



HEALTH FUNDING IN AFRICA – MAPPING THE LANDSCAPE

**A Cooperation Project between
The European Foundation Centre (EFC) and Africa Grantmakers Affinity Group (AGAG)**

Report on European Funder Support

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1. INTRODUCTION

The overall project is designed to conduct mapping research and produce a report on US and European foundations and other types of donor support for health issues in Africa. Two researchers were working on the project: one based in the US at the African Grantmakers Affinity Group (AGAG), who conducted research on US foundations and donors and, the other based in Europe at the European Foundation Centre (EFC), who conducted research on European foundations and donors. The US-based researcher is in charge of preparing the final report on the basis of relevant information from both sources.

This document reports on the EFC's research to identify European foundations and corporate funders active in Africa on health issues, and on the work to collect and compile information relevant for the final report. Information gathered from a sample of major European non-governmental organisations (NGOs), and of governmental agencies active in the field provided the basis for a brief analysis of the support provided by these organisations. In addition, the big trends of European Commission support on health issues in Africa are highlighted.

Research findings are divided into four main parts dealing respectively with: European foundations and corporate funders; NGOs with international focus but located in Europe; governmental agencies; and European Commission directorates and agencies. Each part highlights the results of a statistical analysis focusing on the frequency of occurrence of each parameter taken into consideration for the research. A series of detailed information sheets per organisation is provided in the Annexes 1 to 4. A list of the major partnerships and collaborations reported by all the four types of organisations is included in Annex 5. Contact details of all contacted organizations is included in Annex 6.

Content parameters were jointly agreed by the EFC and AGAG prior to the research. The presentation of the analysis for each type of organisation follows the same structure divided into two main sections: qualitative trends and financial data.

Qualitative data refer to the following categories:

- health categories
- cross-cutting programmes related to health
- geographical focus

Information on the different types of support and target populations was provided by the foundations and corporate funders only; they are also included in the relevant part of the report.

Financial data includes the following categories:

- total of grants for health
- proportion of grants allocated to each health category

- proportion of grants allocated to each particular country or region
- an indication of the average, minimum and maximum grant amount
- the proportion of granted organisations according to their location

The duration of the EFC's research was eight weeks over the period of July up to mid-September 2003.

2. METHODS

Collection of Data

The collection of data involved different steps: the setting up of selection criteria in agreement with AGAG; identification of relevant organisations for inclusion in the research through browsing the Internet and directories available in the EFC library; preparation of a questionnaire template in line with AGAG in order to provide similar data on both sides to enable comparisons of the US and European findings; parallel research on the respective websites of the target organisations with a view to save time in filling in some fields of the survey questionnaire; and active chase up of the organisations through e-mail, telephone calls, to complement the replies to the questionnaires.

The very short time period allocated for the work, and the fact that in Europe the summer break takes place largely in July and August and has a duration of four to five weeks, have had an influence on the quantitative and qualitative results: numerous programme officers among independent funders and NGOs, and officers responsible for relevant programmes in ministries or governmental agencies who could have replied to our questionnaire were on holiday. As a consequence, the majority of the collected information comes from the respective websites of the different funders identified as eligible for the research. All possible efforts were made at the end of August, through personal contacts over the phone, to get the financial data usually not available on public websites.

In this context, the categories of data collected vary greatly from one funder to another.

Selection Criteria for Organisations

The EFC and AGAG agreed on joint selection criteria for target organisations and on content parameters which would serve as a basis for the data analysis and comparison of results on both the American and European sides.

Target organisations for inclusion were mainly foundations and corporate funders located in Western Europe and in Central and Eastern Europe (CEE), with direct health interests or cross-cutting programmes related to health, active in Africa, with their funding level being US\$5,000 (or equivalent); examples of major NGOs, governmental agencies and European Union Institutions active on health issues in Africa are also included.

Health Categories

Both researchers agreed to adopt the definition of health used by the foundations themselves and sought to include funding for health-related funding that was part of a larger multidisciplinary project or programme of the foundation. Categories under which each selected organisation funds health had to be reported as well as health funding under related areas.

For the needs of the statistical data analysis, a categorisation system on health issues was developed at the EFC during data collection. This system was based on a first series of six

clusters of health categories provided by AGAG, and completed by introducing new categories or by refining the second level of the initial system.

The final EFC health categorisation system for this research is the following:

- *Family Planning & Reproductive Health*

Reproductive health

Maternal health

Sexual health

Genetics/Population

- *Women's Health and Rights*

Sexual rights/discrimination

Physical integrity

Economic rights

- *Infectious Diseases*

HIV/AIDS

Tuberculosis, acute respiratory infections

Leprosy

Malaria

Tropical parasitic diseases

(trypanosomiasis, drancunculiasis, onchocerciasis, leishmaniosis...)

Dysentery

Eye infections

- *Nutrition and Food security*

Nutrition

Food Security & Supply

- *Environmental Health*

Water quality/Water supply

Pesticides

Hygiene/Sanitation

Air pollution

- *Mental Health*

Schizophrenia

Psychological support

- *Disability & Rehabilitation*

- *Cancer/Oncology*

- *Immunization, Immunology, Epidemiology*

Geographic Focus

Geographic areas of focus are listed specifying countries and/or regions.

