values to Ghana and Ethiopia were the largest at $4.4 and $4.1 million, respectively, followed by Mali ($2.3 million), Uganda ($1.7 million), and the Democratic Republic of the Congo ($1.5 million). Shipment values to these five countries constituted 55% of the total value of contraceptives and condoms shipped to the region.

In FY 2002, condom shipment values had the largest share (40%) of total shipment value to the region by method. Oral contraceptives (28%), injectables (17%), VFTs (3%), and IUDs (2%) followed condoms in shares of shipment value. Percent shares of value by method changed from FY 2001, with condoms decreasing from 56% of total value, and oral contraceptives rising from 18%. Percent shares of other commodities changed only slightly.

Figure 4

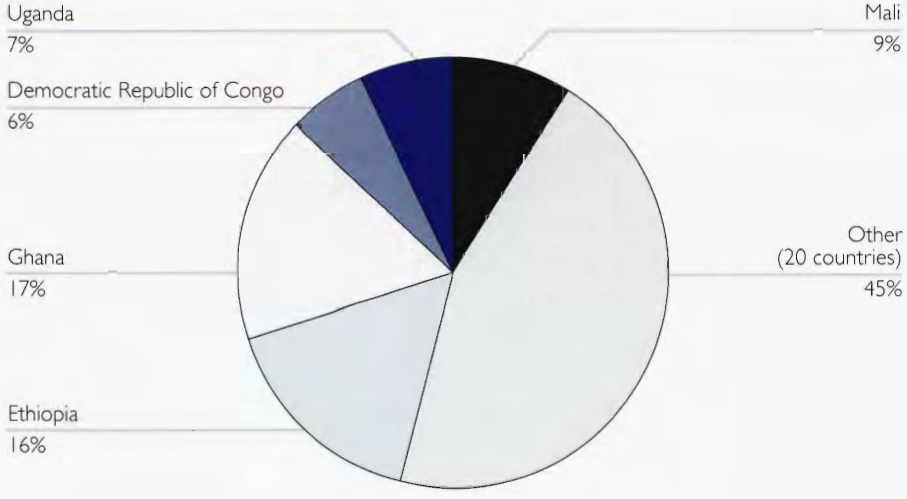
Trends in Contraceptive & Condom Shipments to Africa
FY 1992-2002
(US$ millions)



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 5

Contraceptive & Condom Shipments to Africa
Major Receiving Countries
FY 2002

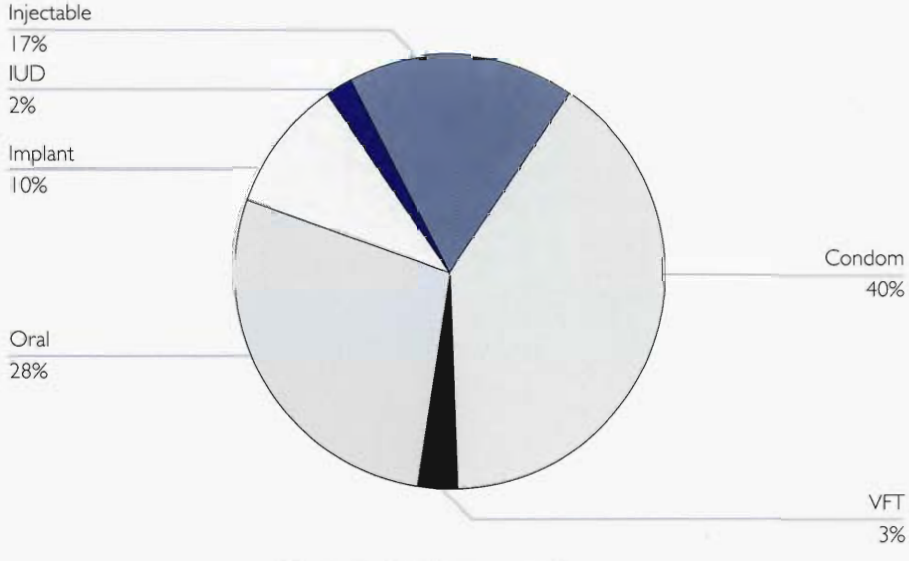


Total: $25.7 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure6

Contraceptive & Condom Shipments to Africa
By Method
FY 2002



Total: $25.7 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Contraceptive and Condom Shipments to Asia/Near East

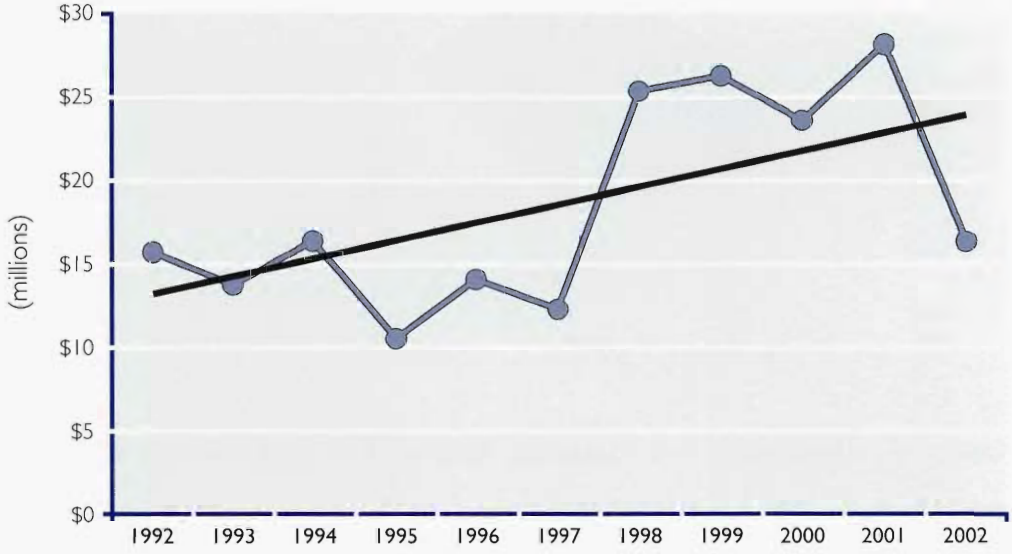
Nine countries in the ANE region received contraceptive and condom shipments valued at $16.4 million in FY 2002. This represents an overall decline in the number of countries from FY 2001 with Fiji, Kirabati, Lebanon, Mongolia, Morocco, Tonga, and Tuvalu no longer receiving shipments and Afghanistan and Vietnam being added to the roster. For Morocco, FY 2001 was the final year of commodity shipments. In FY 2003, USAID's bilateral program with Morocco's Ministry of Health is scheduled to end after more than 30 years of providing assistance. Afghanistan and Vietnam received relatively small amounts of contraceptive and condom shipments valued at $73,000 and $40,000 respectively. Contraceptive and condom shipments to Bangladesh represented more than half of the total shipment value to the region. Egypt and the Philippines also received relatively large shipments, receiving 19% and 20% of the total regional shipment value respectively.

