

Information & Analysis on Health, Population, Human & Social Development

(Post Abuja+12) 2013 Africa Health Financing Scorecard - Featuring Year 2000 to 2010 Indicative Progress Summary

*See End of Scorecards for Summary Findings (across all Indicators) – from 2013 Health Financing and Investment Multiple Indicator Scorecard.

AU Heads of S	0 <i>Year Progress</i> - 5 State Abuja Comm c Budget Allocatio	15%	Per (10 Year Progre Capita Investme eflection Of Inve Abuja 15% Plu	ent in Health estment Per		Summary 10 Year Scorecard – on External Resources for Health				Total Cumulative Disbursement by Global Fund for AIDS, TB & Malaria to African Countries As of November 2012			
Ranked By Abuja 15% AU Heads of State Commitment (For better context also see adjacent scorecards on actual per capita investment; and external resources for health)	Country Name	(Abuja 15%) General Government Expenditure on Health as a % of Total Government Expenditure)		Ranking By Highest Actual Per Capita Investment in Health -as of 2010	Country Name	Per Capita Government Investment in Health at average exchange rate (US\$) i.e. Abuja 15% Plus Formula - Including Dual Tracking of Per Capita Investment		Ranking By Highest External Resources for Health	Country Name	External Resour Health Total Exponent on Health 2010	ces for as % of penditure	Ranking By Highest Amount From Global Fund	Country Name	Amount Received from Global Fund
						(US \$)	(US \$)							
1.	Rwanda	23.3%	8.2%	1.	Equatorial Guinea	\$ 486	\$ 21	1.	Mozambique	62.2%	25.3%	1.	Ethiopia	\$ 1,231,199,390
2.	Malawi	18.5%	9.0%	2.	Seychelles	\$ 338	\$ 311	2.	Malawi	58.1%	53.4%	2.	Tanzania	\$ 858,869,400
3.	Zambia	16.0%	9.4%	3.	South Africa	\$ 294	\$ 102	3.	Rwanda	48.0%	52.0%	3.	Nigeria	\$ 746,973,609
4.	Burkina Faso	15.7%	8.8%	4.	Libya	\$ 272	\$ 124	4.	Zambia	43.7%	17.8%	4.	Rwanda	\$ 666,290,958
5.	Togo	15.4%	8.5%	5.	Botswana	\$ 246	\$ 94	5.	Liberia	42.4%	9.2%	5.	Dem. Rep Congo	\$ 564,682,543
6.	Djibouti	14.1%	12.0%	6.	Mauritius	\$ 203	\$ 75	6.	Burundi	40.9%	19.1%	6.	Malawi	\$ 522,378,601
7.	Lesotho	13.8%	6.3%	7.	Swaziland	\$ 173	\$ 42	7.	Tanzania	39.6%	27.8%	7.	Zambia	\$ 496,511,882
8.	Ethiopia	13.7%	8.9%	8.	Gabon	\$ 160	\$ 43	8.	Gambia	39.2%	19.1%	8.	Zimbabwe	\$ 461,683,596
9.	Swaziland	13.7%	10.5%	9.	Algeria	\$ 158	\$ 46	9.	Kenya	37.9%	8.0%	9.	Kenya	\$ 377,074,556
10.	Madagascar	13.5%	15.5%	10.	Namibia	\$ 156	\$87	10.	Burkina Faso	36.1%	13.9%	10.	Uganda	\$ 356,249,090
11.	Comoros	13.1%	9.3%	11.	Tunisia	\$ 131	\$ 67	11.	Ethiopia	36.1%	16.5%	11.	Ghana	\$ 333,794,947
12.	Mauritania	13.1%	12.9%	12.	Angola	\$ 89	\$ 11	12.	Eritrea	35.0%	29.8%	12.	South Africa	\$ 314,243,838
13.	South Africa	12.4%	10.9%	13.	Lesotho	\$ 81	\$ 14	13.	Dem. Rep.	33.0%	2.8%	13.	Mozambique	\$ 269,901,161
14.	Mali	12.3%		14.	Djibouti	\$ 68	\$30	14.	Benin	32.8%	38.5%		Sudan	\$ 254,187,880
15.	Ghana	12.1%		15.	Egypt	\$ 49	\$24	15.	Niger	32.7%	40.4%	15.	Madagascar	\$ 219,810,108
16.	Senegal	12.1%		16.	Morocco	\$ 46	\$ 15	16.	Guinea-Bissau	28.5%	30.0%	16.	Cameroon	\$ 213,421,214
17.	Sierra Leone	11.7%	14.2%	17.	Zambia	\$ 45	\$ 9	17.	Uganda	27.6%	28.3%	17.	Namibia	\$ 187,718,622
18.	Gambia	11.3%	10.4%	18.	Congo	\$ 41	\$ 13	18.	Sierra Leone	26.8%	5.5%	18.	South Sudan	\$ 181,765,092
19.	Guinea Bissau	11.1%	2.5%	19.	Ghana	\$ 40	\$ 6	19.	Guinea	26.7%	13.4%	19.	Burkina Faso	\$ 178,098,655
20.	Liberia	11.1%	6.7%	20.	Mauritania	\$ 39	\$ 16	20.	Namibia	25.5%	3.8%	20.	Cote d'Ivoire	\$ 164,587,289

