INFORMATION ON PROJECT FUNDING OPPORTUNITIES FOR IANPHI MEMBERS

October 2012
Ulla Järvelä-Seppinen
Fundraising Consultant
# Table of Contents

1. **BACKGROUND & CURRENT TRENDS IN HEALTH SECTOR GRANT FINANCING** .......................................................................................................................................................................................... 5

2. **IMPROVING ACCESS TO FUNDING FOR JOINT ACTIONS AND DEVELOPMENT PROJECTS** .......................................................................................................................................................................................... 6

2.1. Assessment of current IANPHI Infrastructure from fundraising point of view 6

3. **POTENTIAL SOURCES OF GRANT FINANCING FOR IANPHI MEMBERS** .......................................................................................................................................................................................... 8

3.1. Bilateral donors .................................................................................................................................................................................. 8

3.2. Non-governmental Organisations ..................................................................................................................................................... 11

3.3. Public-Private Partnerships (PPPs) and Networks ............................................................................................................................ 11

3.4. Multilateral Organizations ........................................................................................................................................................................ 11

3.4.1. UN agencies and funds ................................................................................................................................................................. 11

3.4.2. European Union Institution ......................................................................................................................................................... 13

3.4.2.1. European Union health sector funding available for European applicants (including non members) ......................................................................................................................................................... 13

3.4.2.2. European Union health sector funding available for low resource countries .................................................................................................................. 14

3.4.2.3. EEA and Norway Grants to European countries ......................................................................................................................... 16

3.4.3. World Bank Group ..................................................................................................................................................................... 17

3.4.4. Regional Development Banks & Funds ...................................................................................................................................... 17

3.4.4.1. African Development Fund .................................................................................................................................................. 17

3.4.4.2. Andean Development Corporation (CAF) ............................................................................................................................ 17

3.4.4.3. Asian Development Bank and Asian Development Fund ........................................................................................................... 18

3.4.4.4. Inter-American Development Bank (IDB) ........................................................................................................................................ 18

3.4.5. Other multilateral Institutions .................................................................................................................................................... 18

3.4.5.1. Financial Intermediary Funds ................................................................................................................................................. 18

3.4.5.2. Other multilateral institutions .................................................................................................................................................. 19

3.5. Philanthropists & private sector partnerships .................................................................................................................................. 19
INFORMATION ON PROJECT FUNDING OPPORTUNITIES FOR IANPHI MEMBERS

EXECUTIVE SUMMARY

International Association of National Public Health Institutes has been officially operating for 6 years, during which period the number of members has doubled. The operations during the initial period have been financed through grants provided by Bill and Melinda Gates Foundation and Rockefeller Foundation. The current funding for one of the key areas of operations, i.e. supporting the low resource countries in setting up and strengthening national public health institutes is gradually expiring, and as an organisation IANPHI needs to take important decisions regarding its future financing strategy, and has to determine the modality and scope of the support it endeavours to give to its members.

This documents aims to summarize the most potential sources of financing and their specific features, taking also into account recent policy developments in the area of development financing. Containing extracts from a larger document on the fundraising, it also outlines some of the actions that would facilitate IANPHI members’ access to external funding.

Decisions regarding the concrete future actions will largely depend on the commitment of individual member institutes, but as in any global organization there needs to unanimous understanding of and support for the strategic direction. Looking at the way the association operates today there are strengths to be built on, such as the undisputable importance of NPHIs and the benefits related to strengthening similar structures worldwide.

However, there are also challenges to overcome if the growth and stability of the association are to be secured. The key challenge identified when preparing this document relate to the fact that most of the financiers, including private corporations and their corporate responsibility schemes prefer to finance projects rather than cover general operating expenses.

Regarding project financing it appears difficult to define which operations are clearly IANPHI pertinent and which part of operations are bilateral, i.e. take place between two member institutions. From operational point that does not form a problem, since what really matters is the outcome, but from the fundraising point of view the association would benefit from

1. Clearer profiling of the Secretariat in representing the organization and coordinating the implementation of planned IANPHI activities, including networking and fundraising, irrespective of actual place of administering the use of funds.
2. Decentralizing the process for applying and administering project type funding to individual member institutes.
3. Criteria to help determine which activities constitute IANPHI operations and use of funds applied under the umbrella of IANPHI, and can be used as references when applying operating grants or project specific funding for the association.
4. Development of tangible system tools that could be shared by all members and used both in the advocacy and fundraising activities, such as a definition of a toolkit for setting up a NPHI, including related costing for various functions, as well as sustainability related tools.
5. Proactive global mapping and matching of human resources and demand/needs to facilitate planning of twinning arrangements, and south – south or tripartite collaboration in specific areas. The mapping could be part of the annual general assembly meetings.
Future financing of the annual meetings/general assemblies

For the next two years travel costs related to the organization of meeting will still be subsidized by Emory through the Gates grant as follows:\(^1\):

- November 2013-October 2014: $46,250 for low-resource travel and $41,175 for EB travel

On the basis of 2012 meeting costs, this means that approximately $80,000 will need to be raised in 2013 to support the annual meeting.

Due to limited staffing of the Secretariat, its personnel can currently provide only advice and documentary support to members that need to identify external financial resources in order to participate in the meetings, but they cannot participate actively in the fundraising activities. Therefore it is crucial to identify members that have the willingness and resources to take contribute to that time consuming task.

Most of the financiers expect that the funding requests are made by those that will eventually benefit from the grants, rather than by the organizers of the event or meeting. Often the conference or workshop grants exclude support to regular meetings mentioned in the constitution, due to which the annual meetings should have two distinctive parts, and funding could be applied for the part that contributes to networking, joint actions, sharing information and good practices.

For annual meetings the organizer is naturally in the key role in identifying potential and local and regional financiers for other meeting costs. This document and its annexes are designed to help them to identify potential funders that already are active in member countries in the health sector.

---

\(^1\) Courtenay Dusenbury, 4.9.2012
1. **Background & Current Trends in Health Sector Grant Financing**

There are more than 100 global partnerships in the health sector alone, with 80% of donors providing just 10% of total assistance. With differing methods of aid delivery, monitoring and evaluation, the results are chaotic and expensive for beneficiaries, and ministries of health can quickly become overwhelmed by the sheer administration of initiatives. Despite the increasing number of initiatives, the EU and its member states are having difficulty in meeting their MDGs, in particular those related to health: while the Europe accounted for 65% of the global aid in 2008, it provided in only 39% of health ODA.

In recent years donor approaches to health sector funding have altered so that while HIV responses in general are becoming squeezed, attention is focused on “new” issues, such as maternal and child health or health systems.

For example, the Health Systems Funding Platform (the Platform) was established in 2009, at the recommendation of the High Level Taskforce on Innovative International Financing for Health Systems, as one way to accelerate progress towards the health Millennium Development Goals 4 and 5 on reducing child and maternal mortality. The Platform brings together GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), and the World Bank, with facilitation from the WHO, linking their support behind developing countries' national health plans. Its aim: to streamline health system strengthening (HSS) support and align with country budgetary and programmatic cycles by supporting:

- One comprehensive health plan, that integrates both domestic funding and international aid;
- One joint assessment of the national health strategy;
- One budget;
- One tracking system for funds.

The Platform is not a global pool of health funds: funds will still flow from the participating financiers. However, integrating support from the largest providers of support for health system development does have the potential to make health dollars go further in developing countries:

- administrative costs will fall thanks to better coordination among funders, both around existing funding and new requests for funding, reporting, financial management, monitoring and technical support;
- there will be fewer duplicative initiatives in any single country;
- fiduciary risk will be reduced;
- countries will be able to leverage additional funding for HSS.

These new emerging modalities are expected to result in funds being directed principally to local needs, thus by-passing the regional and global structures that are essential to build quality, well-focused responses. The other important shift in donor modalities is the preference for funding in bulk – small, strategic funding opportunities are now rare, as most donors try to move money in relatively large volumes to avoid internal transaction costs. One of the outcomes is that when the country systems are not considered sufficiently efficient or transparent to merit direct budget support of the health sector, the country level financial flows from various donors are being pooled to finance the implementation of local health sector strategies and major programmes, and the financial administration of the pooled funds.
is given to one of the donors or internationally known organizations. All of these changes affect IANPHI’s access to donor funding.