Financial Information

Most of the information provided refers to programmes and figures for 2002 or 2003. Efforts have been made to provide multi-annual data, and are reported on the information sheet per

organisation, when available. However the amount of data that we received regarding previous years of activities was not sufficient to be significant in the statistical analysis.

For the years under consideration in this document, financial data include: the total budget for health in Africa; the average percentage breakdown of this budget according to geographic areas of focus and according to categories under which health is funded; a quotation of the average minimum and maximum grants amounts; and the proportion of granted organisations according to their location.

Examples of grantees, partnerships, collaboration

Only a few funders provided the names of African-based, European-based or international or multilateral organisations they are working with. In some cases it was clear that these “partners” were granted organisations to help the funders to operate locally. The EFC considered that all the organisations quoted by the funders with a collaborative dimension to achieve their goals were worth being reported. A list of the names of all the partnerships and collaborations has been established.

3. FINDINGS

3.1. Foundations and Corporate Funders

Number of contacts

From an initial target group of 82 foundations and corporate funders which were identified as relevant for the research, information sheets were produced for 27 (39%) of them at the closing date of the research, on 8 September.

A list with the contact details of the 82 foundations and corporate funders is presented in Annex 6. The list provides a complete primary address, including e-mail and web addresses, where applicable. When, a funder has both a street address and a mailing address the latter is included.

The statistical analysis hereafter is based on the details of the 27 information sheets on foundations and corporate funders completed through the replies to the questionnaire (60%), or by browsing the organisation’s website and calling the programme officers (40%).

It is to be noted that replies to the questionnaire mainly covered details on health categories and geographic focus. The different types of support and target populations of the grant were identified through the analysis of representative projects. Partnerships or collaborative ventures were mentioned in only ten cases (31%); three funders indicated that partnerships were not applicable for their action. All the partners quoted by the different funders are listed hereafter in Annex 5. Each name appears only in one occurrence, except for the multilateral organisations (such as UNAIDS and WHO), and ILEP (International Federation of Anti-Leprosy Associations), which has been quoted twice.

Financial data have been provided for 18 funders (56% of the total replies), and were not always completed as regards to the different categories of information requested. Regardless of this, they are carefully reported as they give an interesting order of magnitude of foundations’ and corporate funders’ possibilities to contribute in the field of interest.

Categories of funders

The analysis and information sheets refer to 26 foundations including corporate foundations, and to 5 corporates funding through their corporate citizenship programme or social responsibility programme. Of the 31 funders, 10 are EFC members.

Funders are grantmaking or operational European foundations, trusts, and charities having their own funds or regular source of income and their own board of trustees or directors.

Country of origin

The number of foundations and corporate funders by country of primary address is the following: 4 in Belgium; 4 in Germany; 1 in Greece; 1 in Sweden; 5 in Switzerland; 3 in The Netherlands; 9 in United Kingdom; 1 in Hungary; 3 in Poland (see report on Central and Eastern European - CEE - countries in Annex 1).

Funding trends

The trends analysis was based on each funder information sheet provided in Annex 1 and on CEE report. In addition to showing the funder's main programme interest, each information sheet includes cross-cutting areas related to the specific health funding categories. This clarifies the funder's health interests and objectives, and in some cases health projects are reported.

To enable the identification of trends in health funding, each funder statement was indexed using the health classification system which has been designed to be compatible with the system used by AGAG for comparison purposes as explained above, and a statistical analysis was performed according to health categories, types of work or support, cross-cutting areas, geographic focus and target populations.

Results for each parameter are presented in order of decreasing incidence of the funding occurrences from all foundations and corporate funders.

- **According to health categories**

The percentage (%) of occurrences vis-à-vis the total in each main category is the following:

- *Infectious Diseases (40 occurrences)*

HIV/AIDS:	40%
Tuberculosis, acute respiratory infections:	23%
Malaria	12,5%
Other tropical parasitic diseases (trypanosomiasis, drancuculiasis...)	12,5%
Eye infections	10%
Dysentery	1%
Leprosy	1%

- *Family Planning & Reproductive Health (14 occurrences)*

Maternal health	44%
Reproductive health	36%
Sexual health	10%
Genetics/Population	10%

- *Environmental Health (14 occurrences)*

Water quality/Water supply	40%
Hygiene/Sanitation	39%
Pesticides	14%
Air pollution	7%

- *Nutrition and Food security (10 occurrences)*

Nutrition	70%
Food Security & Supply	30%

- *Women's Health and Rights (9 occurrences)*

Sexual rights/discrimination	45%
Physical integrity	33%
Economic rights	22%

- *Mental Health (6 occurrences)*

Psychological support	90%
Schizophrenia	10%

- *Disability & Rehabilitation (3 occurrences)*

- *Immunization, Immunology, Epidemiology (3 occurrences)*

- *Cancer/Oncology (2 occurrences)*

- **According to types of work/support (104 occurrences)**

- *Training in healthcare skills and knowledge 38%*
(including building communities' capacities, funding health staff and trainers)

- *Infrastructure development 21%*
(constructions, health system improvement, provisions of access to primary health services, materiel donations such as equipment for disabled people, for hospitals, health centres)