Summary 10 Year Progress - Scorecard on AU Heads of State Abuja Commitment to 15% of Domestic Budget Allocation to Health		2010	2010 2000 Summary 10 Year Progress - Scorecard on Actual Per Capita Investment in Health As Better Reflection Of Investment Per Person		2010	2000	Summary 10 Year Scorecard - on External Resources for Health		2010 2000		Total Cumulative Disbursement by Global Fund for AIDS, TB & Malaria to African Countries as of November 2012		Amount Received from Global Fund	
21.	Niger	11.1%	8.4%	21.	Cape Verde	\$ 34	\$ 43	21.	Central African Rep.	25.3%	35.4%	21.	Somalia	\$ 148,627,373
22.	United Rep. Tanzania	11.1%	10.2%	22.	Senegal	\$ 34	\$8	22.	Mali	22.2%	8.2%	22.	Senegal	\$ 147,422,433
23.	Mauritius	10.8%	8.7%	23.	Sao Tome & Principe	\$ 33	\$ 20	23.	Djibouti	22.1%	47.7%	23.	Swaziland	\$ 141,808,550
24.	Tunisia	10.8%	8.1%	24.	Sudan	\$ 31	\$ 3	24.	South Sudan	21.4%		24.	Angola	\$ 140,151,344
25.	Uganda	10.8%	7.3%	25.	Rwanda	\$ 30	\$ 4	25.	Sao Tome & Principe	20.3%	34.8%	25.	Burundi	\$ 136,184,601
26.	Benin	10.5%	10.0%	26.	Burkina Faso	\$ 22	\$ 4	26.	Cape Verde	19.5%	13.0%	26.	Benin	\$ 133,860,258
27.	Central African Rep.	10.4%	12.9%	27.	Comoros	\$ 22	\$ 5	27.	Senegal	18.4%	17.4%	27.	Eritrea	\$ 133,784,108
28.	Mozambique	10.4%	17.4%	28.	Malawi	\$ 21	\$ 4	28.	Lesotho	18.2%	3.1%	28.	Togo	\$ 131,965,374
29.	Sudan	10.3%	7.6%	29.	Nigeria	\$ 21	\$6	29.	Togo	18.2%	5.9%	29.	Liberia	\$ 112,099,663
30.	Dem. Rep. of Congo	10.0%	1.8%	30.	Cameroon	\$ 18	\$ 5	30.	Ghana	16.5%	14.5%	30.	Lesotho	\$ 104,531,987
31.	Seychelles	9.3%	7.3%	31.	Togo	\$ 18	\$4	31.	Comoros	15.3%	20.5%	31.	Sierra Leone	\$ 101,976,218
32.	Algeria	9.0%	8.8%	32.	Benin	\$ 17	\$ 7	32.	Swaziland	14.4%	5.8%	32.	Niger	\$ 98,455,845
33.	Botswana	8.7%	7.3%	33.	Cote d'Ivoire	\$ 17	\$8	33.	Madagascar	9.5%	20.1%	33.	Gambia	\$ 94,052,598
34.	Cameroon	8.5%	5.5%	34.	Mali	\$ 17	\$4	34.	Nigeria	8.7%	16.2%	34.	Mali	\$ 90,612,926