Oral contraceptive shipments to the ANE region reached $9.7 million in value. This represented 59% of the total regional value, up from 36% in FY 2001. The value of condom shipments meanwhile decreased substantially to $1.2 million (7%), down from $7.1 million (25%) in FY 2001. Most of this decline was due to a nearly $5 million decrease in the value of condom shipments to Bangladesh, which now procures nearly all of its condoms with its own funds. Injectables constituted 21% of the total shipment value to ANE in FY 2002, IUDs 12%, and implants 1%.

Shipments to ANE of IUDs, implants, and injectables also declined in FY 2002. The value of IUD shipments decreased 40%, implants 93%, and injectables 41%. A sharp decline in the value and quantity of IUDs to Egypt (from $3.0 million and 1.9 million units in FY 2001 to $1.6 million and 1.0 million units in FY 2002) accounted for most of the drop (both regional and worldwide) in the value of IUD shipments. Shipments of injectables to Egypt also declined significantly from $4.1 million in value (4.0 million units) in FY 2001 to $1.5 million in value (1.8 million units) in FY 2002. Shipments of injectable contraceptives to Nepal also decreased 65% from FY 2001 levels. The value of implant shipments to ANE fell by $1.5 million between FY 2001 and FY 2002, partly because shipments to Indonesia declined in value from $1.6 million in FY 2001 to $78,000 in FY 2002.

Figure 7

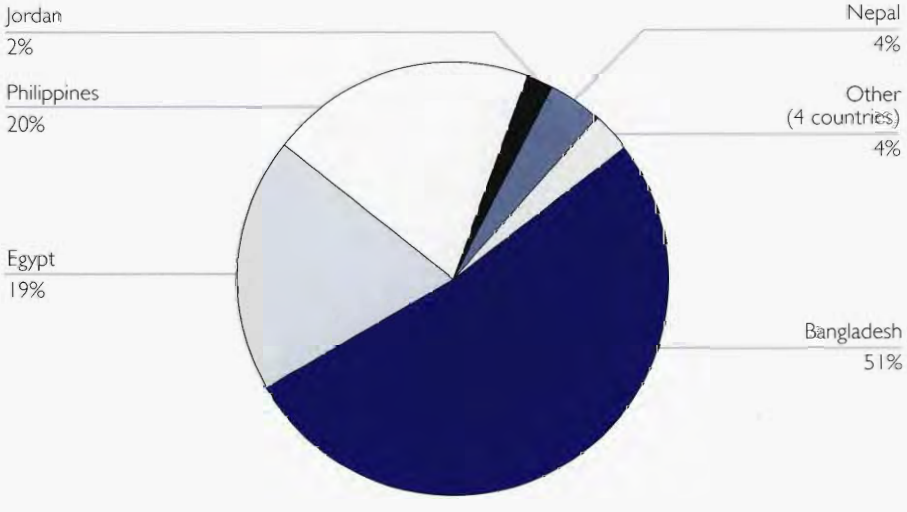
Trends in Contraceptive & Condom Shipments to Asia/Near East
FY 1992-2002
(US$ millions)



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 8

Contraceptive & Condom Shipments to Asia/Near East
Major Receiving Countries
FY 2002

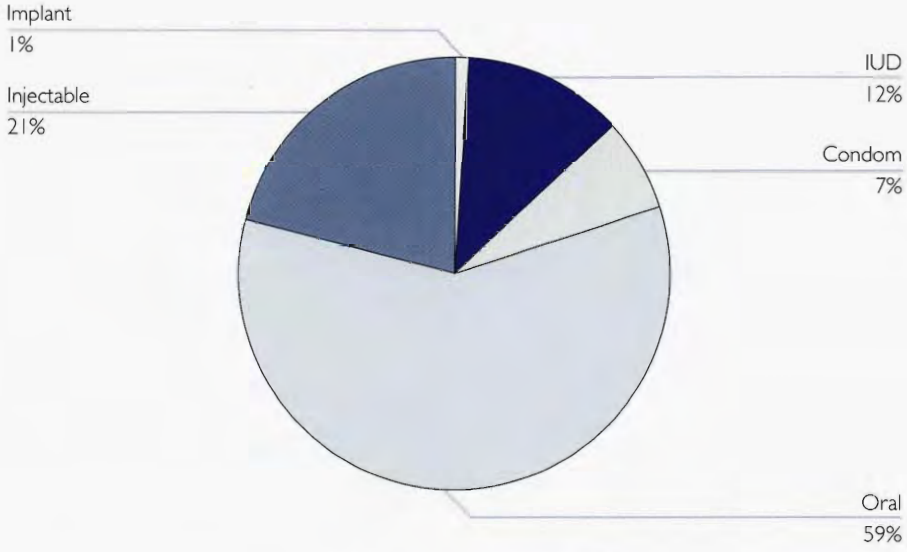


Total: $16.4 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 9

Contraceptive & Condom Shipments to Asia/Near East By Method FY 2002



Total: $16.4 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Contraceptive and Condom Shipments to Latin America/Caribbean

Ten USAID countries in the LAC region received $7.3 million worth of contraceptive and condom shipments in FY 2002. In FY 2001, shipments to the same 10 countries were valued at $9.2 million. Shipments to Peru had the greatest value, $2.2 million (30% of the regional total), an increase from $1.4 million in FY 2001. This increase was a result of increased shipments of oral and injectable contraceptives. Peru's condom and VFT shipments declined, however. Haiti had the second highest shipment value of $1.0 million (14% of the regional total), an increase from about $800,000 the previous year. Increases in IUDs, implants, and injectables accounted for Haiti's increase. Shipment values to Guatemala (11%), Ecuador (11%), and Bolivia (10%) were also large.