- *Research 16%*

- *Awareness campaigns 10%*
(media support, conferences, seminars, workshops)

- *Direct care and surgery 7%*

- *Pharmaceutical product supply 7%*
(including not-for-profit price on drugs)

- *Advocacy 1%*
(for the right of the children)

- **According to cross-cutting areas related to health**

The following programmes in cross-cutting areas were quoted more than once in relation to health issues:

- *General education programmes*
- *Environmental protection*
- *Fight against poverty*
- *Socio-economic development*
- *Improving housing*

The following programmes were quoted once:

- *Respect for diversity programmes*
- *Art, culture & media*
- *Advocacy for human rights*
- *Peace and Security*
- *Empowerment and participation*
- *Social sciences*
- *Demography, population, epidemiology*
- *Scientific research including molecular biology, virology, biochemistry*

- **According to target populations (45 occurrences)**

The most important group targeted by funders are children and adolescents, in particular orphans and vulnerable children exposed to starvation, rejection, early death, prostitution, crime or terror. A particular focus is made on street children with high rates of malnutrition, deficits in growth and illiteracy.

The target populations of health funding include the following groups:

<i>Children and adolescents</i>	33%
<i>Communities</i>	14%
<i>Mothers</i>	13%
<i>Women</i>	9%
<i>Family</i>	9%
<i>Disabled</i>	9%
<i>Sex workers</i>	5%
<i>Health staff</i>	5%
<i>Disaster Victims/Tortured persons</i>	3%

- **According to Geographical Focus**

Out of the 52 countries in Africa, all but 11 were represented in the replies on geographical focus of foundations and corporate funders support for health in Africa.

The breakdown of percentages of occurrences (108) of funders vis-à-vis each African country is the following :

- 16% in Kenya
- 13% in South Africa
- 12% in Uganda
- 8% in Nigeria
- 7% in each of the following countries: Ethiopia, Mozambique, and Tanzania
- 6% in Ghana and Zimbabwe
- 5% in Egypt
- 4% in each of the following countries: Madagascar, Rwanda, Senegal
- 3% in each of the following countries: Burkina Faso, Cameroon, Congo, Democratic Rep. Congo, Gambia, Ivory Coast, Mali, Namibia, Zambia
- 2% in each of the following countries: Burundi, Malawi, Morocco, Somalia, Sudan, Tunisia
- 1% in each of the following countries: Algeria, Angola, Benin, Botswana, Chad, Eritrea, Guinea, Lesotho, Niger, Sierra Leone, Swaziland, Togo, Zanzibar
- 0% Cape Verde, Central African Republic, Djibouti, Equatorial Guinea, Gabon, Guinea Bissau, Liberia, Libya, Mauritania, Mauritius, and Reunion.

Financial information

As stated, it was very difficult to get financial information from all the funders on health funding for the different years targeted by the research: 2000, 2001, 2002, and 2003. This was due to the lack of replies to the survey and to the fact that research was mainly made through browsing funders' websites, which generally do not include "historical" information. In addition, programme officers who might have completed the website research by providing accurate figures were not available during the project time-frame.

The EFC received financial information on 18 independent funders (56% of the funders who replied) out of which 5 funders provided only part of the requested information. Only in 6 cases, figures were provided for three successive years. The sample is not sufficient to be significant, but we noted that only in one case did the amounts remain stable from year to year, and in all the other cases fluctuations in the allocated amounts were very large, either to decrease or increase the amounts in successive years, with sometimes huge variations in the amounts granted in the same organisation, for instance doubling in two successive years.

As a consequence, the statistical financial analysis refers mostly to the 2002 and 2003 activities in health funding. The variety of the amounts is reflected in various funding ranges which were created in order to better show the order of magnitude of the European funders' financial support in the field. Figures report on total grants allocated to health funding, on percentage of grants allocated to health categories and to region/country based organisations. Minimum, maximum and average grant amounts are also provided.

- **Financial support according to total grants for health related projects in Africa (18 occurrences) – in US\$**

15 million - 50 million	5%
3 million – 4 million	16%
2 million – 3 million	26%
1 million – 2 million	26%
above 500,000	5%
above 100,000	17%
under 100,000	5%

- **Breakdown of average, minimum and maximum grant amounts (in US\$)**

This category of financial information has been provided by 7 funders. The actual figures are shown in the table below. It may be useful to note that one funder (*) splits its grants into a variety of grant amount categories depending on the grant duration: 50,000US\$ represents the maximum amount for a grant of maximum 1 year duration, and 35,000US\$ for a one time grant.