Accessing funding from philanthropists and private sector witnesses same trends: Rather than financing dozens of small initiatives on a one-time basis, the foundations and corporate giving policies seem to prefer long term partnerships in a given sector, which can be good news to IANPHI, provided it can sustain a partnership that has added value for both parties. One could reason that such partners could be found among pharmaceutical companies, information technology industry or companies that manufacture products or provide services for health sector.

Whatever the funding source, there is no easy way out. Attracting financial support to a project, programme or initiative – no matter how good is the idea – always calls for human resources inputs in all stages. For the reputation of IANPHI, proper project management throughout the project cycle is of equal importance as a skilfully drafted funding application. Already at the application stage it is important to have a legal person representing the Institute. For EU funding the IANPHI Foundation often qualifies as an eligible applicant, but the low annual income of the Foundation may in some cases limit the grant size, due to which an EU based NPHI could be a more feasible alternative. Furthermore, each potential financier needs to be assured of the transparency and internal controls in place in the applicant’s financial administration.

2. Improving Access to Funding for Joint Actions and Development Projects

2.1. Assessment of current IANPHI Infrastructure from fundraising point of view

Currently IANPHI investments in infrastructure have focused on creating a website that can be accessed by authorised members. Major investments in office facilities have not been necessary, thanks to in-kind contributions provided by THL for the Secretariat and those of Emory University and Gates grant allocation for indirect costs for sustaining the Atlanta office operations.

IANPHI website already offers valuable information that can be used for fundraising. Data that needs to be easily accessible includes audited financial statements of the Foundation (the legal person in case of future applications), organisation chart, constitution, description of management system and administrative system, CV’s of key staff members, sample monitoring and evaluation plan that can be easily adjusted according to project needs, sample dissemination strategy. Most of that can already be found by relevant individuals, but there is still need to develop further materials, e.g. reference cards on each project, that will facilitate the preparation of funding applications to EU and a number of bilateral donors. Instead of promotional, summarised project descriptions several Europe based financiers require clear data and evidence on the actual role of IANPHI and IANPHI members in the various projects carried out. To satisfy the information needs of various financiers, the minimum information needed on each project that IANPHI would like to use as a reference includes:

1) Name of the Project
2) Name of the Beneficiary Institution (Client)
3) Name of financier
4) Project duration (from – to, including month and year)
5) Project budget (total budget and services separately)
6) Project objective (broken down into results, if possible)
7) Type of services provided by IANPHI
8) IANPHI personnel/members involved in the Project (No. of working months as well as percentage of all inputs)

2.2. Possible activities to facilitate IANPHI members’ access to external project funding

Mapping out needs and resources

As demonstrated by the large number of donors who are active in health sector, there are several possibilities for acquiring grant financing for specific development activities. To that extent, it will be important to determine:

1) Which countries are interested in further development and strengthening of their NPHIs in general, and which are the key areas of operations that would need to be strengthened within the next five years?
2) Which members can offer their own or seconded expertise to their counterparts in less resourced countries, and what are the specific areas in which each member has lessons learned and replicable, scalable and sustainable models to offer?
3) How to make that information available for all, e.g. by establishing a database of resources and experts?

Enhancing networking and advocacy

Thanks to the high profile of each IANPHI member institute, the wide network of decision makers locally, regionally and internationally is already there and can be explored. The visibility of IANPHI and the extent to which the association is known is an element that affects the association’s access to external funding, and that can be improved. To that end IANPHI could enhance the use of the potential of the individual members in a coordinated manner. The Appendix No. 2 contains a sample of a calendar of events that could be maintained by the Secretariat, with contributions from members. IANPHI members worldwide could provide the Secretariat information on upcoming events in their region and volunteer to represent besides their organization also IANPHI in the respective occasions. The updated calendar could be made available on the association’s website.

Information and materials to facilitate fund applications:

In order to prepare requests to various potential financiers, it is necessary to formulate the key issues about the project that one is seeking financing for. To make this task easier, IANPHI members could share draft formats that fulfil the standard requirements, and have already been successfully used. The standard sections for any application include a rationale, objective(s), monitoring and evaluation system, dissemination, replicability, scalability, sustainability, management and administration systems. To that extent, as outlined in the US office plan, IANPHI needs to prepare a rationale that explains why it is important to establish a NPHI in every country. Furthermore, the association needs to calculate a total cost for selected parts of the process, e.g. the cost of establishing laboratories, staffing the Institute, ensuring the basic surveillance system and so forth. Those could be made accessible to all members through the website. Early inputs into standardized systems, tools and promotional materials will pay off, and reduce the time used for fundraising in the long run.
For serving the members, **IANPHI Secretariat or one of the members could facilitate access to information on funding possibilities.** Links to sources for information on funding possibilities provided by the major health sector donors have been summarized in Appendix 3. There are also several organizations that track information on funding opportunities against a small monthly fee or even free of charge.

To identify grant writing resources, the **Secretariat could maintain on the IANPHI website accessible for members a list of grant writing resources**, preferably ones that could be seconded by the more resourceful members to assist the applicants on a case by case basis.

The current information displayed in the Annexes sheds light on which key donors are active and where. However, to be truly effective, the fundraising – as any other activity works best if the initiative comes from the beneficiary. Ideally, the information on the donors, philanthropists and private sector partnerships already witnessed at the location in a country with limited resources could be the contribution of each member. At best, the work done to improve and further develop NPHI's could be linked to an existing programme at the provincial or district level, and IANPHI could offer a top-down solution or support advocacy at the policy makers’ level. Also, the role of NPHIs in collecting and processing data for evidence based decision making and their role in coordinating cross-border actions should be emphasised in the applications.

### 3. Potential sources of grant financing for IANPHI members

This document divides the potential sources of grant financing into groups in accordance with the OECD Development Cooperation Directorate (DCD-DAC) listing of ODA\(^2\)-eligible international organisations:

1. Public Sector Institutions consisting of donor governments (= Bilateral donors)
2. Non-governmental Organisations and Civil Society
3. Public-Private Partnerships and Networks
4. Multilateral organizations
5. Other
6. Besides the above, the issues related to Philanthropists & Foundations that do not fall into above groups, as well as the IANPHI potential for private sector partnerships are briefly dealt with

There are many ongoing financiers, such as Bill and Melinda Gates Foundation, that work closely with all four types of funding, and bilateral donors that prefer to operate through multilateral organisations when it comes to health financing, due to which splitting the sources into above categories is slightly artificial way to break the cobweb of operations. However, there are still some key characteristics of each type of financier, mostly related to the way they operate and take financing decisions. Those specificities are briefly described in the following chapters.

#### 3.1. Bilateral donors

Bilateral donors tend to exercise de-fragmentation policies when it comes to financing programmes, and large amounts of health financing are directed through GFATM and WHO. Quite a few donors have shifted the emphasis more towards sustainable development, and

---

\(^2\) Official Development Assistance
more exactly towards ecological and socio-economic sustainability, and towards strengthening the civil society. Nobody denies the role of health services in the puzzle, but seemingly it is considered that supporting the bigger, specialised actors takes care of that.

European DAC members mainly channel their health funding to low resource countries bilaterally in the form of projects. France and UK are the only two countries which channel a substantial percentage of health ODA through budget support. The good news for IANPHI is that while the global players and civil society are taking care of HIV-AIDS, the system level development is still largely addressed through EU funded or bilateral cooperation at the national or provincial level, and there is a shift toward preventive health care. The impact of climate change and environmental hazards to the health status are new themes that can be expected to be high on the agenda in the near future, and offer another opportunity for IANPHI that already has tackled environmental health e.g. in Morocco project.