35.	Burundi	8.1%	7.5%	35.	Gambia	\$ 15	\$ 7	35.	Cote d'Ivoire	8.3%	19.4%	35.	Chad	\$ 68,314,501
36.	Equatorial Guinea	7.0%	7.8%	36.	Kenya	\$ 14	\$ 9	36.	Botswana	8.0%	0.5%	36.	Central African Rep.	\$ 67,637,490
37.	Cote d'Ivoire	6.8%	7.2%	37.	Tanzania	\$ 14	\$ 4	37.	Chad	7.9%	24.9%	37.	Congo	\$ 49,335,819
38.	Guinea	6.8%	6.4%	38.	Guinea-Bissau	\$ 13	\$ 2	38.	Mauritania	7.4%	11.2%	38.	Morocco	\$ 47,689,502
39.	Gabon	6.6%	4.8%	39.	Mozambique	\$ 13	\$10	39.	Cameroon	7.0%	4.3%	39.	Guinea	\$ 41,997,800
40.	Congo	6.5%	4.8%	40.	Guinea	\$ 10	\$ 4	40.	Congo	4.6%	4.6%	40.	Guinea-Bissau	\$ 40,520,398
41.	Namibia	6.5%	6.9%	41.	Sierra Leone	\$ 10	\$ 6	41.	Seychelles	4.2%	4.3%	41.	Equatorial Guinea	\$ 30,502,700
42.	Angola	6.3%	2.9%	42.	South Sudan	\$ 10		42.	Sudan	2.9%	4.5%	42.	Gabon	\$ 29,272,755
43.	Egypt	6.1%	5.6%	43.	Uganda	\$ 10	\$ 4	43.	Angola	2.3%	3.0%	43.	Djibouti	\$ 23,436,673
44.	Kenya	5.9%	10.5%	44.	Central African Rep.	\$ 9	\$ 5	44.	Gabon	2.3%	2.6%	44.	Egypt	\$ 20,404,637
45.	Nigeria	5.7%	4.2%	45.	Madagascar	\$ 9	\$6	45.	South Africa	2.2%	0.3%		Tunisia	\$ 18,476,512
46.	Sao Tome & Principe	5.6%	9.0%	46.	Niger	\$ 9	\$ 2	46.	Equatorial Guinea	2.1%	8.8%	46.	Botswana	\$ 15,388,409
47.	Morocco	5.4%	3.8%	47.	Burundi	\$ 8	\$ 2	47.	Mauritius	1.9%	1.4%	47.	Mauritania	\$ 13,650,641
48.	Libya	4.0%	6.0%	48.	Chad	\$ 8	\$4	48.	Morocco	0.8%	0.5%	48.	Comoros	\$ 10,904,993
49.	South Sudan	4.0%	N/Av	49.	Ethiopia	\$ 8	\$ 3	49.	Libya	0.7%		49.	Sao Tome & Principe	\$ 9,445,667
50.	Eritrea	3.6%	2.6%	50.	Liberia	\$ 8	\$ 3	50.	Egypt	0.6%	3.3		Algeria	\$ 6,945,289
51.	Chad	3.3%	13.1%	51.	Eritrea	\$ 6	\$3	51.	Tunisia	0.3%	0.9%	51.	Mauritius	\$ 5,944,603
52.	Cape Verde	2.5%	9.9%	52.	Dem. Rep. Congo	\$ 4	\$<1	52.	Algeria	0%	0.1%	52.	Cape Verde	\$ 4,894,211
53.	Somalia	N/A	4.2%	53.	Somalia	N/A	\$ 3	53.	Somalia	N/A	40.1%	53.	Seychelles	(NA)
54.	Zimbabwe	N/A	N/Av	54.	Zimbabwe	N/A	N/A	54.	Zimbabwe	N/A	N/A	54.	Libyan Arab Jamahiriya	(NA)