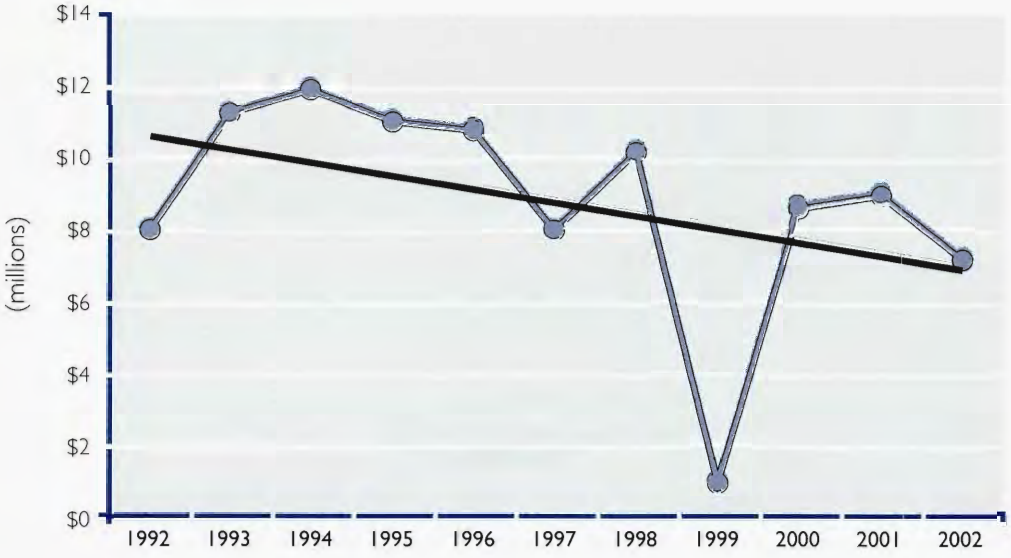
The Dominican Republic, Ecuador, and Paraguay also experienced modest to large gains in shipment values in FY 2002. Ecuador's increase from $430,000 in FY 2001 to $805,000 in FY 2002 is of particular note. This gain was primarily due to a $370,000 increase in the value of condom shipments between FY 2001 and FY 2002, representing an increase from 2.6 million pieces to 8.7 million. The increased shipment values to these countries counterbalance decreased shipment values to Bolivia, El Salvador, Guatemala, Honduras, and Nicaragua. Sharp falls in shipment values occurred in El Salvador (68% decline), Guatemala (66%), and Honduras (61%).

Between FY 2001 and FY 2002, the value of condom shipments to the region decreased from $3.0 million (42 million pieces) to $2.3 million (36 million pieces). IUD values decreased 35% as a result of decreased funding for this commodity in Ecuador, Guatemala, Honduras, and Paraguay. VFTs were down 79% between FY 2001 and FY 2002, as were injectables (40%). Oral contraceptive shipment values increased by 37% (2.5 million cycles), primarily due to large increases in shipments to Peru, Nicaragua, and Honduras. Implant shipment values remained virtually unchanged.

Changes in percent of regional share by method accompanied the changes in the total contraceptive and condom shipment value. Most notably, injectables represented 32% of the total shipment value to the region, down from 44% in FY 2001. With increased oral contraceptive shipments, this method accounted for 30% of the region's total shipment value, up from 17% in FY 2001.

Figure 10

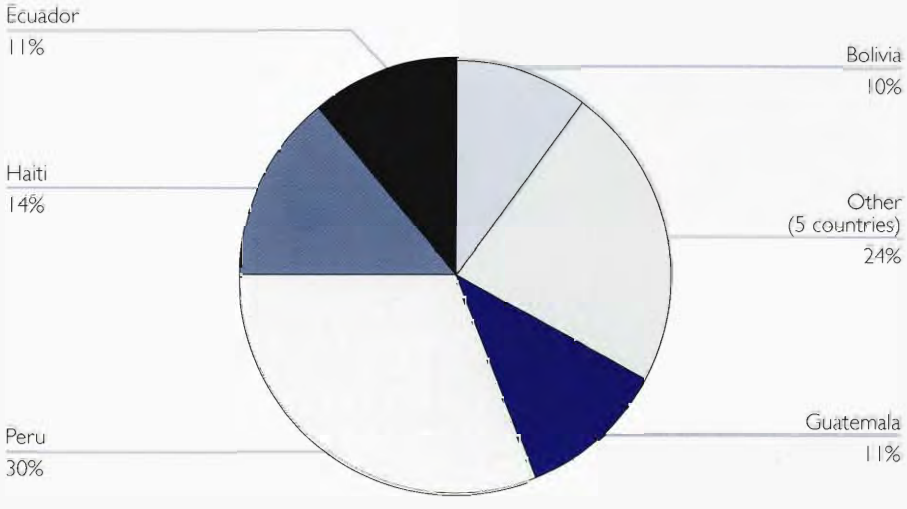
Trends in Contraceptive & Condom Shipments to Latin America/Caribbean
FY 1992-2002
(US$ millions)



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 11

Contraceptive & Condom Shipments to Latin America/Caribbean
Major Receiving Countries
FY 2002

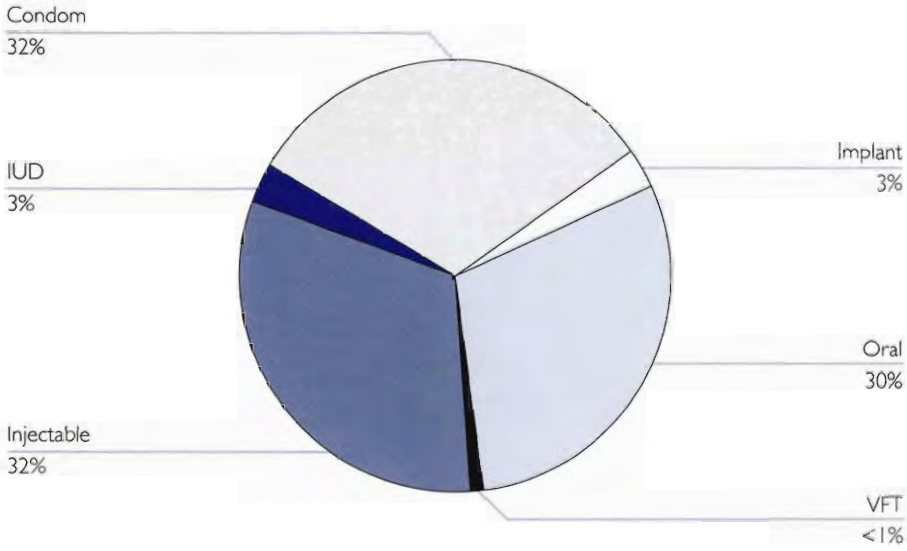


Total: $7.3 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 12

Contraceptive & Condom Shipments to Latin America/Caribbean
By Method
FY 2002



Total: $7.3 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Contraceptive and Condom Shipments to Europe/Eurasia

In FY 2002, the value of USAID contraceptive and condom shipments to E&E reached $332,000, an increase from FY 2000 and FY 2001 levels. Only four countries received shipments: Albania ($46,000 in value), Romania ($53,00), Kazakhstan ($102,000), and Uzbekistan ($131,000). Albania and Kazakhstan were new recipients, and the 152% increase in shipment value to the region can be attributed to their shipments along with increased shipments to Romania and Uzbekistan.