The Muskoka Initiative on Maternal, Newborn and Child Health is a funding initiative announced at the 36th G8 summit which commits member nations to collectively spend an additional $5 billion between 2010 and 2015 to accelerate progress toward the achievement of Millennium Development Goals 4 and 5, the reduction of maternal, infant and child mortality in developing countries. Therefore, one could focus proposals in that area to the G8 members. For instance, Canada has committed $1.1 billion in new funding between 2010 and 2015 under the Muskoka Initiative, and will maintain existing program spending on maternal, newborn and child health at $1.75 billion over five years – for a total contribution of $2.85 billion. As of September 2011, the Government of Canada has announced almost $800 million in Muskoka Initiative funding for 51 projects in 26 countries in Africa, the Americas and Asia. Also French aid is officially being rebalanced towards maternal and child health, with additional 500 million Euros pledged over five years and a shift towards a more horizontal approach, for example health system strengthening, but commitments are yet to be translated into action. Italy and Spain are encountering difficulties in meeting their health ODA targets due to their internal financial problems, and while UK overall ODA performance is good, its allocations for health and especially HIV are still below international targets.

Australia spends annually over $500 million to provide a mix of support, focusing on working with national governments to fund health systems and services, in addition to supporting multilateral health agencies and civil society organizations to expand the reach and impact of our aid. AusAid focuses its health assistance on Asia and the Pacific region, but also provide targeted support to East Africa. Under the five-year (2011–2015) $140 million Australia–Africa Maternal and Child Health Initiative in Africa, AusAID works with partners in East Africa to strengthen health systems for improved maternal, neonatal and child health outcomes, support midwifery training, improve basic and emergency obstetric and newborn care, and expand access to family planning services. AusAid also operates two relevant grant funding schemes:

- The AusAID Development Research Awards Scheme (ADRAS) is AusAID’s flagship research project funding scheme. The Awards fund investigator–led, applied research on emerging and priority themes, including health.
- The International Seminar Support Scheme (ISSS) supports participant attendance at development orientated seminars in Australia and overseas.

Japanese contributions to low-resource countries in the area of health managed by Japan International Cooperation Agency (JICA). JICA prioritizes its cooperation in the health sector along the lines of assisting developing countries to achieve health-related MDGs and to that extent it coordinates and cooperates with international organizations such as the World Health Organization (WHO) and donors from other countries in order to improve maternal, newborn and child health, combat infectious diseases, and strengthen health systems.

USAID is undergoing a reform known as USAID Forward. While the details of the reform are not fully clear to the public yet, it is evident that the approach will become more strategic. USAID is now preparing country strategies for all of the approximately 70 countries where it operates.
Around a dozen strategies exist to date, and the plan is to have all of them drafted by end of the fiscal year 2013. Another change is expected in the area of project design that will be more upfront. The scope of design work will include analyzing the capacity of the partner government systems and integrating science and technology-based innovations into project design. All in all, the reform may provide opportunities for IANPHI to be involved in the design and also to advocate already at the stage when the country strategies are being drafted.

Although the above only covers some of the key health sector financiers, most countries have some instruments of development financing / health diplomacy that can be accessed on bilateral basis, and some NPHI’s already collaborate closely with their respective country’s donor organization. The variety of possibilities in the area of bilateral funding is large: for example, WHO will manage a project that will be financed by the Norwegian government and involves the Norwegian Institute of Public Health that will contribute with significant experience and knowledge based on its work in public health surveillance and research in Norway and in other countries. Staff from the Norwegian institute will be involved in helping to train the employees at the new institute.

To facilitate the process of identification of financing possibilities for collaboration and joint projects between IANPHI members, the Appendix 3 contains information on major bilateral donors and their key partner countries.

**Bilateral research funding institutions:**

Several countries host research institutions that provide funding for joint research projects, and it is not possible to provide an exhaustive list. Often the applicant has to be from the country of the financier. It is assumed that when it comes to funding joint research, the IANPHI members representing wealthy countries are well aware and connected to the research funders in their respective countries. The following are examples of funders that provide research grants to foreign applicants:

**Canadian Global Health Research Initiative GHRI** is part of Canada’s contribution to addressing the world’s most pressing health problems. Their grantees tackle global health priorities, such as maternal and infant health, infectious diseases, and health systems. At the heart of its mission is the goal of building research capacity in developing countries while also giving Canadian researchers access to expertise and experience on an international level.

GHRI funds research in four main areas:

- prevention and control of pandemics and emerging infectious diseases
- prevention and management of chronic diseases
- health policies and systems
- interactions between health, the environment, and development

Up-to-date information on the initiative and related research grants is available in [http://www.idrc.ca/EN/Programs/Global_Health_Policy/Global_Health_Research_Initiative/Pages/default.aspx](http://www.idrc.ca/EN/Programs/Global_Health_Policy/Global_Health_Research_Initiative/Pages/default.aspx).

United States hosts a number of research institutions that finance health research, and **US Department of Health and Human Services** maintains a database for funding opportunities at [http://grants.nih.gov/grants/guide/search_results.htm?sort=office&scope=all&year=active&text_curr=](http://grants.nih.gov/grants/guide/search_results.htm?sort=office&scope=all&year=active&text_curr=)

Through the database it is possible to identify financiers e.g. for dissemination of research results, organization of and participation in conferences, etc.
The Fogarty International Center and its partners throughout the National Institutes of Health (NIH) fund research and research training to build sustainable research capacity in low- and middle-income countries. The Fogarty International Center, part of the U.S. National Institutes of Health, supports basic, clinical and applied research and training for U.S. and foreign investigators collaborating with them, working in the developing world. Since its formation more than 40 years ago, Fogarty has served as a bridge between NIH and the greater global health community - facilitating exchanges among investigators, providing training opportunities and supporting promising research initiatives in developing countries. Over the last four decades, about 5,000 scientists worldwide have received significant research training through Fogarty Programs.

3.2. Non-governmental Organisations

Out of the nine International NGOs listed by DAC eight are health related, but although their expenditure is ODA eligible. The NGO's are engaged in advocacy and therefore work with public institutions, but since their main focus is on people and communities, few of them are providing financing to other institutions like IANPHI or its member institutes. However, they could be valuable partners in joint projects.

The organizations and their contact details can be found in Appendix 1, Tentative list of potential Partners and Sponsors.

3.3. Public-Private Partnerships (PPPs) and Networks

There are a number of well knows international Public-Private Partnerships that operate in the area of health care, such as Global Alliance for Improved Nutrition and International AIDS Vaccine Initiative. Moreover, there are numerous smaller non-profit foundations such as the Dutch IICD team up with the relevant private sector companies to finance development projects and programmes worldwide. Appendix 1 contains information on some of the private companies and their foundations that are active in supporting health sector. Also networks and other potential partners for IANPHI and its members are listed in the same appendix.

3.4. Multilateral Organizations

The planning cycles of the multilateral institutions tend to be long, and working with them calls for patience, as the bureaucracy makes things slow. Due to their size, the tendency among the financiers is to de-fragment operations and allocate health sector resources to major players, such as Global Fund to fight AIDS, Tuberculosis and Malaria. On the other hand, the slowness of the planning cycles is combined with internationally accepted principles of transparency, thanks to which the multiannual plans are available for the public, and moreover, they are well known by the sector ministries of the beneficiary countries, who also are involved in the planning process. However, the degree of involvement varies greatly from one country to another.

3.4.1. UN agencies and funds

The UN system works in a variety of ways to promote economic and social goals. The mandates of the specialized agencies cover virtually all areas of economic and social endeavour. The agencies provide technical assistance and other forms of practical help to countries around the world. In cooperation with the UN, they help formulate policies, set standards and guidelines, foster support and mobilize funds. The UN Development Programme (UNDP), the UN's largest provider of grants for sustainable human development worldwide, is actively involved in attaining the Millennium Development Goals. The UN Children's Fund (UNICEF) is the lead UN organization working for the long-term survival, protection and development of children. Active in nearly 160 countries and territories, its programmes focus on immunization, primary health care, nutrition and basic education. Many
other UN programmes work for development, in partnership with governments and NGOs. The UN Population Fund (UNFPA) is the largest international provider of population assistance.

The UN is undergoing a reform called “One UN” that aims to simplify and align activities at country level in order to achieve more effective development. To access information on relevant programmes and funding one can go to the UNDP site http://www.undp.org/content/undp/en/home.html and then select the relevant country office.