<u>Average</u>	<u>Minimum</u>	<u>Maximum</u>
500,000	85,000	No maximum limit fixed
75,000*	35,000	100,000
50,000	25,000	100,000
20,000	5,000	50,000
10,000	NA	NA
5,000	2,000	10,000
1,000	NA	60,000

- **Percentage breakdown of annual expenditures per health categories**

This information was not provided at all by the majority of funders. Only 9 funders gave a partial indication of the proportion of funds allocated to a specific health category despite their clear indications about the health categories funded, which serve as a basis to identify the trends above. It is to be noted that when figures were provided they indicated an important focus on one or maximum two health categories. The figures are related to the most recent years of available data. In some cases, when figures were also reported for different years, we noted a diversification of the focus per year. Figures for the most recent years are the following:

HIV/AIDS : one funder allocates 100% of its annual funds for health in Africa (King Baudouin Foundation)

Infectious disease (drancuculiasis): one funder allocates 100% (The A.G. Leventis Fund)

Nutrition : one funder allocates 100%

Reproductive health: one funder allocates 90% and two other ones 20-30%

Water and sanitation: one funder allocates 44%

Mental health: one funder allocates 34%

Environmental Health : one funder allocates 10%

- **Percentage breakdown of annual expenditures per type of work/support categories**

Research: two funders allocate 90 to 100% of their funds

Education (fellowships): three funders allocate 2 to 15% of their funds

No other data were available regarding expenses per work/support categories.

- **Percentage breakdown of annual expenditures per geographic focus**

Information regarding annual expenditures by geographic focus was not reported at all by the majority of funders, and when it was the case, only partial information was provided. It is to be noted that when many countries (5 to 8) are supported by a same funder, an average of 10-15% of its annual resources are distributed in each country that it supports.

However, among the replies, 14 funders disclose a strong geographic focus and may be worth reporting the details. Actual figures are the following.

Algeria: one funder allocates 100% of its health funding to this country (Pro Victimis in 2002)

Egypt : one funder allocates 100% (Pro Victimis in 2003)

Kenya : one funder allocates 100% to this country (Allavida), and two others 50%, and 24% respectively

Kenya and South Africa together: one funder allocates 40-45%

South Africa: one funder allocates 27%

Mozambique: one funder allocates 24% and another one 15%

Some funders replied per region instead of specific countries. The figures are the following.

West Africa: one funder allocates 80-90%

East Africa: one funder allocates 70-80%, and two others 60% and 10% respectively

- **Percentage breakdown of allocation of grants to the partner organisations according to their location.**

The international work of foundations and corporate funders is often implemented through partnerships with Europe-based awardees, and local NGOs and government partners in the countries in question.

For all the years under consideration, the percentage of funders working with partner organisations (30 occurrences) is the following according to their location.

- For 60% of funders, 95-100% of their partners are Africa-based
- For 10% of funders, 25-30% of their partner are Africa-based

- For 20% of funders, 100% of their partners are Europe-based
- For 10% of funders, 60-75% of their partners are Europe-based
- For one funder, 5% of partners are Europe-based

- For one funder, 3% of partners are US-based

Remark:

Among the European funders funding Europe-based organisations, 10% are funding UK based organisations specifically working for African purposes

Central and Eastern Europe (CEE) Health –related Funding in Africa

- **General comments**

Main contacts in the field of health-related funding in Africa have been identified in the following Central and Eastern European (CEE) countries: Czech Republic, Estonia, Hungary, Poland, and Slovakia. When looking at the results of the search one has to keep in mind that funding in

Africa is not a priority in the region of CEE. Countries of the former Soviet Union (so-called New Independent States – NIS) are the main area for CEE assistance outside the region.

Quite often organisations offering support in Africa are church-related. The funds are gathered through collections, for example during Christmas. This support usually serves to fight poverty and hunger and is sent to Christian missionary stations. Organisations send food (for example flour) or money to build churches, schools, medical centres, and help missionary work.

A few organisations in the region of CEE deal with sending volunteers to work in developing countries, also in Africa.

- **Type of work/support**

CEE governments' help often includes development assistance, delegating experts, granting scholarships, exchange of expertise, elaboration of plans, and joint ventures.

- **Cross-cutting programmes related to health**

The funds sent from CEE to Africa are usually called “humanitarian” or “development” aid. It is rarely defined as health-related funding. Both “humanitarian” and “development” aid may include some elements of health-related support, for example funding hospitals, medical centres, and sending medicine.

- **Geographical focus**

The CEE funding is usually sent to the regions and countries experiencing war, poverty, and hunger. It is mostly East Africa, Great Lakes and Central Africa, and the Horn of Africa. The countries mentioned most often include: Kenya, Tanzania, Rwanda, Ethiopia, and Somalia.

- **Financial Data**

It is difficult to obtain complete financial data, in particular from church-related organisations. In general, identifying types of organisations (foundation, NGO, church-related) and the level of support is also a complex issue.

3.2. Non-Governmental Organisations (NGOs)

Number of contacts

A sample of eleven of the most important NGOs located in Europe and supporting health related issues in Africa was analysed according to the same parameters applied to the analysis of the support provided by foundations and corporate funders.

The list of NGOs' partners is included in the list of partner organisations of independent funders.

Country of origin

The respective countries of origin of the eleven NGOs are the following: 1 in France; 1 in Ireland; 1 in Italy; 1 in Luxemburg; 1 in Poland; 2 in Switzerland; 2 in The Netherlands; and 2 in United Kingdom.

NGOs Funding trends

Each NGO's statement was indexed using the health classification system applied to the trends analysis of health support in Africa by foundations and corporate funders. Findings were divided into two main sections: qualitative data including health categories, geographical focus and target

populations, and financial data including total of grants for health in Africa and an indication of the average, minimum and maximum grant amounts.

Results are presented in order of decreasing incidence of the funding occurrences from all NGOs.