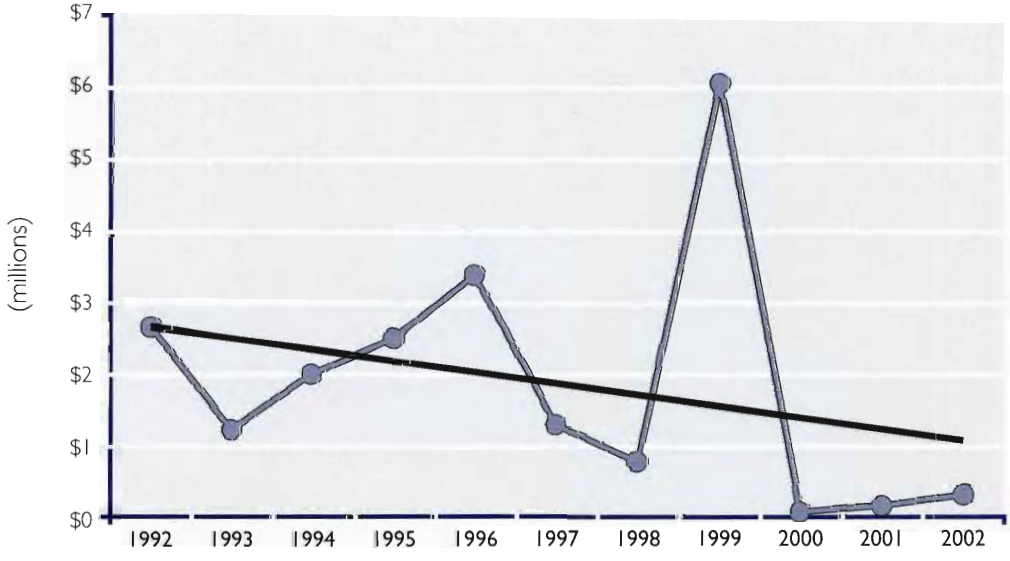
Condom shipments (4.6 million pieces valued at $275,000) represented 83% of the value of regional shipments. Romania was the only country in the region to receive USAID oral contraceptives ($32,000) and injectables ($14,000). Albania and Romania were the only recipients of IUDs.

Figure 13

Trends in Contraceptive & Condom Shipments to Europe/Eurasia

FY 1992-2002

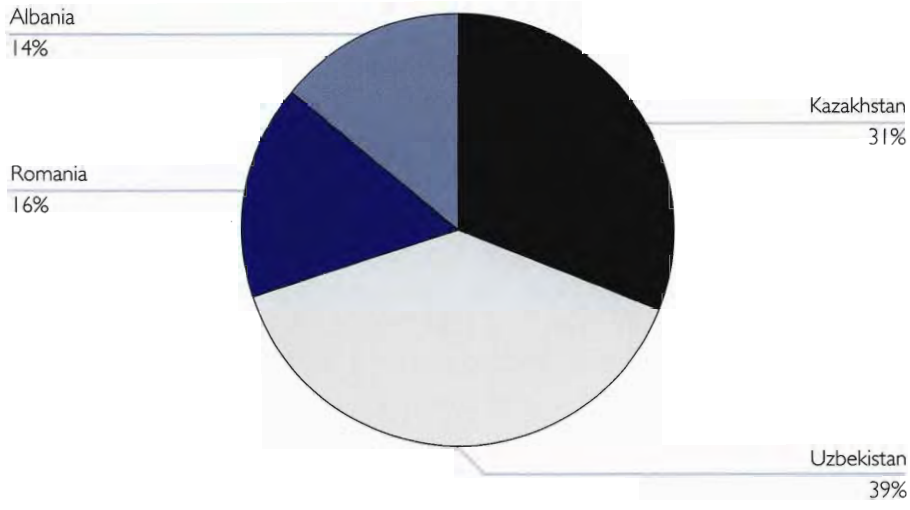
(US$ millions)



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 14

Contraceptive & Condom Shipments to Europe/Eurasia
Major Receiving Countries
FY 2002

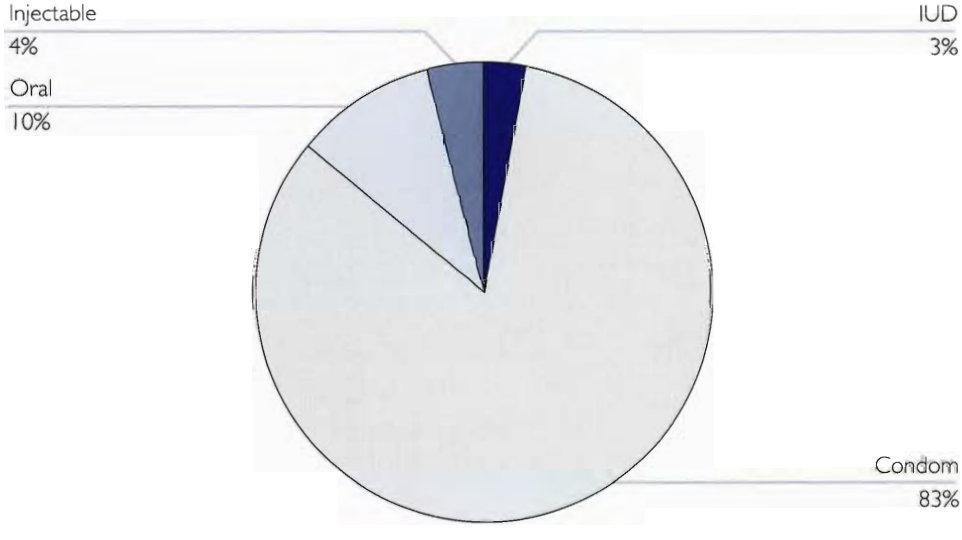


Total: $332,000

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 15

Contraceptive & Condom Shipments to Europe/Eurasia
By Method
FY 2002



Total: $332,000

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Affiliation Report

In FY 2002, social marketing programs were the largest recipients of USAID contraceptives and condoms, receiving 43% of the $49.7 million dollar total shipment value. Social marketing programs replaced government and parastatal programs as the largest recipient, with these programs' share declining from 45% in FY 2001 to 39% in FY 2002. Shipment values to NGOs increased from 11 to 17% of total value between FY 2001 and FY 2002. Contraceptive and condom shipments to disaster relief programs represented 1.0% of the total shipment value. The changes in affiliation percentages are not necessarily programmatic. The percent changes could also reflect manufacturing issues, pipeline problems, contributions from other donors, or whether or not shipments occurred within the fiscal year.

In Africa, shipments to social marketing programs represented 44% of the total value of contraceptive and condom shipments in FY 2002. While this share declined from 56% in FY 2001, it nonetheless reflects the continued strength and success of USAID-sponsored social marketing programs in the region. The NGO share in Africa doubled from 11% in FY 2001 to 22% in FY 2002. Government and parastatal programs received 32% of the total shipment value and disaster relief programs 2%.