The UN system is increasingly pooling its efforts to tackle complex problems that cut across organizational areas of expertise and defy the efforts of any country acting alone. The Joint UN Programme on HIV/AIDS (UNAIDS) pools the expertise of eight UN agencies and programmes to combat an epidemic that currently affects some 33 million people worldwide and they also implement resource mobilization activities to involve private sector in the HIV/AIDS combat activities and funding and the UN system works closely with the New Partnership for Africa's Development (NEPAD), an African Union initiative that serves as a framework for international support for African development.

The UN also finances research on health policies and systems through the Geneva based and WHO administered Alliance for Health Policy and Systems Research (HPSR), www.who.int/alliance-hpsr/en . The Alliance’s overall goal is to promote the generation and use of health policy and systems research (HPSR) as a means to improve health and health systems in developing countries.

The Alliance has historically focused on the following health systems areas:

- human resources for health.
- health financing.
- the role of the non-state sector.

This area is of particular concern to low-income and fragile states, and has become an area of major international focus.

The Alliance’s work to date on these areas has been largely through its Centres for Systematic Reviews, along with the identification of priority research questions and a priority setting exercise for each theme.

In November 2010 - in partnership with WHO’s Child and adolescent health and development CAH, the Special Programme for Research and Training in Tropical Diseases TDR and the Special Programme of Research, Development and Research Training in Human Reproduction HRP - the Alliance launched the promising new Implementation Research Platform. This cross-cutting work will inform all of the Alliance’s programming, from the identification of common implementation problems to developing and testing new solutions to determining the best way to introduce those solutions into different systems.

The Alliance issues calls for proposals or letters of intent, on a regular basis, targeting institutions from low- and middle-income countries. The Alliance also announces calls relevant to HPSR issued by other institutions and they are published at http://www.who.int/alliance-hpsr/callsforproposals/en/ . Information on TDR grants is available at http://www.who.int/tdr/grants/en/.

---

3  [www.who.int/tdr](http://www.who.int/tdr)
3.4.2. European Union Institution

The EU Budget is negotiated on a multi-annual basis as a Financial Framework (also called the ‘financial perspectives’), by the European Parliament, the Council and the Commission. This sets the maximum amount of funds available for different policy areas (also called ‘headings’) and fixes an overall annual ceiling on payments. The current framework covers years 2008-2013. The preparation of the next financing agreement began in 2011.

Besides the EU Health Sector Programme, the EU health funding possibilities include two geographically divided funding mechanisms - the European Neighbourhood and Partnership Instrument (ENPI) and the Development Cooperation Instrument (DCI), managed by DG EuropeAid. Based on strategy papers and annual action programmes, money is disbursed through budget support, grants and contracts. The funding for research falls within the 7th framework agreement, and it is also briefly described in this document.

3.4.2.1. European Union health sector funding available for European applicants (including non members)

ENPI provides development assistance to the EU’s closest neighbours, namely Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Occupied Palestinian Territory, Russia, Syria, Tunisia and Ukraine. This assistance includes funding for health sectors according to agreed priorities in the ENP Action Plans, the Strategic Partnership with Russia, as well as individual country programmes.

The current financial framework, including the EU health programme, funds projects and actions from 2008 to 2013. The annual objectives are shared with those of the Europe 2020 Strategy: investing in health and addressing the issue of the ageing society are priorities.

Criteria for funding actions under the programme are set out each year in a workplan, followed by calls for proposals for projects, operating grants, conferences and joint actions. Interested parties can submit an application. The Health Programme 2012 was closed on March 9th, 2012, and IANPHI Foundation submitted in time a proposal for an operating grant. The total amount requested was 60 % of the IANPHI 2013 draft programme activities that deal with predominantly Europe based activities or takes place in Europe. The final call for 2013 is likely to be made at the end of December 2012, with submission in 2013.

EU Health for Growth Programme 2014 - 2020

On 9 November 2011, the European Commission announced its proposals for the new Health for Growth Programme for 2014 – 2020. The new programme will replace the current 2008-13 Health Programme, the final call for which will be in 2013.

The Health for Growth Programme aims to build on the achievements of the 2008-13 Health Programme and better enable health to contribute to economic growth and the Europe 2020 objectives.

It has four main objectives:

**Objective 1: Developing innovative and sustainable health systems;**

**Objective 2: Increasing access to better and safer healthcare for citizens;**

**Objective 3: Promoting health and preventing disease;** and

**Objective 4: Protecting citizens from cross-border health threats**
It has an increased budget of €446 million (up from €321.5 million in 2008-13) of which: 50% will fund Objective 1, 22% will fund Objective 2, 22% will fund Objective 3, and the remainder will fund Objective 4.

Objective 1 will be particularly significant for the NHS as it will fund actions to increase uptake of innovation in healthcare through Health Technology Assessments (HTA) and eHealth, as well as expertise on healthcare reforms and support to the European Innovation Partnership on Active and Healthy Ageing. It will also cover forecasting demand for health professionals in Member States.

The programme is due to start at the beginning of 2014 and run until the end of 2020.

As with the current Programme, funds will be awarded through:

- Grants for action co-financed by competent authorities responsible for public health in Member States i.e. joint actions, and with international health organisations
- Grants to support NGOs and Procurement contracts

Grants for joint actions will be the area where there will be most opportunities for the NPHIs, grants usually funding up to 60% of the costs of the project/action.

There will be one further call under the current Health Programme in 2013. The call for 2013 is likely to be made at the end of December.

### 3.4.2.2. European Union health sector funding available for low resource countries

Despite the increasing number of initiatives, the EU and its member states are having difficulty in meeting their MDGs, in particular those related to health: while the Europe accounted for 65% of the global aid in 2008, it provided in only 39% of health ODA.

For the period 2007-2013, the EU's action in the field of health in developing countries is financed through two types of instruments:

1. **Geographical instruments**

Geographical instruments are implemented at national and regional level. Some of them are the European Development Fund (in the ACP countries), the Development Co-operation Instrument (in Latin America, Asia, and South Africa), and the European Neighbourhood & Partnership Instrument (in the neighbouring regions). The geographical instruments constitute the major share of EU's support for health in developing countries.

The **Development Cooperation Instrument** was launched in January 2007 and replaced a wide range of geographic and thematic instruments that had been created over time. It contains geographic programmes that support countries in Latin America, Asia, and Central Asia, the Gulf region (Iran, Iraq, and Yemen) and South Africa as well as thematic programmes that benefit all developing countries. A work programme is published on an annual basis for DCI, including calls for proposals and procurement notices listing funding opportunities. (See [http://ec.europa.eu/europeaid/work/ap/index_en.htm](http://ec.europa.eu/europeaid/work/ap/index_en.htm))

The **European Development Fund (EDF)** constitutes the principal funding source for the EU's development cooperation with African, Caribbean and Pacific (ACP) countries and the Overseas Territories (OCT). It provides the resources for the Cotonou Agreement and covers development cooperation, political dialogue and trade.

The EDF is based on an intergovernmental agreement and is outside the EU budget, meaning it is financed separately by direct payments from the EU's Member States. It is subject to its own financial rules and is managed by a specific committee. Unlike EU budget lines, the European Parliament does not have a co-decision role on the EDF.
Although the EDF is not part of the regular EU budget, the Commission manages it by programming country and regional strategies and by proposing the budget allocations for the different strategies.

The EDF is concluded for a multi-annual period (usually five years). The current 10th EDF covers the period 2008-2013, a mid-term review of the programme having been completed during 2009.

Central to the EDF progress are Country and Regional Strategy Papers (CSP/RSPs) for ACP countries that set out the main areas of intervention for the EDF. In the current set of CSPs, health is currently a focal sector for financing and programming in only 14 ACP countries.

The future of the governance of the EDF is uncertain. The Treaty of Lisbon, ratified in 2009, removed previous wording in the Maastricht Treaty stipulating that the EDF should be outside the EU budget. Therefore formal barriers to the ‘budgetisation’ of the EDF have been removed and it can be implemented through a simple decision by the Council. This means that the EDF may fall within the formal EU budget and thereby be subject to full European Parliamentary oversight – which has not been the case to date. The decision on whether the EDF is integrated into the EU budget will be taken as part of the negotiations on the multi-annual financial framework (2014-2020) which have just begun.