^{*}Main sources for study summarized in scorecard: WHO World Health Statistics 2011, 2012 & 2013; WHO, World Bank, And latest available comparable information from - WHO Statistical Database; Global Fund for AIDS, TB and Malaria

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*Summary Findings from 2013 Health Financing and Investment Multiple Indicator Scorecard:

Key Finding:

1. Measuring Health Financing and investment is increasingly more complicated – and requires dual or multiple measurements of an interacting set of indicators.

Summary Findings on Percentage Allocation of Budgets to Health (i.e. Abuja 15% Commitments)

- 1. Percentage (%) allocation to health i.e. Abuja 15% Commitment could be a misleading indicator of progress, or lack of progress if taken in isolation from GDP and Per Capita Investment in Health
 - i. For example between 2000 and 2010, all African countries increased their percentage allocation of budgets to health except the following 12 where percentage allocation of budgets to health in 2010 was lower than in 2000: Madagascar (dropped from 15.5% in 2000 to 13.5% in 2010); Sierra Leone (from 14.2% in 2000 to 11.7% in 2010); Central African Rep. (from 12.9% in 2000 to 10.4% in 2010); Mozambique (from 17.4% in 2000 to 10.4% in 2010); Cote d'Ivore (from 7.2% in 2000 to 6.8% in 2010); Equatorial Guinea (from 7.8% in 2000 to 7.0% in 2010); Namibia (from 6.9% in 2000 to 6.5% in 2010); Kenya (from 10.5% in 2010) to 5.6% in 2010); Libya (from 6% in 2000 to 4% in 2010; Chad (from 13.1% in 2000 to 3.3% in 2010); and Cape Verde (from 9.9% in 2000 to 2.5% in 2010).
 - ii. However it is crucial to note that percentage increase or decrease of budget allocation to health alone is not an accurate measure of improved or worsening investment and has to be looked at alongside GDP and actual per capita investment.
 - For instance in the same period that Equatorial Guinea's percentage allocation to health reduced from 7.8% in 2000 to 7.0% in 2010 its actual per capita investment in health grew from \$21 in 2000 to \$486 in 2010 (a 23 fold increase). Even though Equatorial Guinea has not met the Abuja commitment, its actual per capita investment in health is the highest in Africa (though undermined and made inefficient by poor indicators on multisectoral social determinants of health such as clean water, nutrition, improved sanitation, health workforce etc.)
 - iv. Similarly, in the same period when percentage allocation to health dropped in the following countries, actual per capita investment in the same countries also improved though by a smaller margin than in Equatorial Guinea *Madagascar* from \$6 in 2000 to \$9 in 2010; *Sierra Leone* from \$6 to \$10; *Central African Rep* from \$5 to \$9; *Mozambique* from \$10 to \$13; *Cote d'Ivore* from \$8 to \$17; *Namibia* from \$87 to \$156; *Sao Tome & Principe* from \$20 to \$33; *Libya* from \$124 to \$272; *Chad* from \$4 to \$8.
 - v. Significantly, only in Cape Verde was there a dual reduction in overall per capita of \$43 (2000) to \$34 (in 2010) i.e. as well as percentage reduction in allocation to health from 9.9% in 2000 to 2.5% in 2010.
 - vi. In other words, while a higher percentage allocation to health is generally a recognition of increased importance of the health sector in budgeting a smaller percentage allocation to health in the context of a growing GDP may actually include an increased per capita investment in health.
- 2. <u>10 Year Summary Assessment</u>: Average percentage allocation of budgets to health in the Africa region increased from 8.1% in 2000 to 9.6% in 2010. By comparison, in the same period, percentage allocation to health in the Americas increased from 14.5% to 18.1%; In the Europe region from 14.0% to 14.8%, and in Western Pacific from 13.9% to 14.4%.
- 3. Having underlined the above, as of 2010, the breakdown of percentage allocation to health was as follows: 5 countries were allocating 15% or more of budgets to health (Rwanda 23.3%; Malawi 18.5%; Zambia 16%; Burkina Faso 15.7%; and Togo 15.4%); 25 countries were allocating between 10% and 14% of budgets to health; 17 countries were allocating between 4% to 9% of budgets to health: Other countries were allocating 4% or less of budgets to health (see score card for detailed breakdown).