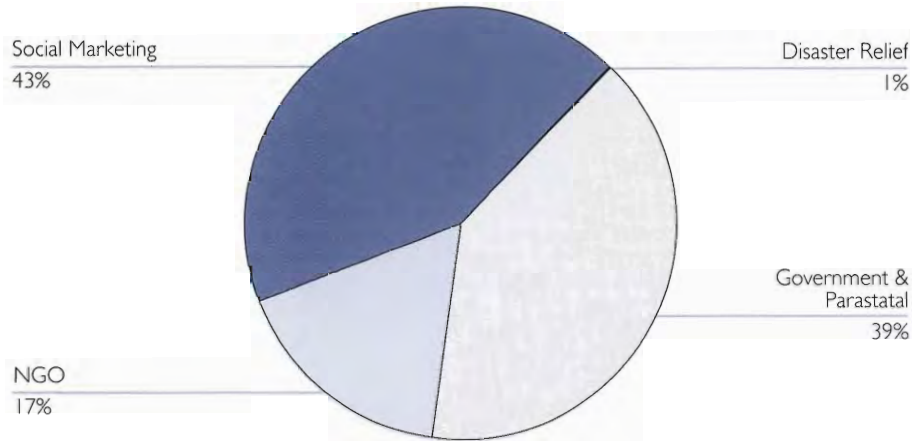
Social marketing programs in ANE received a larger share of the total regional shipment value in FY 2002 than in FY 2001, increasing from 43% to 55%. Despite this proportional increase, the actual value of shipments to social marketing programs declined from approximately $12 million to approximately $9 million. Shipments to government and parastatal programs represented 44% of total regional value in FY 2002, down from 56% the previous year. The value of shipments to NGOs remained steady at 1% of the total.

In LAC, the distribution of contraceptive and condom shipments by affiliation changed only slightly from FY 2001. At 53%, government and parastatal programs received the largest share in FY 2002, followed by NGOs (40%) and social marketing programs (7%).

In E&E, the addition of two new recipient countries in FY 2002 changed the distribution by affiliation from FY 2001, when all shipments went to NGOs. In FY 2002, 70% of shipments (worth $230,000) went to social marketing programs. NGOs received 16% of the total shipment value and government and parastatal programs 14%.

Figure 16

Affiliation Report: Worldwide
FY 2002

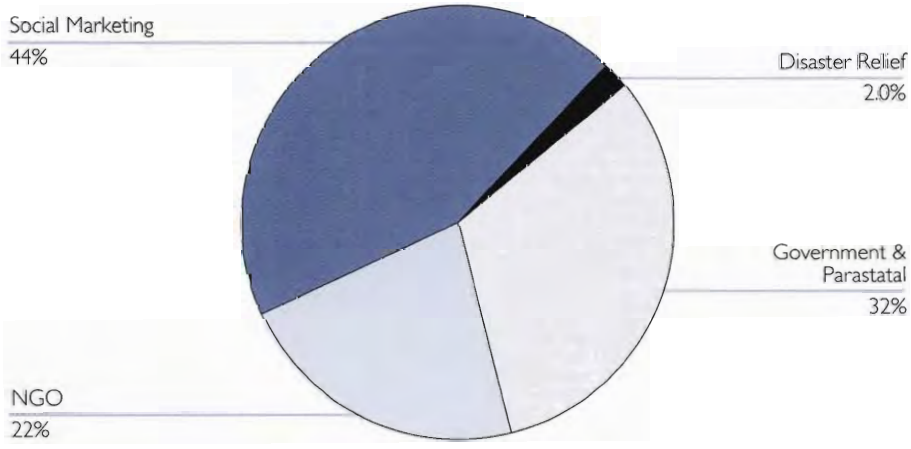


Total: $49.7 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 17

Affiliation Report: Africa
FY 2002

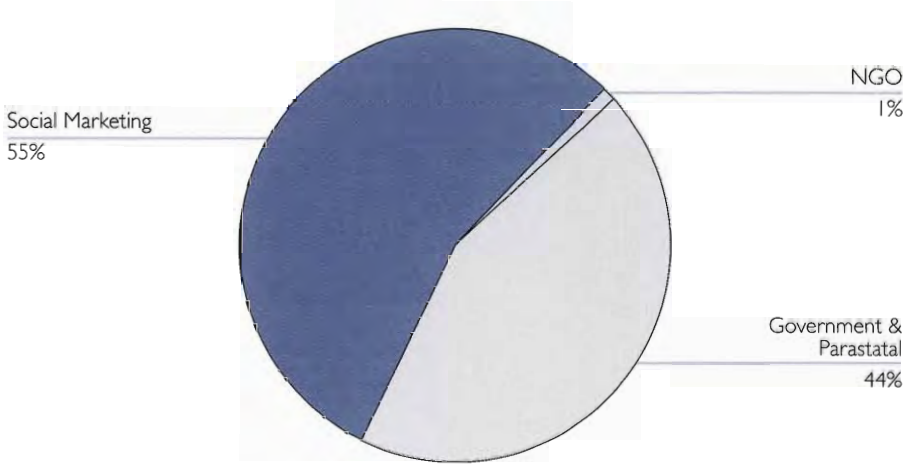


Total: $25.7 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 18

Affiliation Report: Asia/Near East
FY 2002

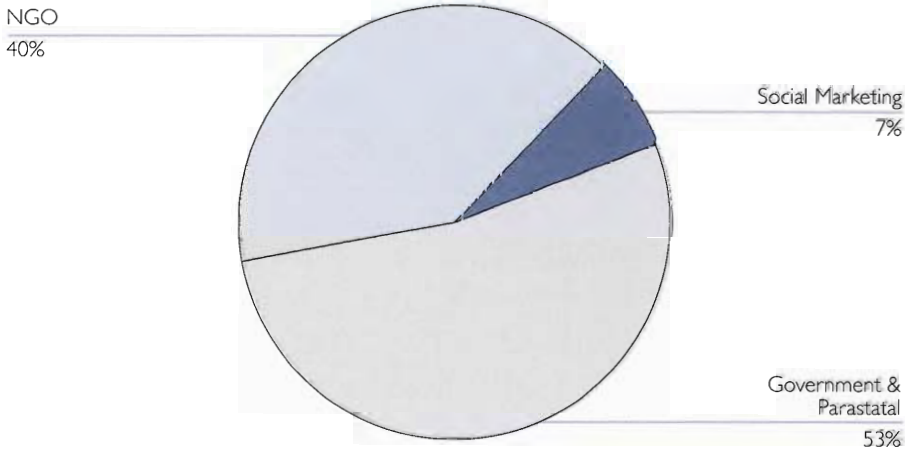


Total: $16.4 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 19

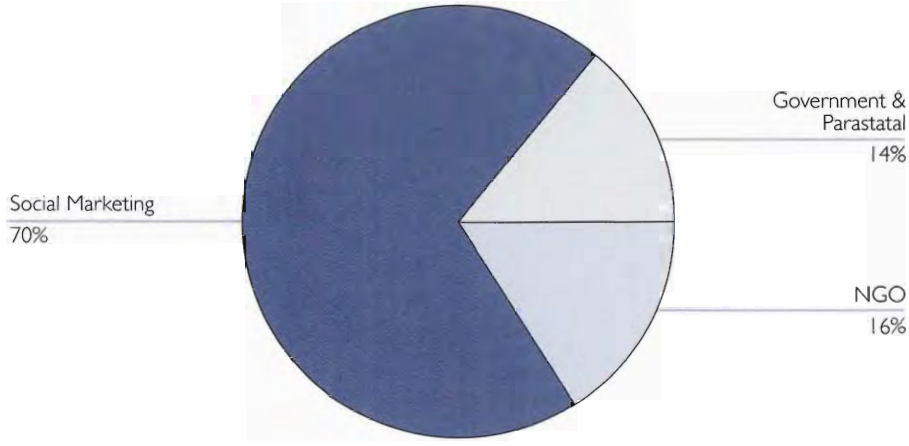
Affiliation Report: Latin America/Caribbean
FY 2002



Total: $7.3 million

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Affiliation Report: Europe/Eurasia
FY 2002



Total: $332,000

Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Trends in Contraceptive and Condom Shipments

The total value of worldwide USAID contraceptive and condom shipments declined between FY 2001 and FY 2002. At $49.7 million, total shipment values in FY 2002 returned to levels experienced during the 1990s. While USAID shipments of oral and injectable contraceptives generally rose over the last several years, VFT and IUD shipments declined. Condom and implant shipments fluctuated over the last four years.