- **According to health categories**

The percentage (%) of occurrences vis-à-vis the total in each main category is the following:

- *Infectious Diseases (15 occurrences)*

HIV/AIDS:	40%
Tropical parasitic diseases (onchocerciasis, leishmaniosis)	26%
Tuberculosis, acute respiratory infections:	24%
Malaria	9%
Leprosy	1%

- *Family Planning & Reproductive Health (1 occurrence)*

Maternal health

- *Environmental Health (5 occurrences)*

Water quality/Water supply	50%
Hygiene/Sanitation	50%

- *Nutrition and Food security (1 occurrence)*

Food Security & Supply

- *Disability & Rehabilitation (6 occurrences)*

- *Immunization, Immunology, Epidemiology (1 occurrence)*

- **According to types of work/support (12 occurrences)**

The four NGOs having provided information on this category reported to provide

• <i>Training in health care and hygiene</i>	67%
• <i>Direct care and war surgery</i>	17%
• <i>Infrastructure development</i>	16%

- **According to target populations (8 occurrences)**

• <i>Communities</i>	25%
• <i>Disabled</i>	25%
• <i>People in jail</i>	25%
• <i>Victims</i>	25%

- **According to geographical focus (54 occurrences)**

- 9% in Rwanda
- 7% in Ethiopia
- 5,5% in each of the following countries: Dem.Rep.Congo; Kenya; Mozambique and Uganda
- 3,7% in each of the following countries: Angola; Congo; Ghana; Liberia; Madagascar; Mali; South Africa; Sudan; Tanzania; and Zambia
- 1,8% in each of the following countries: Benin; Burkina Faso; Burundi; Cameroon; Eritrea; Guinea; Malawi; Nigeria; Senegal; Sierra Leone; Somalia; Togo; Zimbabwe
- 0% in Botswana; Cape Verde; Central Africa Rep.; Chad; Djibouti; Egypt; Equatorial Guinea; Gabon; Gambia; Guinea Bissau; Ivory Coast; Lesotho; Libya; Mauritania, Mauritius; Morocco; Namibie; Niger; Reunion; Seychelles; Swaziland; Tunisia; Zanzibar

NGOs Financial Information

- Only four NGOs provided **total of grants** as follows (in \$US)
 - 37 million
 - above 6,5 million
 - 800,000-900,000
 - 100,000-200,000
- Only three NGOs provided information on **grant amounts** as follows:

<u>Average</u>	<u>Minimum</u>	<u>Maximum</u>
100,000-200,000	5,000	1,250,000
NA	5,000	1,200,000
NA	2,000	30,000

- Regarding the **allocation of grants** according to grantees location, one organisation declared to provide 40% grants to Europe-based organisations and 60% to Africa-based organisations.

3.3. European Governmental Agencies

Number of contacts

A sample of eighteen European governmental organisations supporting health related issues in Africa was identified and analysed according to the same parameters applied to the analysis of the support provided by foundations and corporate funders, and by NGOs.

The list of governmental agencies' partners is included in the list of partner organisations of independent funders and NGOs that is provided in Annex 1.

Country of origin

The respective countries of origin of the eighteen governmental agencies are the following: 1 in Belgium; 1 in Czech Republic; 1 in Finland; 1 in France; 1 in Germany; 1 in Ireland; 1 in Luxemburg; 2 in Norway; 2 in Poland; 1 in Sweden; 5 in The Netherlands; and 1 in United Kingdom.

Usually the agencies supporting health issues in Africa are located within or are dependent on various Ministries such as:

- Ministry of Economic Cooperation and Development: in Germany, Belgium
- Ministry of Foreign Affairs: in Finland, France, Ireland, Luxemburg, Norway, Sweden, Poland, The Netherlands
- Ministry of Health, in Poland
- Department of International Development in United Kingdom
- Spanish Agency for International Co-operation, Spain

Governmental agencies funding trends

Each governmental agency's statement was indexed using the health classification system applied to the trends analysis of health support in Africa by foundations and corporate funders, and NGOs. Findings were divided into two sections: qualitative data including health categories and geographic focus, and financial data including total of grants for health in Africa and an indication of the average, minimum and maximum grant amounts.

No data were provided by the three governmental agencies of CEE.

Results are presented in order of decreasing incidence of the funding occurrences from all governmental agencies.

- **According to health categories**

The percentage (%) of occurrences vis-à-vis the total in each main category is the following:

- *Infectious Diseases (20 occurrences)*

HIV/AIDS:	70%
Tropical parasitic diseases	10%
Tuberculosis, acute respiratory infections:	10%
Malaria	10%

- *Family Planning & Reproductive Health (7 occurrence)*

Sexually transmitted diseases	42%
Maternal health	28%
Reproductive health	15%
Family planning	15%

- *Environmental Health (6 occurrences)*

Water quality/Water supply	50%
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Hygiene/Sanitation	50%
• <i>Nutrition and Food security (5 occurrences)</i>	
Food Security & Supply	100%

• *Disability & Rehabilitation (1 occurrence)*

• *Narcotics-Drug Abuse (1 occurrence)*

• *Mental Health (3 occurrences)*

- **According to types of work/support (11 occurrences)**

Eight (73%) governmental agencies having provided information on this category reported to provide community based health care and services within public health and health system development programmes. Other cross-cutting programmes related to health issues refer to:

<i>Sustainable development</i>	46%
<i>Environment programmes</i>	27%
<i>Education programmes (including continuing education)</i>	25%
<i>Population issues</i>	1%
<i>Peace and conflict</i>	1%

- **According to target populations (7 occurrences)**

<i>Refugees-Displaced persons</i>	28%
<i>Disabled</i>	28%
<i>Children and adolescents</i>	28%
<i>Women</i>	16%

- **According to geographical focus (172 occurrences)**

5,2% in Uganda

4% in each of the following countries: Ethiopia; Kenya; Mozambique; Tanzania

3,4% in each of the following countries: Burkina Faso; Namibia; Rwanda; Senegal; South Africa; Zambia; Zimbabwe

2,9% in each of the following countries: Angola; Cameroon; Ghana; Malawi; Mali

2,3% in each of the following countries: Burundi; Guinea Bissau

1,7% in each of the following countries: Algeria; Botswana; Cape Verde; Chad; Congo; Dem. Re. Congo; Egypt; Eritrea; Ivory Cost; Liberia; Mauritania; Sierra Leone; Sudan

1,1% in each of the following countries: Benin; Central African Rep.; Madagascar; Niger; Nigeria; Somalia

0,6% in each of the following countries: Djibouti; Gabon; Gambia; Guinea; Lesotho; Morocco; Swaziland; Togo; Tunisia

0% in Libya; Mauritius; Reunion; Seychelles; Zanzibar

Governmental Agencies Financial Data

Only three funders out of fifteen (20%) having replied provided some information. But not all the categories of data were provided, and the figures referred to years 2002 and 2001, as it was too early to get 2003 figures.

- For the three cases, the **total of grants** for health in Africa is distributed as follows (in \$US)

14 million – 16 million	2 agencies
5 million – 6 million	1 agency
- One agency quoted the following **grant amounts**:

Average: 215,000	Minimum: 3,500	Maximum: 2,645,500
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- Regarding grant allocation per **grantees location**, one agency reported to provide 50% of its grants to Africa-based organisations, and 1% to European-based organisations.
- Regarding the allocation of grants to specific geographic focus, it is worth noting that funds of governmental agencies are spread among numerous countries which results in highly diversified total amounts of funding across all the countries ranging from 0,5% up to 50% of the health total of grants per agency.

3.4. The European Commission

The European Union is an important and active player in funding related health initiatives to eliminate poverty in Africa. A major part of its activities are channeled through different agencies and directorates within the European Commission (EC). The main Directorates General and agencies are the following.

3.4.1 European Commission Humanitarian Aid Office (ECHO)

Mission: ECHO provides emergency assistance and relief to the victims of natural disasters or armed conflict outside the European Union. Humanitarian action is pivotal within the EU's external actions.

Areas of Interest: ECHO's task is to ensure that goods (essential supplies, specific foodstuffs, medical equipment, medicines, fuel) and services (medical teams, water purification teams, logistical support) reach crisis zones fast.

Financial Data: Since 1992 humanitarian aid funded through ECHO has provide assistance to more than 85 countries and has reached the total of more than 500 million euro per year. ECHO aid rose rapidly to reach a level that is today comparable to the levels of humanitarian aid provided by the United States.

Total amounts for EC Humanitarian Aid was set to:

491,715,000 euros for 2000

543,703,000 euros for 2001

537,790,000 euros for 2002

3.4.2 Directorate General (DG) Development

Mission: DG Development mission is to eradicate poverty in the developing countries and to promote sustainable development, peace and security as well as a stable and democratic political environment in the European Union's partner countries. DG Development formulates the EU's development co-operation policy for all developing countries and co-ordinates the relations with sub-Saharan African, Caribbean and Pacific countries (ACP) and the Overseas Countries and Territories (OCT).

Areas of Interest: The main fields of activities when fighting poverty are education and training, health, HIV/AIDS and population, gender, corporate social responsibility, core labour standards, and culture.

Partners: In fulfilling its role, DG Development works in close collaboration and interaction with other services of the European Commission, in particular the EuropeAid Co-operation Office, ECHO, and the Directorates General for External Relations, Trade, ECFIN, Fisheries, Agriculture, Environment, Transport, Energy and JAI. It is committed to strong co-ordination and complementarity between the Commission, the EU Member States and organisations such as the World Bank, regional development banks, the OECD and the United Nations system. DG Development works in partnership with government, civil society, economic and social actors including the private sector in ACP countries and other developing countries.

3.4.3 Directorate General Research

Mission: Selecting genomics and biotechnology for health is one of the priority themes within the framework of the Sixth Framework Programme of DG Research, in line with a major political and strategic choice the Union made recently in meeting the challenges of the new knowledge-based economy. Halting the deteriorating health situation in those developing countries afflicted by communicable diseases has become a key condition for a sustainable world.

EC action concentrates on two major fields:

- (a) Advanced genomics and applications for health, and
- (b) Combating major disease (fighting the three infectious diseases linked to poverty (Aids, malaria, tuberculosis) which are the priority for disease control at both Union and international level.)