Summary Findings on Per Capita Investment in Health

- 1. Per Capita Investment in health is a more accurate measurement of investment per person (e.g. better measured in context of GDP and population) and should be part of a dual measurement (along side percentage allocation) of African governments commitment to health financing and investment. i.e. Abuja 15% Plus Formula of percentage allocation + Per actual capita investment + investment in social determinants of health + efficiency.
- 2. Between 2000 and 2010, all African countries increased their per capita investment in health (except Cape Verde where there was an actual overall per capita drop from \$43 in 2000 to \$34 in 2010 as well drop in percentage allocation to health the only country to suffer a dual drop).
- 3. However as of 2010, 36 African countries were still investing less than the minimum \$44 per capita defined by the High Level Task Force on Innovative International Financing for Health Systems (HLTF). 14 countries were investing between \$4 and \$10 per capita; 10 countries were investing between \$11 and \$20 per capita; and 12 countries between \$21 and \$44 per capita. (In the 17 countries that have surpassed \$44 per capita an improvement in separate investment for multisectoral social determinants of health such as improved clean water, nutrition, sanitation; gender equity in policy and budget, education, planning etc. will improve efficiency)
- **4. As of 2010, the 11 African countries with the highest per capita investment in health of over \$100 each were as follows**: Equatorial Guinea \$486; Seychelles \$338; South Africa \$294; Libya \$272; Botswana \$246; Mauritius \$203; Swaziland \$173; Gabon \$160; Algeria \$158; Namibia \$156; and Tunisia \$131.

- 5. Significantly, although these countries were the highest per capita investors in health for 2010 none of them met the Abuja commitments of allocating 15% of budgets to health in the same year underlining the flaw in isolated percentage measurements and why the old 2001 Abuja commitments should be improved from just a measurement of percentage allocation to health, to a dual measurement including per capita investment.
- 6. <u>10 Year Summary Assessment</u>: Average per capita investment in health in Africa improved from only \$15 in 2000 to \$43 in 2010 compared to higher per capita in Americas from \$829 in 2000, to \$\$1,682 in 2010; Europe, from \$706 in 2000 to \$1,679 in 2010; and Western Pacific from \$210 to \$398 in 2010.

Summary Findings on External Resources for Health

- 1. As of 2010, 51 African countries are on record as receiving external resources for health with external resources making up between 25% and 62.2% of health budgets in 21 countries.
- 2. Between 2000 and 2010 external resources for health increased in 28 African countries as follows: Mozambique from 25.3% to 62.6%; Malawi from 53.4% to 58.1%; Zambia from 17.8% to 43.7%; Liberia from 9.2% to 42.4%; Burundi from 19.1% to 40.9%; Tanzania from 27.8% to 39.6%; Gambia from 19.1% to 39.2%; Kenya from 8.0% to 37.9%; Burkina Faso from 13.9% to 36.1%; Ethiopia from 16.5% to 36.1%; Eritrea from 29.8% to 35%; DRC from 2.8% to 33%; Sierra Leone from 5.5% to 26.8%; Guinea from 13.4% to 26.7%; Namibia from 3.8% to 25.5%; Mali from 8.2% to 22.2%; Cape Verde from 13% to 19.5%; Senegal from 17.4% to 18.4%; Lesotho from 3.1% to 18.2%; Tago from 5.9% to 18.2%; Ghana from 14.5% to 16.5%; Botswana from 0.5% to 8.0%; Cameroon from 4.3% to 7.0%; Mauritius from 1.4% to 1.9%; Morocco from 0.5% to 0.8%;
- 3. Between 2000 and 2010 external resources for health decreased in 22 African countries as follows: Rwanda from 52% to 48%; Benin from 38.5% to 32.8%; Niger from 40.4% to 32.7%; Guinea Bissau from 30% to 28.5%; Uganda from 28.3% to 27.6%; Central African Rep from 35.4% to 25.3%; Sao Tome & Principe from 34.8% to 20.3%; Comoros from 20.5% to 15.3%; Madagascar from 20.1% to 9.5%; Nigeria from 16.2% to 8.7%; Cote d'Ivore from 19.4% to 8.3%; Chad from 24.9% to 7.9%; Mauritania from 11.2% to 7.4%; Seychelles from 4.3% to 4.2%; Sudan from 4.5% to 2.9%; Angola from 3% to 2.3%; Gabon from 2.6% to 2.3%; Equatorial Guinea from 8.8% to 2.1%; Egypt from 3.3% to 0.8%; Tunisia from 0.9% to 0%.
- 4. Congo stayed at same levels of external resources for health of 4.6% in 2000 and 2010.
- 5. The 11 countries with the highest external resources for health in 2010 were *Mozambique* 62.6%; *Malawi* 58.1%; *Rwanda* 48%; *Zambia* 43.7%; *Liberia* 42.4%; *Burundi* 40.9%; *Tanzania* 39.6%; *Gambia* 39.2%; *Kenya* 37.9%; and both *Burkina Faso* and *Ethiopia* at 36.1%.
- 6. The 11 countries with the lowest external resources for health in 2010 (of less than 3%) were: Sudan 2.9%; Angola 2.3%; Gabon 2.3%; South Africa 2.2%; Equatorial Guinea 2.1%; Mauritius 1.9%; Morrocco 0.8%; Libya 0.7%; Egypt 0.6%; Tunisia 0.3%; and Algeria 0%.
- 7. Improved Domestic Resources for Health in Africa: At the July 2013 AU Abuja+12 Special Summit on HIV, TB and Malaria, African Heads of State committed to: "Accelerate the implementation of earlier "Abuja Commitments"; and to "Step up the mobilization of domestic resources to strengthen health systems; "Take measures for an international tax on financial transactions and air tickets to be instituted towards the funding of development projects, part of which would be devoted to the fight against the three (3) diseases in the Continent"; and "Accelerate the implementation of the AU Roadmap on Shared Responsibility and Global Solidarity for HIV/AIDS, TB and Malaria Response in Africa and strengthen the accountability platform".