Condoms

At $14.2 million and 215 million pieces, worldwide USAID condom shipment values and quantities in FY 2002 were at their lowest levels in 10 years. Since reaching highs of $31.8 million and 604 million pieces worldwide in FY 1995, condom shipments have fluctuated, with marked increases in FY 1998 and FY 2001. In FY 2002, USAID launched the Commodity Fund, which made $25 million available for procurement, distribution, and programming of condoms and other items to address the HIV/AIDS epidemic in Africa and other high-risk areas. The objective of the Fund is to overcome financial barriers to condom procurement in USAID-supported countries with high HIV/AIDS risks, thereby increasing overall shipments where they are needed most. As mentioned in the Overview, the dip in condom shipments in FY 2002 was a reflection of manufacturer delays, not decreases in demand or orders. As manufacturing levels meet total orders over the next few years, condom shipments will likely increase, reflecting the fulfillment of current and previous orders.

Over the last decade the greatest proportion of regional condom shipments have been to Africa. This investment in Africa reflects not only USAID's response to the growing HIV/AIDS epidemic, but the large number of countries included in the Agency's population, health, and nutrition portfolio for Africa.

Condom shipments to Africa vary from year to year. This reflects programmatic start-ups, shipment issues, inventory problems, and the role that other donors play.

In the ANE region, USAID condom shipments fluctuated between FY 1992 and FY 2000. Shipments to the region peaked in FY 1998 and FY 2000 at $10 million. Shipments have declined since FY 2000, reaching a low in FY 2002 of $1.2 million in value and 19 million pieces. As mentioned in the ANE section of this report, Bangladesh has started to procure its own condoms. The discontinuation of shipments to Bangladesh resulted in a significant fall in regional condom shipments this year. Condom shipments to the LAC region have been on a slow decline for the last decade, a reflection of the growing number of countries graduating from contraceptive and condom assistance. The smallest proportion of condom shipments over the last decade was to E&E, with levels fluctuating with the inclusion of new countries and the graduation of countries no longer receiving assistance.

Oral Contraceptives

USAID's worldwide oral contraceptive shipments have steadily increased from decade-low levels of $9.1 million and 42.6 million cycles in FY 1997. At $19.0 million and 77 million cycles, FY 2002 levels returned to those of the early 1990s. With the exception of FY 1992 and FY 1997, ANE had the largest share by region of oral shipments throughout the 1990s. The dominance of ANE in oral contraceptive shipments reflects the popularity of the method in the Philippines, Bangladesh, and Morocco, three countries with long-standing USAID family planning and reproductive health programs. Oral contraceptive shipments to ANE have been generally on the rise during the last five years, despite Morocco's graduation from USAID support this year. Oral contraceptive values and quantities have also been on the rise over the last five years in the Africa region while gradually declining in LAC and E&E.

Injectables

USAID's worldwide shipments of injectable contraceptives decreased in FY 2002 after an unusually steep increase in FY 2001. The Worldwide section of this report mentions manufacturing problems that prevented USAID from fully meeting orders for this product in FY 2002. Overall, however, shipments of injectables have been on a steady rise as they gain popularity in all USAID regions.

Implants

Worldwide USAID shipments of implants have been irregular for the last four years. Shipments in FY 2002 stood at 116,000 units worth $2.9 million. By region, implant shipments are increasing to Africa, remaining steady to LAC, and following an irregular course to ANE.

Intrauterine Devices

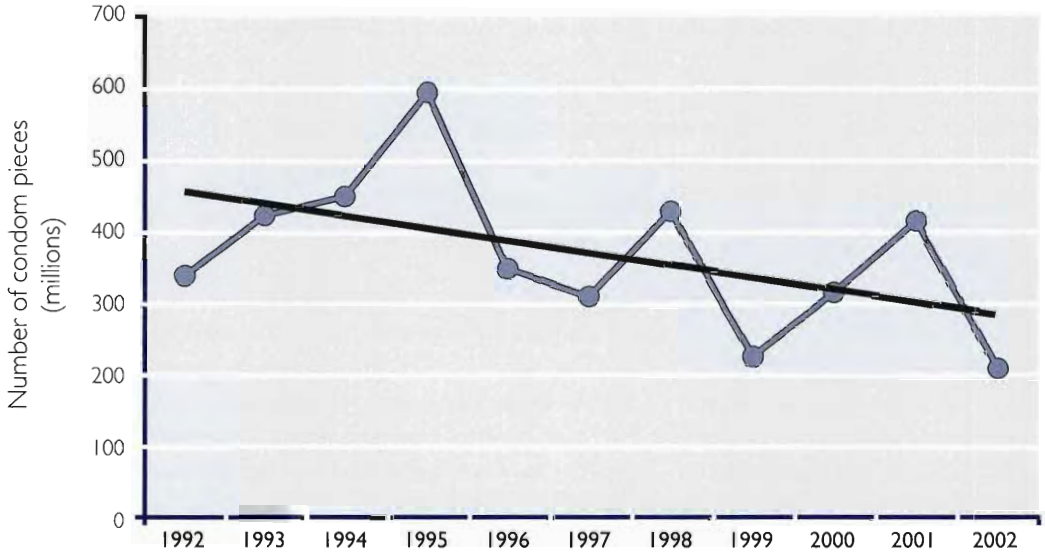
The quantity and value of IUD shipments worldwide have been on a gradual decline for the last decade. After rising slightly between FY 2000 and FY 2001 to $3.8 million and 2.3 million devices, shipments fell in FY 2002 to $2.6 million and 1.6 million devices. IUD shipments to Egypt represent more than 60% of shipments, and worldwide shipment trends tend to follow Egypt's requests for the product. The size and value of IUD shipments climbed slowly over the last five years in Africa and continued to decrease in LAC after peaking in FY 2000. Quantities and values of shipments to ANE and E&E fluctuated in recent years.