Partners: Research activities include Co-operation with third countries. Within this framework Research for Development in ACP(Africa, Caribbean, Pacific), ALA (Asia, Latin America) and Mediterranean partner countries is developed. The objectives of the programme are: to undertake research to tackle the challenges posed to Developing Countries; to mobilise the strengths, expertise and resources of the European scientific community jointly with Developing Country research teams; and, to use RTD (Research and Technological Development) co-operation to support EC development co-operation policy in line with current strategy.

Areas of activities: A specific section of the project is called “Systems Research on Natural Capital and the Human Environment, including health (All regions except Mediterranean partner countries. Priority to shared cost actions and concerted actions).” This involves managing the human environment and the rural-urban interface: health systems, water management and land use. The objective of this theme is the design of systems to reduce the negative impact, contribute to human welfare and provide employment. Priorities for the year 2000 call were limited to: Health systems - Improving health systems from central to peripheral level, focussing on equitable and accessible health care delivery, quality of care, health service and uptake, use of human resources and improvement of health information systems including monitoring and evaluation. In the context of health systems, attention should be given to the coverage of vulnerable groups and reproductive health. Envisaged for the next call: Managing the human environment and the rural-urban interface: health systems, water management and land use.

Financial Data: Support for Research/BUDGET € 2 255 million

3.4.4 EuropeAid

EC external aid is given by means of either contracts to provide services, supplies or works to beneficiary countries or grants (generally for projects proposed by non-profit making organisations). This aid is usually provided under one of the EC external aid programmes and instruments or under specific budget headings, such as for South Africa. Programmes regarding African countries are MEDA, EDF and South Africa project.

The EC is active in the following African countries: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo (Brazzaville), Congo (Kinshasa), Cote d’Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Sierra Leone, Senegal, Seychelles, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe.

3.4.5 Specific policies (from DG Development) related to health categories include:

- ***Environmental Health***

Water management in developing countries Policy and priorities for the EU development co-operation: Water supply has been an important sector of successive European Development Funds, as part of rural and urban water engineering projects, which may be integrated into rural development programmes. Irrigation and hydroelectric projects are also typical. One priority objective is to facilitate public access to water supplies that are adequate in both

quantity and quality, together with adequate standard of sanitation, by rehabilitation and constructing systems appropriate to the population's real needs and its technological and financial capacity.

- *Infectious Diseases*

Health, AIDS and Population (HAP): Since 1990, the EC has provided around 4,2 billion euros, through a variety of complementary financing mechanisms, to health-related interventions in more than 100 developing countries world-wide. EC developing countries health support operates on regional, national and local levels and gives priority to health sector support, such as the strengthening of infrastructures and systems, institutional development and towards a greater integration of cross-sectoral themes; "population" issues such as sexual and reproductive health and rights and safe motherhood; sexually transmitted diseases, and in particular HIV/AIDS; and working to accelerate global action against HIV/AIDS, malaria and tuberculosis.

HAP policies and programming are co-ordinated by the European Commission in Brussels at the Directorate General for Development, Unit B/3 - Social and Human Development.

Health, AIDS, Population in Africa: More than 100 country-specific and three regional Health, AIDS and Population interventions were supported in Sub-Saharan African countries between 1990 and 1999 under the EDF. Major investments in health development programmes have been made across a number of countries in the region including: Uganda, South Africa, Zambia, Ghana, Chad and the Democratic Republic of Congo. Support to vaccines and pharmaceutical products has also been a priority in countries including Burkina Faso, Burundi and Madagascar. Specific reproductive health and HIV/AIDS programmes, such as the Kenya Family Health Programme, the Regional HIV/AIDS programme and the support to Safe-Motherhood in Malawi, have also been supported.

Several new programmes were approved in 2000. Some examples include: the health sector support programmes in Cameroon and Central African Republic. In addition, a new regional HIV/AIDS programme has been approved; sexual and reproductive health and human resources for health programmes in Uganda; and health systems financial management in Guinea. Since 1995 South Africa has received special support through a specific financial facility, the "European Programme for Reconstruction and Co-operation Agreement" (EPRD). This programme covers a broad spectrum of issues concerning democratisation, human rights and social sector support. Health sector and HIV/AIDS programmes have also been a major priority for the EPRD since the start.

Programme for Action-Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction: The EC will work within an expanded partnership, including the UN, the World Bank, the World Health Organisation, Non Governmental Organisations, G8 members and EU Member States, building on its particular areas of competence. The main elements of the plan are:

- increase in the money allocated to health, HIV/AIDS and population programmes as delivery capacity improves. For 2000, €800 million were available, depreciating 8% of the total development co-operation programme.
- New objectives: setting up in developing countries of pharmaceutical policies better adapted to their needs, support for investment in the development of local production capacity; a commitment in favour of tiered pricing where developing countries pay the lower possible price for medicines; acknowledgement of the possibility to explore the best use of compulsory licensing systems; a commitment by the Commission to launch a debate in the WTO (World

Trade Organisation) on reconciling the TRIPS (Intellectual property rights) agreements with the objectives of health protection in developing countries.

- In the area of research, launching of a major initiative concerning clinical trials.