Calls for proposals and procurement notices for the EDF can be accessed through the following website:  http://ec.europa.eu/europeaid/work/onlineservices/index_en.htm (In the left hand menu choose “Work with us” and then select “Funding”)

2. Thematic instruments

Out of the thematic instruments listed in the thematic strategy paper the programme “Investing in people” addresses health sector problems. The programme focuses on the critical lack of personnel in many developing countries' healthcare systems. It also pays particular attention to the leading poverty-related diseases: HIV/AIDS, malaria and tuberculosis. 55% of the budget of "Investing in People" goes to the pillar Good health for all, which focuses on improving access to health related public goods. In addition, "Investing in people" also supports activities designed to encourage implementation of the Cairo agenda on sexual and reproductive health rights, agreed at the International Conference on Population and Development.

Research Grants within Framework Programme 7 Health

European Commission is considering further ways of boosting of its international research contribution. Four main areas of action have been identified in the health sector:

1. Enhancing global governance on health
2. Promoting universal health coverage
3. Maximising coherence between EU policies relating to global health
4. Increasing global health knowledge.

The 7th Framework Programme does not limit its funding to European research: by 2010 it had already funded 561 consortia which involved altogether 522 partners from 79 non-associated third countries in joint health research projects.

Accessing up-to-date information can be done e.g. through the Health-NCP-Net www.healthncpnet.eu.

The European and Developing Countries Clinical Trials Partnership (EDCTP)

http://www.edctp.org was created in 2003 as a European response to the global health crisis caused by the three main poverty-related diseases of HIV/AIDS, tuberculosis and malaria. It was formed by a European Parliament and European Council decision in order to pool resources, funding and activities to achieve a greater impact against the three poverty-related diseases. It combines political will and defined health priorities of both the developing and developed world. It currently unites 14 participating European Union (EU) Member States plus Norway and Switzerland with sub-Saharan African countries. EDCTP aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria, with a focus on phase II and III clinical trials in sub-Saharan Africa. It supports multicentre projects that combine clinical trials, capacity building and networking. The aim of integrating these three activities is to ensure that the developed capacity is optimally utilised to successfully conduct the clinical trials in a sustainable way.

The basis of EDCTP is partnership. The partnership helps EU Member States to integrate and coordinate their own national research and development programmes and form partnerships with their African counterparts. All EDCTP-funded projects are undertaken in partnership with sub-Saharan countries. The partnership ensures synergy and optimal use of resources, and creates a win-win situation for all parties involved.

EDCTP was set up under the European Commission’s Sixth Framework Programme (FP6) for research and technological development, the European Union’s main instrument for funding research in Europe. The current EDCTP programme will end in May 2015. It is anticipated that there will be an EDCTP II programme under Horizon 2020, the EU Framework Programme for Research and Innovation (2014 to 2020).

3.4.2.3. EEA and Norway Grants to European countries

Through the EEA (European Economic Area) and Norway Grants, Iceland, Liechtenstein and Norway contribute to reducing disparities in Europe and to strengthening bilateral relations with 15 EU countries in Central and Southern Europe.

The Grants are targeted at areas where there are demonstrable needs in the beneficiary countries, and that are in line with wider European shared interests and goals.

Key areas of support are environmental protection and climate change, research and scholarships, civil society, health and children, gender equality, justice and cultural heritage.

For the period 2009-14, the EEA Grants and Norway Grants amount to €1.79 billion. Norway contributes around 97% of the total funding. Grants are available for NGOs, research and academic institutions, and the public and private sectors in the 12 newest EU member states, Greece, Portugal and Spain.

The Brussels-based Financial Mechanism Office (FMO) is the secretariat of Norway, Iceland and Liechtenstein for the EEA Grants and Norway Grants. Potential applicants are advised to

---

contact the relevant Focal Point for information about funding opportunities and application procedures. The National Focal Points are the coordinating authorities in the beneficiary states.

Web site addresses and contact details of national intermediaries of funds and programmes established under the EEA and Norway Grants 2004-09 are available in www.eeagrants.org.

3.4.3. World Bank Group

The World Bank Group consists of five organizations, of which only one, International Development Association, IDA provides grant financing to governments of the poorest countries. Since 2000, IDA has invested more than $825 million annually for health, nutrition, and population initiatives. These investments have provided more than 47 million people with basic health services, immunized 310 million children, and provided antiretroviral therapies to almost 2 million people with HIV. IDA investments emphasize collective action for strengthening health systems to achieve the Millennium Development Goals (MDGs). Increasingly, the WB grant financing is channelled through Financial Intermediary Funds (FIF) that are supported by Trust Funds.

3.4.4. Regional Development Banks & Funds

Since this document mainly focuses on grant funding, this chapter lists the Funds operated by the Banks, since the ordinary bank operations and based on lending, whereas the Funds undertake concessionary lending, fund technical assistance and provide grants in connection with other funding arrangements.

3.4.4.1. African Development Fund

The African Development Fund (ADF) is the concessional window of the African Development Bank (AfDB) Group. ADF headquarters are temporarily located in Tunis, but there are country offices in several African countries. The contact details are available at the website http://www.afdb.org/en/about-us/structure/complexes/country-regional-programs-policy/field-offices/field-office-contacts/.

The ADF contributes to the promotion of economic and social development in 40 least developed African countries by providing concessional funding for projects and programs, as well as technical assistance for studies and capacity-building activities. To determine whether a country can apply for a loan or grant, the Fund uses the Joint World Bank-IMF’s Debt Sustainability Framework (DSF) methodology to determine each country’s risk of debt distress and its financing terms, particularly its eligibility to grants. Currently 17 African countries qualify for grants only. Details on procedures and examples of projects financed through grants are available at http://www.afdb.org/en/about-us/african-development-fund-ADF/debt-sustainability-and-ADF-grant-eligibility/.

3.4.4.2. Andean Development Corporation (CAF)

In addition to providing loans and guaranties to public and private sector entities in its shareholder countries, CAF finances specialized operations that complement the existing technical capacity in shareholder countries to promote innovative programs that contribute to sustainable development and regional integration. Technical cooperation services are aimed at companies, agencies or organizations in the public and private sectors of CAF’s
shareholder countries. These operations are geared towards supporting state modernization reforms such as privatization, administrative decentralization, and institutional strengthening. Likewise, they pursue, among others. Similarly, through the Human Development Fund (FONDÉSHU), CAF provides financial support to community projects, which are productive, innovative, and demonstrate high-impact, targeting the most vulnerable social sectors. Operations that fall within the indicated areas and that are identified as priorities by CAF will be eligible for financing. Applications may be sent to CAF Headquarters, the Director’s Office of Governance and Technical Cooperation, or to local offices in shareholder countries. For details see http://www.caf.com.

3.4.4.3. Asian Development Bank and Asian Development Fund

The Asian Development Fund (ADF) bridges the development gap in Asia and the Pacific, home to both the world’s fast-rising and most vulnerable economies. ADF is a major instrument of concessional financing that has supported equitable and sustainable development in the region since 1973. Funded by ADB’s member countries, it offers loans at very low interest rates as well as grants to help reduce poverty in ADB's poorest borrowing countries. Asian Development Fund (ADF) countries are defined as countries that have access to the ADF. These countries have the greatest development challenges and are eligible to receive very low interest loans and grants. ADB currently has 28 ADF countries, including 15 countries which have access to only ADF funding from ADB. Although health is not a strong priority area, samples of current plans include two Technical assistance programs in Greater Mekong Subregion (in Lao PDR and Vietnam) and in Bangladesh. The GMS programme includes grant based Technical assistance to Lao PDR for combat, and the Bangladesh plans target urban PHC and are coordinated by Ministry of Local Government. For more information on ADF, please see http://www.adb.org/sectors/health/main.