Vaginal Foaming Tablets

Despite a small increase in VFT shipment values and quantities in FY 2002, shipments have generally been declining over the last decade. Calendar year 2003 will be the last year that USAID will make VFTs available.

Figure 21

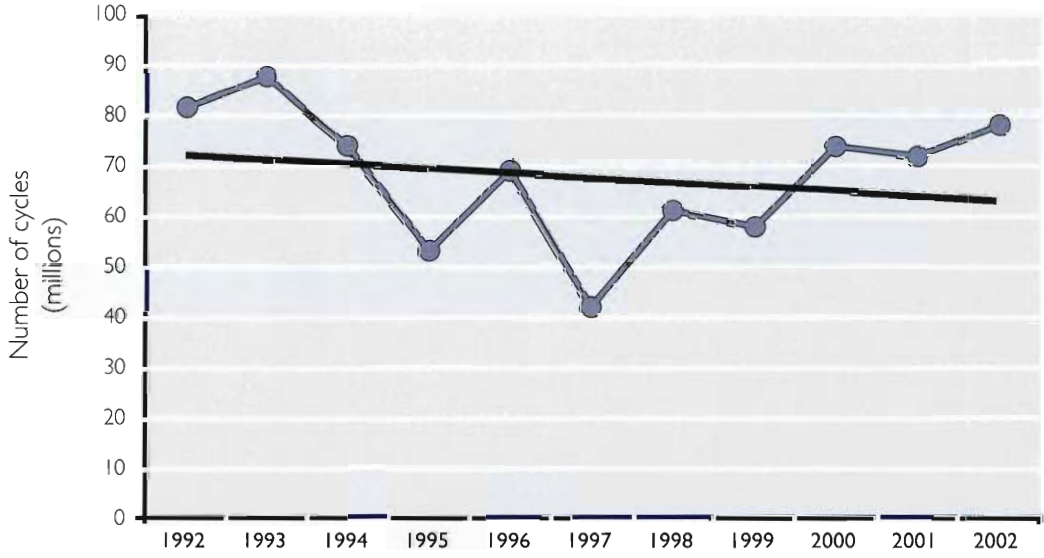
Worldwide Condom Shipments
FY 1992-2002



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 22

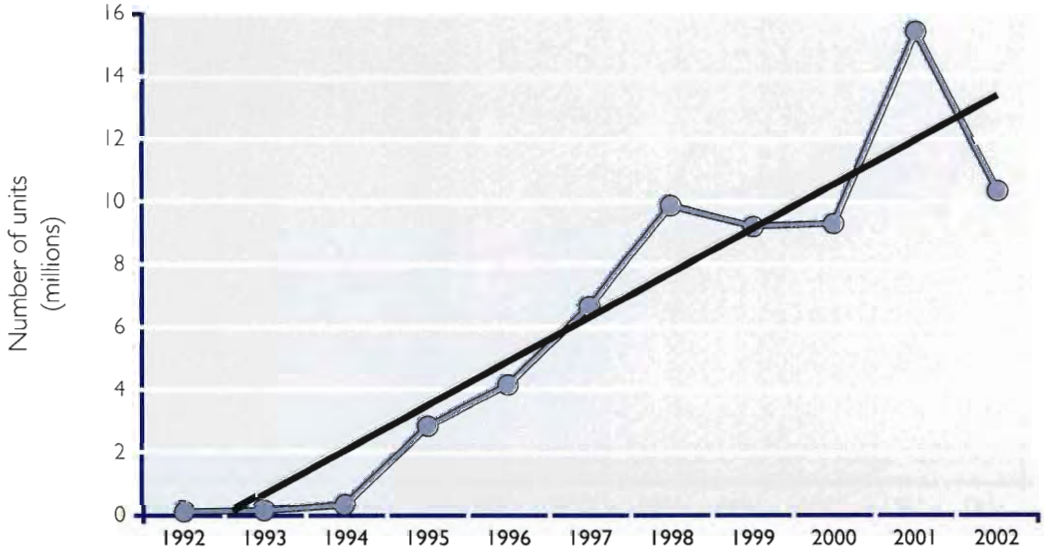
Worldwide Oral Contraceptive Shipments
FY 1992-2002



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 23

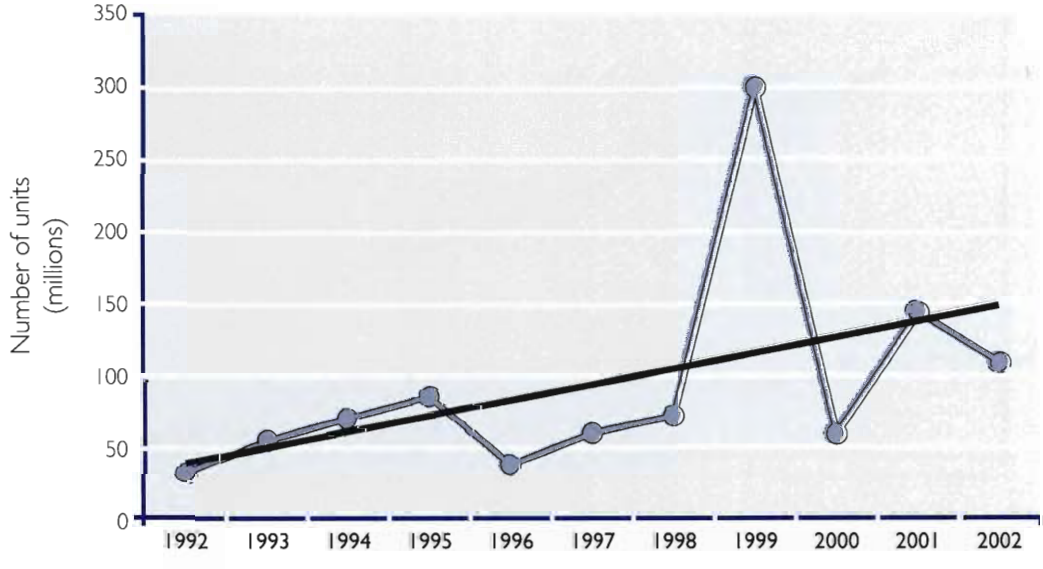
Worldwide Injectable Contraceptive Shipments
FY 1992-2002