Summary Findings on Disbursements from / Contributions to Global Fund for AIDS, TB and Malaria

- 1. As of November 2012, the total cumulative donor contributions to the global fund (including from African countries) totaled US\$ 22.9 billion.
- 2. The biggest 16 global contributors to the global fund as of November 2012 contributing over \$100 million each are: USA \$7.2 billion; France \$3.06 billion; UK \$1.8 billion; Germany \$1.6 billion; Japan \$1.6 billion; Canada \$1.06 billion; Italy \$1 billion; Netherlands \$739 million; Spain \$724 million; Sweden \$629 million; Norway \$503 million; Russia \$296 million; Denmark \$240 million; Australia \$213 million; Ireland \$184 million; Belgium \$156 million. Switzerland, Luxembourg, Finland, Saudi Arabia and China all contributed between \$64.3 million and \$25 million each, in addition to other countries.
- 3. The biggest African contributors to the global fund as of November 2012 are: Nigeria \$19 million; South Africa \$10 million; Tunisia \$2 million; Rwanda \$675,000 and Namibia \$381,000.
- 4. As of November 2012 total disbursements from global fund totaled US\$ 17.9 billion (of which roughly \$10.03 billion for HIV to 120 countries; \$2.9 billion for TB to 108 countries; and \$4.9 billion for malaria to 80 countries).
- 5. Cumulative Number of People Receiving ARV Treatment from Programs Supported by the Global Fund are 3.3 million globally (as of December 2011).
- 6. Biggest 25 global recipients from global fund as of November 2012 receiving over \$200 million each are: Ethiopia \$1.2 billion; India \$879.2 million; Tanzania \$858.8 million; China \$754.4 million; Nigeria \$746.9 million; Rwanda \$666.2 million; Democratic Rep of Congo \$564.6 million; Malawi \$522.3 million; Zambia \$496.5 million; Zimbabwe \$461.6 million; Indonesia \$422.9 million; Kenya \$377 million; Russian Federation \$357.7 million; Uganda \$356.2 million; Ghana \$333.7 million; Thailand \$314.3 million; South Africa \$314.2 million; Ukraine \$287.3 million; Cambodia \$281.9 million; Mozambique \$269.9 million; Sudan \$254.1 million; Haiti \$224 million; Madagascar \$219.8 million; Cameroon \$213.4 million and Bangladesh \$208.4 million.
- 7. Global Fund Replenishment: At the July 2013 AU Abuja+12 Special Summit on HIV, TB and Malaria, African Heads of State committed to "Take action in support of achieving the US\$ fifteen (15) billion replenishment target of the Global Fund to fight AIDS, TB and Malaria, thus contributing effectively to the control of the three (3) diseases and save lives" and "in this context, call upon Development Partners to adhere to the 0.7% of GDP target for contribution to the Global Fund to fight AIDS. TB and Malaria".

*Main sources for study summarized in scorecard: WHO World Health Statistics 2011, 2012 & 2013; WHO, World Bank, And latest available comparable information from - WHO Statistical Database; Global Fund for AIDS, TB and Malaria