3.4.4.4. Inter-American Development Bank (IDB)

IDB is a leading source of development financing for Latin America and the Caribbean. While it is a regular bank in many ways, it may also provide grants, technical assistance and do research. Through its Division of Social Protection and Health, the IDB is helping countries in the region to expand access to integrated primary health care services, to strengthen health systems organization and performance and to set priorities in meeting current and emerging needs, and to properly finance rising health costs in order to achieve healthier and more equitable societies. Bank manages a Fund for Special Operations (FSO) that provides concessional financing to the most vulnerable member countries, such as Bolivia, Guyana, Honduras and Nicaragua. Haiti, which has traditionally benefited from the FSO resources, has received exclusively grants since 2007 through the IDB Grant Facility. For more information on IDB and its health sector related operations, please see http://www.iadb.org/en/topics/health/health,1238.html.

3.4.5. Other multilateral Institutions

3.4.5.1. Financial Intermediary Funds

The role of Financial Intermediary Funds (FIFs) in the international aid architecture has increased in the past several years, with the World Bank as trustee of the funds supporting several large global programs. The FIF arrangements can leverage a variety of public and
private resources; enable the international community to provide a direct and coordinated response to global priorities, including global public goods; and provide a platform for innovative financing initiatives (e.g., the International Finance Facility for Immunisation (IFFIm) or Pilot Advance Market Commitment for Pneumococcal Diseases).

The probably best known FIF is the Global Fund to Fight Aids, Tuberculosis and Malaria (Global Fund) that provides grants to countries worldwide. In 2012 the Global Fund grants could also be applied for Health System Strengthening Programmes, as long as the HSS requests were integrated into disease specific proposals.

Eligibility criteria for Global Fund applicants include
1. Country Coordinating Mechanism (CCM) minimum eligibility requirements
2. Income level
3. Disease Burden


Regardless of the disease burden, all LICs and LMICs shall be eligible to apply for funding for HIV and AIDS, tuberculosis, malaria, and/or Cross-cutting Health Systems Strengthening. Depending on the country’s income level, the eligibility criteria as well as co-financing rules have been adjusted: When talking about the upper middle income countries, the co-financing required is of 60%, and also the disease burden needs to be proven severe or extreme.

### 3.4.5.2. Other multilateral institutions

Another joint initiative to expand immunization and develop new vaccines, Global Alliance for Vaccines and Immunization (GAVI), has enlisted the support of business leaders, philanthropic foundations, non-governmental organizations and governments, as well as UNICEF, WHO and the World Bank. GAVI website refers to GAVI as Public-Private Partnership, but OECD classifies it as “other multilateral institutions”, perhaps due to its own institutional structure. Besides vaccines and immunization support GAVI provides funding for health systems strengthening. Two new modalities of funding for health systems strengthening (HSS) are now available through the Health Systems Funding Platform (the Platform): the Funding Request Template and the Common Proposal Form.

Updated forms and guidelines on both new modalities have been distributed to GAVI eligible countries. Countries are invited to submit their documentation on a rolling basis requesting new HSS support. Detailed instructions and forms are available on the website [http://www.gavialliance.org/support/apply/hsfp/](http://www.gavialliance.org/support/apply/hsfp/).

### 3.5. Philanthropists & private sector partnerships

Charitable funding by philanthropists is increasing, as proven by the success of the Giving Pledge. The Giving Pledge was launched in 2010 by Bill Gates as an effort to invite the wealthiest individuals and families in the United States to commit to giving the majority of their wealth to philanthropy, and there have been attempts to take the pledge outside the US borders.
The problems that IANPHI may meet in trying to attract support from philanthropists relates to the position of the members, all of which occupy a relatively prominent position in their country. It is therefore extremely important for the Foundation to be the legal person, as by law the Foundations are not after profit making, and to address philanthropists with requests that focus on providing tangible results for the poorest.

There are plenty of important philanthropist organizations, mostly foundations that operate in the USA, France, Germany and Netherlands, but most of them target very specific activities and are geographically oriented, usually with their preference in the nearby society. The most important philanthropist with a global reach in the health sector is no doubt the Bill and Melinda Gates Foundation that already has supported IANPHI through two grant awards, totalling altogether 26 million US dollars. Other important givers include Rockefeller Foundation and Aga Khan Foundation, the former already an IANPHI partner.

Appendices:

Appendix 1 Tentative list of potential Partners and Sponsors
Appendix 2 Sample calendar of event
Appendix 3 Major health sector donors and their thematic and geographic focus areas
## Appendix 1: Tentative list of potential Partners and Sponsors

<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private sector enterprises &amp; foundations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aga Khan Foundation /Health Services</td>
<td>Project funding, grants</td>
<td>Health projects in countries where Aga Khan has a local office.</td>
<td>First contact made and initiatives presented by beneficiary countries, i.e., Afghanistan, India, Kenya, Pakistan, Syria, Tajikistan, Tanzania, and Uganda.</td>
<td>Aga Khan Health Services <a href="http://www.akdn.org/akhs.asp">http://www.akdn.org/akhs.asp</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Providing support to the field through strategic communications, technical assistance and resource mobilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by Ulla Järvelä-Seppinen
Information on Funding Opportunities for IANPHI Members

Appendix 1

<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Program</td>
<td>Population Program makes grants to:</td>
<td>Population</td>
<td>Population Program makes grants to improve the well-being of vulnerable people. In developing countries, this grantmaking focuses on promoting transparent, accountable governance to deliver social services. The Program also makes grants in developing countries to improve the quality of basic education, family planning, and reproductive health services, and to ensure that policymaking is based on sound evidence.</td>
<td>email: <a href="mailto:GDandP@hewlett.org">GDandP@hewlett.org</a>, phone: (650) 234-4634 The Foundation does not fund individuals and generally does not fund: • Scholarships • Endowments • Capital campaigns • Building construction • For-profit organizations • Unincorporated associations or groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you feel that your organization or project is a good match with the Foundation’s funding priorities, you may apply for a grant by completing the Letter of Inquiry Application, the first step in requesting funding from the Foundation. You do not need to talk with Hewlett staff before submitting this application. If you have already spoken to Foundation staff about your request, please tell us in your application. The Foundation cannot respond to phone calls or emails requesting the status of a submitted Letter of Inquiry. Unsolicited proposals will not be reviewed or considered.

Past health sector grants have varied between $100,000 – 4 million

Prepared by Ulla Järvelä-Seppinen
## Information on Funding Opportunities for IANPHI Members