- ***Family Planning and Reproductive Health***

Population: The term "population" is an umbrella term now used to describe issues relating to demography and reproductive and sexual health and rights. This can include issues such as contraception, abortion, safe motherhood, early child care, gender-based and sexual violence, and sexually transmitted diseases (STDs), including HIV/AIDS. "Population" issues relate to men, women, adolescents and children. The European Commission's support in this area currently focuses on six key areas:

- Increased gains in access to family planning services
- Ensuring women have the opportunity of safe pregnancy and childbirth
- Sexual and reproductive health of young people
- Limiting the spread of HIV/AIDS and STDs and caring for those who live with the virus
- Tackling gender-based violence and sexual abuse, especially of young women and children
- Building partnerships with civil society

In 2000, the special budget line created to fund population and reproductive health interventions in developing countries (B7-6310) was merged with the HIV/AIDS in developing countries budget line (B7-6211) to create a single but more comprehensive and thematic budget line: Aid for Population and Reproductive Health, including HIV/AIDS, in Developing Countries (B7-6212). This has led to an increased range of possible interventions under one budget line, as well as a more accurate and workable reflection of the links between population issues, reproductive and sexual health and rights and HIV/AIDS in developing countries.

3.4.6 European Commission Budget for Health in Africa

2002

External action and pre-accession aid of the 2002 budget of the European Commission budget: 8 131,0 million euros (which corresponded to 8.4% of the total appropriations for commitments, amounting to 98 634,7 million euros).

From that amount the amount of 124,8 million euros (1.5% of the total 8 131,0 million euro) was attributed to Cooperation with southern Africa and South Africa, the amount of 455,0 million euro (5.6%) was attributed to Food aid and support operations, and the amount of 441,8 million euro (5.4%) was attributed to Humanitarian aid.

2003

External action, Cooperation with the countries of Southern Africa, including South Africa, of the 2003 budget of the European Commission budget: 152 700 000 million euros.

Humanitarian and Food Aid amounts to 888 540 000 million euros. The amount allocated for health in Africa is not specified.

4. CONCLUSIONS

The programme interests of funders included in this research cover the broad spectrum of infectious diseases with a focus on HIV/AIDS, reproductive health, food security, environmental health, mental health, disability, and immunization. The analysis also illustrates that health programmes include overlapping fields, such as empowerment and participation, agriculture and land management, socio-economic development, environmental protection, education and training. This illustrates that a high degree of integration between health and socio-economic and environmental issues is vital in realising health programmatic goals. Usually the same type of work or support is implemented to reach the funders' health objectives, which ranges from awareness campaigns, research and advocacy initiatives up to education and skills development, and infrastructure development in all the concerned areas. In addition, funders' health initiatives apply to all population categories with a focus on children, communities and women.

The financial analysis of foundations and corporate funders revealed that 68% of the foundations and corporate funders provided total grant amounts ranging from 1 million up to 4 million US\$ while 5% funded above 15 million up to 50 million US\$. The breakdown of average, minimum and maximum grants shows an average of grant amounts ranging from 1,000 to 500,000 US\$.

The analysis of annual expenditures per health category also revealed a trend to allocate 100% of total annual fund for health in Africa to one specific health category; the fight against HIV/AIDS and infectious diseases were the most frequently reported categories.

The importance of research as one type of work used to achieve funder objectives is worth being highlighted.

Regarding geographic focus, a few funders reported allocating 100% of their annual funds to a single country (Algeria, Egypt, Kenya), while most of the funders split their annual funds among many countries all over Africa or in a particular region. In the latter case East Africa was the most frequently reported. Lybia, Equatorial Guinea, Mauritius, Reunion, Seychelles, are countries that do not receive any support for health issues at all, nor from independent funders, NGOs or governmental agencies

The majority of the funders reported to work with Africa-based organisations and when funds are allocated to European-based organisations, with a peak in the UK, these are organisations that are very well known for their work in and for Africa.

The difference between funders from Western Europe and Central and Eastern Europe (CEE) should be emphasised as funding in Africa is not a priority in the region of CEE. Countries of the former Soviet Union (so-called New Independent States – NIS) are the main area for CEE assistance outside the region.

It is impossible to detail the comparison between foundations and corporate funder support with NGOs or governmental organisations because of lack of data. But convergence of interests regarding the fight against HIV/AIDS and tuberculosis and malaria has been clearly seen.

Regarding their partnerships, foundations and corporates work mostly with a variety of local NGOs in the different African countries, while the governmental organisations more frequently collaborate with multilateral organisations, such as the UN and WHO, and use intermediary organisations such as federations or networks of NGOs to reach African-based organisations.

When detailing the objectives of direct health support and cross-cutting related health programmes, supporting health in Africa is clearly seen by the three categories of funders and by the European Commission as human right and sustainable development issues. Health and poverty are so interlinked that they are often funded together through multidisciplinary programmes, not separately.

Foundations and corporate funders in particular focus on research funding; awareness campaigns including the development of practical tools for exchange of information among practitioners in the field; and health infrastructure development with long term objectives. This research reveals the actual capacity of European foundations and corporate funders to play an important role for the health of people in Africa, affecting systems of health care delivery and public health within and across the African countries.

EFC Orpheus Programme
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