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 24

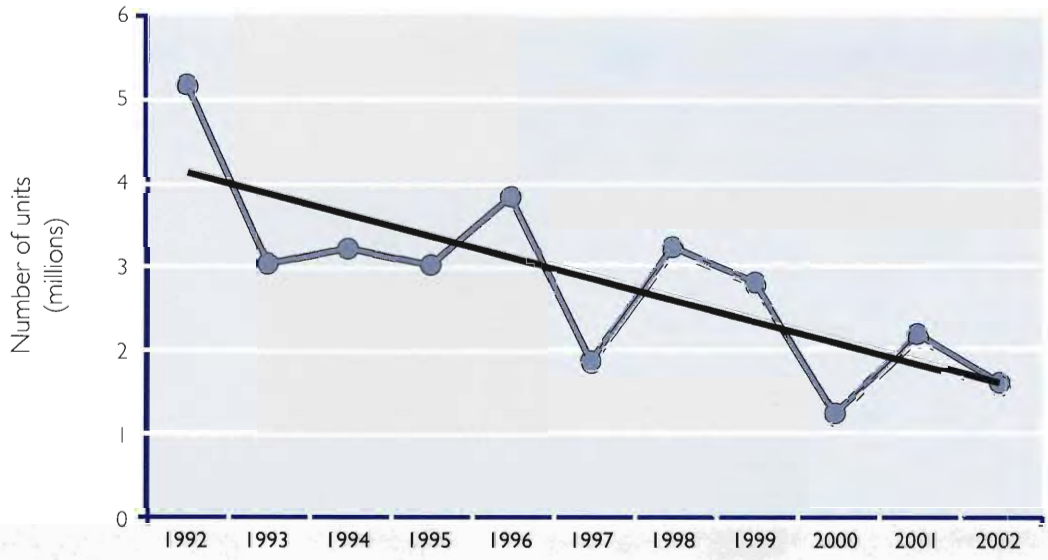
Worldwide Implant Shipments
FY 1992-2002



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 25

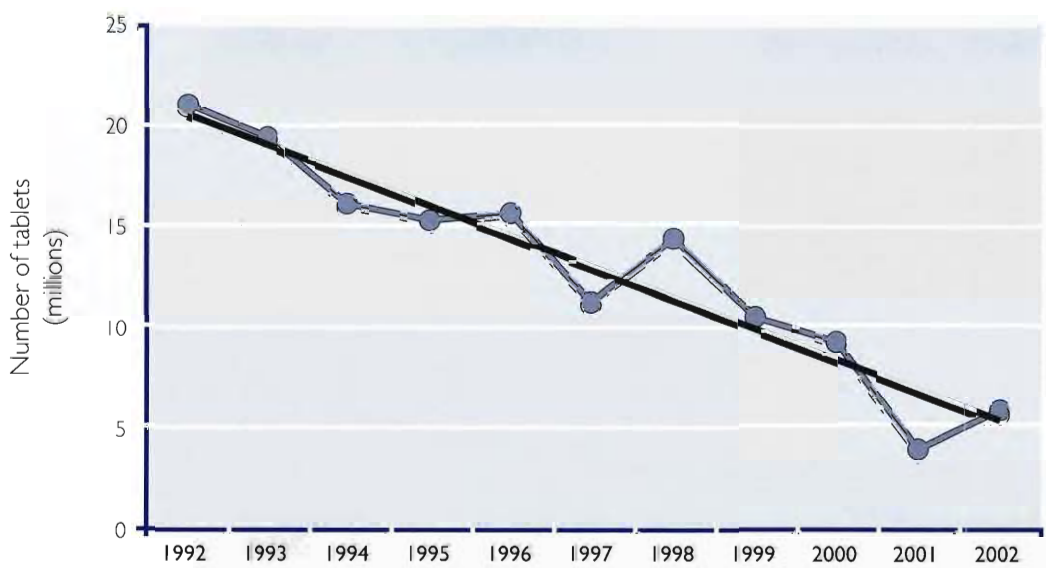
Worldwide IUD Shipments
FY 1992-2002



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Figure 26

Worldwide VFT Shipments
FY 1992-2002



Source: NEWVERN Data System, Office of Family Planning and Reproductive Health, 2/03

Acronyms and Definitions

Technical Terms and Abbreviations

Appropriations	An act of Congress permitting federal agencies to incur obligations for specified purposes
CA	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.
Central core	Funds used to support centrally managed projects for global activities
Centrally managed	Projects managed in Washington, D.C., by the Bureau for Global Health
Expenditures	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 spent.
Field support	Mission or Regional Bureau funds used to support centrally managed projects for specific country activities
GH	Bureau for Global Health
MAARD	Modified Acquisition and Assistance Request Documents. In the context of this report, MAARDs are the mechanism by which USAID Missions contribute bilateral funds to centrally managed projects
Mission-managed	Projects managed in the field by USAID Missions
Obligations	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
PHN	Population, health, and nutrition
TA	Technical assistance

USAID Regions and Regional Programs

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

Focus Area Definitions

Family Planning and Reproductive Health

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; purchase and delivery of contraceptives; logistics training and management capacity building; and biomedical and operations research

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

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

Non-Family Planning/Reproductive Health Activities: Activities to enhance demand for and use of family planning services in related health and non-health areas, such as female education and empowerment

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, collection/monitoring/analysis of demographic and health data, and related training and research

Child Survival/Maternal Health

Breastfeeding: Activities designed to promote breastfeeding in order to improve child health and 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 (ORT) and 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 their health status (*Note:* excludes micronutrients, vitamin A, and immunizations)

Environmental Health: Activities encompassing those health problems related to environmental conditions including untreated wastewater, 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

Immunization: All activities related to the production, testing, quality control, distribution, and delivery of vaccines, including maternal tetanus toxoid immunization (*Note:* excludes polio immunizations)

Maternal Health/Child Survival: 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

Policy Analysis, Reform, and Systems Strengthening: Activities to improve or enhance functioning of general PHN systems in support of child survival and 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

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

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/Safe Pregnancy: Activities designed to promote the 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

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

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

HIV/AIDS

HIV/AIDS Care, Treatment, and Support: Activities to develop and promote effective strategies for providing basic care, treatment, and support services to people living with AIDS, their families, and other vulnerable groups

HIV/AIDS Prevention: Activities to prevent the transmission of HIV/AIDS including information,

education, and communication activities that support behavior change and promote condom use and activities to increase access to and use of STI services

Mother-to-Child Transmission: Activities to prevent mother-to-child transmission of HIV by minimizing transmission during pregnancy, labor and delivery, or breastfeeding, as well as activities targeting pregnant and lactating women for primary HIV prevention

Policy and Surveillance: Activities to improve or enhance functioning of general PHN systems and strengthen surveillance in support of HIV/AIDS prevention, treatment, care, and support, 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

Infectious Diseases

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 antimicrobial drugs, 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

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

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)

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

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: Contraceptive and condom procurement through the Commodities Security and Logistics Division only

Data Collection, Monitoring, Evaluation & 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: Activities related to providing a supply of contraceptives, condoms, and other health commodities, including the procurement, warehousing, and shipping of commodities other than those procured through the Commodities Security and Logistics Division.

Institutional Capacity & Management: Activities that support and strengthen the management and human resource capabilities of 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 & 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 decisionmaking related 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.

Policy Development: Planning and analysis that supports development, implementation, and financing of policies that promote improved access to health services. This includes supporting partnerships like GAVI and 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 the 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; excludes social marketing

Social Marketing and Partnering With the Commercial Sector: The use of commercial marketing concepts and/or techniques, including promotion, pricing, distribution, and sales 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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