### Appendix 1

<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>GlaxoSmithKline</td>
<td>Global Community Partnership - support</td>
<td>Innovative and sustainable programmes addressing health related need &amp; include dynamic partnerships that increase scope of effectiveness of a project</td>
<td>Max 1 grant /year; proposal should identify barriers to success, include self-sufficiency plan &amp; M&amp;E plan, be replicable</td>
<td>Should offer GSK an opportunity to be viewed as a major contributor and a partner; Possibility to involve GSK volunteers would improve chances. <a href="http://www.gsk.com/community/downloads/uk_support_criteria.pdf">http://www.gsk.com/community/downloads/uk_support_criteria.pdf</a> <a href="http://www.gsk.com/community/criteria.htm">http://www.gsk.com/community/criteria.htm</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merck &amp; Co., Inc</td>
<td>Grants by The Merck Corporate Foundation (TMCF) or Office of Corporate Philanthropy (OCP); Sponsorships; Corporate Nonprofit Membership (CNM)</td>
<td>Health and social service contributions that support global access to a broad range of HC CB building programs</td>
<td>No individual grants, no unrestricted general support</td>
<td>Applications submitted at least 45 days before the start of the activity</td>
<td><a href="http://www.merckresponsibility.com/giving-at-merck/giving-guidelines/home.html">http://www.merckresponsibility.com/giving-at-merck/giving-guidelines/home.html</a></td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td>Charitable contributions</td>
<td>Broaden access to medicines and strengthen health care delivery for underserved people around the world.</td>
<td>Charitable contribution for patient education (including improving patient access to care</td>
<td><a href="http://www.pfizer.com/responsibility/grants_contributions/grants_and_contributions.jsp">http://www.pfizer.com/responsibility/grants_contributions/grants_and_contributions.jsp</a> Applications accepted 4 x/year, within two weeks from start of quarter; online applications only <a href="https://www.pfizerhealthcharitables.com/pfizerchar/">https://www.pfizerhealthcharitables.com/pfizerchar/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td>Special Events support to external, independent, not-for-profit</td>
<td>Special Events include fundraising dinners, walks, biking and golf events, galas.</td>
<td>Pfizer will not provide input into the content or strategic direction of such Special</td>
<td>Please submit your request directly to <a href="mailto:publicaffairssupport@pfizer.com">publicaffairssupport@pfizer.com</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td>organizations</td>
<td>awards ceremonies and other similar events that do not provide Pfizer with a tangible benefit.</td>
<td>Events.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td>Special Events support to external, independent, not-for-profit organizations</td>
<td>Special Events include fundraising dinners, walks, biking and golf events, galas, awards ceremonies and other similar events that do not provide Pfizer with a tangible benefit.</td>
<td>Pfizer will not provide input into the content or strategic direction of such Special Events.</td>
<td>Please submit your request directly to <a href="mailto:publicaffairssupport@pfizer.com">publicaffairssupport@pfizer.com</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td>Sponsorships</td>
<td>Not indicated.</td>
<td>Not indicated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td>Medical Education Grants</td>
<td>Eligibility: covers professional societies and associations</td>
<td>Grant support for the continuing professional development of healthcare providers in areas aligned with the core competencies established by the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gilead Foundation</td>
<td>Program based financing</td>
<td></td>
<td>Established in 2005, the Gilead Foundation supports domestic and international programs, many focused on building local capacity and improving health infrastructure in the developing world. Their giving focuses on expanding access to HIV and hepatitis B outreach, prevention, and health services. The Gilead Foundation does not accept unsolicited proposals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elsevier</td>
<td>Research4life – public-private partnership</td>
<td></td>
<td>World’s leading provider of science and health information, Elsevier serves more than 30 million scientists, students and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>----------------------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Vodafone Foundation</td>
<td>Supporting access to health information; Book donations</td>
<td>Use of innovative mobile technology in improving people’s lives, including health care delivery.</td>
<td>Worldwide</td>
<td>Health and information professionals worldwide. Headquarters in Amsterdam, the Netherlands. Harald Boersma Senior Manager Corporate Relations Tel: +31 (0)20 485 2736 Thomas Reller Vice President Global Corporate Relations Tel: +1 (215) 239 3508 Chris Capot Director Corporate Relations, Health Sciences Tel: +1 (212) 633 3164</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wiley</td>
<td>Funding of programmes and projects.</td>
<td>Use of innovative mobile technology in improving people’s lives, including health care delivery.</td>
<td>Worldwide</td>
<td>In countries in which Vodafone operates, their social investment is delivered by 26 Vodafone Foundations and social investment programmes. These programmes are directed and chosen by the Foundation Trustees and receive funding from the Vodafone Foundation in the UK as well as their local Vodafone company.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by Ulla Järvelä-Seppinen
<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>GE Healthcare</td>
<td>- offices worldwide</td>
<td></td>
<td></td>
<td><a href="http://www.healthymagination.com">www.healthymagination.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellbeing Software Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Wellbeing Software Group, 3rd Floor, i2 Mansfield Hamilton Court, Oakham Business Park Mansfield, NG18 5FB, UK</td>
<td></td>
</tr>
<tr>
<td>BD (Becton, Dickinson &amp; Company)</td>
<td>Project grants, sponsorship</td>
<td></td>
<td>No unsolicited requests.</td>
<td>BD has a large global network with 50 offices worldwide.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IICD</td>
<td>Projects helping health workers, local government officials and civil servants to formulate and implement their own ICT-supported development policies and programmes.</td>
<td>Healthcare delivery and public awareness of important health issues</td>
<td>Bolivia, Burkina Faso, Ethiopia, Kenya, Ghana, Malawi, Mali, Peru, Tanzania, Uganda and Zambia.</td>
<td>IICD is a non-profit foundation that specialises in information and communication technology (ICT) as a tool for development. IICD is active in Africa and Latin America in various sectors, including health. Projects are implemented in collaboration with private foundations (Motorola, Vodafone/Vodacom).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Multinational initiatives and partnerships

<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll Back Malaria</td>
<td></td>
<td></td>
<td></td>
<td>The RBM Partnership was launched in 1998 by WHO, UNICEF, UNDP and the World Bank, in an effort to provide a coordinated global response to the disease. The RBM Partnership is led by the Executive Director, and served by a Secretariat that is hosted by the World</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>The Multilateral Initiative on Malaria (MIM)</td>
<td>MIM contributes to global efforts to address the problem of malaria by facilitating the emergence of dynamic malaria research networks and collaboration with malaria control programs in Africa.</td>
<td>MIM contributes to global efforts to address the problem of malaria by facilitating the emergence of dynamic malaria research networks and collaboration with malaria control programs in Africa.</td>
<td>MIM is an alliance of individuals, funding partners and four autonomous constituents: the MIM/TDR, MIMCom, MR4 and the MIM Secretariat. MIM aims at promoting global communication and cooperation – between institutions in an effort to maximize impact of resources and avoid duplication of effort.</td>
<td>Health Organization in Geneva, Switzerland. The Secretariat works to facilitate policy coordination at a global level. Currently over 500 members in 8 constituencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Challenges Canada</td>
<td>Global Health: innovation in low- and middle-income countries, Point-of-Care Diagnostics, Women’s and Children’s Health, Mental Health, NCD</td>
<td>Global Health: innovation in low- and middle-income countries, Point-of-Care Diagnostics, Women’s and Children’s Health, Mental Health, NCD</td>
<td>Grand Challenges Canada is dedicated to supporting bold ideas with big impact in global health. Funded by the Government of Canada they fund innovators in low- and middle- income countries and Canada. Co-funder to Bill and Melinda Gates Foundation Global Health Program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Global Health Technologies Coalition (GHTC)</td>
<td></td>
<td></td>
<td>The Global Health Technologies Coalition (GHTC) is a group of 40 non-profit organizations working to increase awareness of the urgent need for technologies that save lives in the developing world. NB: Started with Gates Funding, probably competing for same funding, but could identify synergies as well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHI 360</td>
<td></td>
<td></td>
<td>FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Asia Foundation</td>
<td>Governance: development of central executive institutions of government</td>
<td>Applicable for Afghanistan, Bangladesh, Cambodia, China, Hong Kong SAR, India, Indonesia, Japan, Korea, Laos, Malaysia, Mongolia, Nepal, Pacific Island Nations, Pakistan, Philippines, Singapore, Sri Lanka, Thailand, Timor-Leste and Vietnam</td>
<td>Health is not the key focus sector, but the Foundation focuses on institutional development.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INTERNATIONAL NGOs (ODA-eligible, i.e. used by bilateral donors to channels their health sector assistance)**

<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
</tr>
</thead>
<tbody>
<tr>
<td>International HIV/AIDS Alliance</td>
<td>Grants and technical assistance primarily for local NGOs dealing with HIV/AIDS combat</td>
<td>Technical support to governments, NGOs and other institutions to enable them to work effectively with civil society. Prevention, treatment, care, VCT, M&amp;E of projects.</td>
<td>Global</td>
<td>The Alliance provides grants through their linking organizations (LO), many of which are also beneficiaries of the Global Fund grants. In 2011 the Alliance total expenditure reached $100 million, of which 60% went directly to LO’s. See list at <a href="http://www.aidsalliance.org/LinkingOrganisationDirectory.aspx?id=161">http://www.aidsalliance.org/LinkingOrganisationDirectory.aspx?id=161</a></td>
</tr>
<tr>
<td>International Planned Parenthood Federation</td>
<td>Japan Fund, Innovation Fund, Safe Abortion Action Fund</td>
<td>Direct delivery of sexual and reproductive health services and education</td>
<td>Globally in 172 countries. Focus on NGO’s, people ad</td>
<td>IPPF campaigns for policy changes that support sexual and reproductive health and rights. IPPF partners with many organizations</td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------</td>
<td>-------------</td>
<td>-------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Girls Decide – programme: research, awareness-raising, advocacy and service delivery.</td>
<td>programmes, international advocacy, intervention in disasters and emergencies, and the development of pan-national projects in response to specific needs</td>
<td>communities, but also working in partnership with Government Organizations.</td>
<td>around the world, from leading sexual and reproductive health and rights advocates, to UN agencies and governments, to philanthropic foundations and the private sector. Typically, partnerships target specific issues or distinct audiences. Joint efforts on advocacy, research and programmes in the field of health and rights.</td>
<td></td>
</tr>
<tr>
<td>Population Services International <a href="http://www.psi.org">www.psi.org</a></td>
<td>Research, behavioural change, local capacity building</td>
<td>TB, HIV, Malaria, Reproductive health, Children’s health</td>
<td>Low-resource countries in Africa, Asia, Latin America and Europe</td>
<td></td>
</tr>
<tr>
<td>AMREF, African Medical and Research Foundation <a href="http://www.amref.org">www.amref.org</a></td>
<td>Health Systems Strengthening, Advocacy, Training of Health Workers</td>
<td>Maternal and child health; HIV and Tuberculosis; safe water and sanitation; malaria; and essential clinical care.</td>
<td>Africa</td>
<td></td>
</tr>
</tbody>
</table>

**POTENTIAL ASSOCIATIONS AND INTEREST GROUPINGS**

<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners In Health 888 Commonwealth Avenue, 3rd Floor Boston, MA 02215 +1 617-998-8922</td>
<td></td>
<td></td>
<td></td>
<td>Partners In Health 888 Commonwealth Avenue, 3rd Floor Boston, MA 02215 +1 617-998-8922</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFPMA International Federation of Pharmaceutical Manufacturers &amp; Associations</td>
<td></td>
<td></td>
<td></td>
<td>IFPMA 15, Chemin Louis-Dunant PO BOX 195 1211 Geneva 20 Switzerland Telephone: +41 (22) 338 32 00 Telefax: +41 (22) 338 32 99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------</td>
<td>------------------</td>
<td>---------</td>
</tr>
<tr>
<td><a href="http://www.ifpma.org">www.ifpma.org</a></td>
<td></td>
<td></td>
<td></td>
<td>E-mail: <a href="mailto:info@ifpma.org">info@ifpma.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| International Health Partnership   |                                      | Partners work together to put international principles for effective aid and development cooperation into practice in the health sector | IHP+ is a group of partners committed to improving the health of citizens in developing countries.  
IHP+ mobilizes national governments, development agencies, civil society and others to support a single, country-led national health strategy in a well-coordinated way. |                  |                  |         |
| Medicus Mundi International         |                                      |             |                                                     | Medicus Mundi International is a Network of organisations working in the field of international health cooperation and advocacy. |                  |         |
| The World Federation of Public Health Associations (WFPHA) |                                      |             |                                                     |                          |                  |         |

Prepared by Ulla Järvelä-Seppinen
<table>
<thead>
<tr>
<th>Name of potential Partner / Sponsor</th>
<th>Types of funding or support available</th>
<th>Focus areas</th>
<th>Geographical focus or other criteria for collaboration</th>
<th>Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMU 1, rue Michel Servet CH-1211 Genève 4 Switzerland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnerships &amp; Forums for increased visibility</td>
<td>Global Health Action –journal</td>
<td></td>
<td></td>
<td>Global Health Action is an international peer-reviewed Open Access journal affiliated to the Umeå Centre for Global Health Research (UCGHR) at Umeå University, Sweden, and published by Co-Action Publishing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Alliance for Health Policy and Systems Research 20 avenue Appia, 1211 Geneva Switzerland Tel.: +41 22 791 2973 Fax: +41 22 791 4817 <a href="http://www.who.int/alliance-hpsr/en/">http://www.who.int/alliance-hpsr/en/</a> E-mail: <a href="mailto:alliancehpsr@who.int">alliancehpsr@who.int</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The International Union for Health Promotion and Education (IUHPE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of potential Partner / Sponsor</td>
<td>Types of funding or support available</td>
<td>Focus areas</td>
<td>Geographical focus or other criteria for collaboration</td>
<td>Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------</td>
<td>--------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Global Health Workforce Alliance</td>
<td></td>
<td></td>
<td></td>
<td>Global Health Workforce Alliance is developing and testing a decision tool (labelled the Resource Requirements Tool or RRT) for use by country-level planners and decision makers to estimate and project the costs of desired health workforce scale up and development.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COHRED</td>
<td></td>
<td></td>
<td></td>
<td>COHRED Group is a non-governmental organization committed to research and innovation for health. 1-5 Route des Morillons 1211 Geneva 2 P.O. Box 2100 Switzerland Tel: +41 22 591 89 00 E-mail: <a href="mailto:cohred@cohred.org">cohred@cohred.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Sample Calendar of Events

<table>
<thead>
<tr>
<th>Name of the Event</th>
<th>Date</th>
<th>Location</th>
<th>Special theme / Remarks / Important links</th>
<th>Responsible member</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Health Conference “Cuba Health 2012”</td>
<td>3-7 December 2012</td>
<td>International Conference Center of Havana</td>
<td>Exchanging on public health effectiveness on 21st century based on policies, strategies, organization and sustainable economic basis, assessment of new renovation process for primary health care and its implications for health services; to consider the increase of the population health and scientific-technical, humanistic strategies for health professionals and technicians training in order to guarantee a high level medical practice, ideological preparation and ethical and moral values, to assess the contribution of scientific research and innovation in national health systems. It is also aimed to favor new types of international health cooperation between countries under the principle of solidarity cooperation in order to improve the population’s health and promoting agreements on technology and innovation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South East Asia Regional Public Health Conference &amp; 57th Annual Conference of IPHA (Indian Public Health Association)</td>
<td>01.02.2013 - 03.02.2013</td>
<td>Science City in Kolkata</td>
<td>For subthemes visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI Congreso Internacional de Universidades Promotoras de la Salud</td>
<td>19.03.2013 - 23.03.2013</td>
<td>Centro de Convenciones de Puerto Rico, San Juan, Puerto Rico</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the Event</td>
<td>Date</td>
<td>Location</td>
<td>Special theme / Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>---------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td>y a la IV Conferencia Puertorriqueña de Salud Pública</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Health - beyond 2015</td>
<td>4 April 2013</td>
<td>Stockholm</td>
<td>The Symposium will include inputs from world leaders in global health, focusing on the health challenges the world faces beyond the conclusion of the current Millennium Development Goals in 2015. There will be short presentations from around the world on nine specific global health topics. These presentations will reflect operational experience and findings from global health practitioners. (<a href="http://www.globalhealthaction.net">www.globalhealthaction.net</a>)&lt;br&gt;Event website: <a href="http://www.co-action.net/news/GHA_Lancet_call.pdf">http://www.co-action.net/news/GHA_Lancet_call.pdf</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The 1st Arab World Conference on Public Health</td>
<td>4 to 6 April 2013</td>
<td>Dubai, UAE</td>
<td>hosted by Dubai Health the conference will bring together leaders in public health from different Arab countries and health experts across the globe to discuss these important issues. The Conference will harness the synergy and strengths of innovation and experience from the developing and developed worlds. It will address the current status of public health services in the Arab world and the enormous challenges and opportunities facing public health organizations in making progress towards collectively attaining public health excellence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the Event</td>
<td>Date</td>
<td>Location</td>
<td>Special theme / Remarks / Important links</td>
<td>Responsible member</td>
<td>Priority</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>----------</td>
</tr>
<tr>
<td>The 8th Global Conference on Health Promotion 2013</td>
<td>10-14 June 2013</td>
<td>Helsinki</td>
<td>The Conference will assess achievements and aims for health promotion globally from Ottawa to Nairobi. It aims to address what works and how, identifying options for action, available processes, mechanisms and tools. It highlights the value of health promotion activities for health, their relevance for overall societal development and for development policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>'27th International Population conference' in conjunction with the 'International Union for the Scientific Study of Population (IUSSP)'.</td>
<td>26-31 August 2013</td>
<td>Busan, Korea.</td>
<td>270 regular scientific sessions, poster sessions, and training sessions, as well as plenary and debate sessions, side meetings and exhibitions. Asia Pacific Day: The Conference will include a special programme of sessions focusing on the Asia-Pacific Region. Register by 15 February, 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Global Forum on Human Resources for Health</td>
<td>10 – 13 November 2013</td>
<td>Recife, Brazil</td>
<td>Advancing the global debate on health workforce issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information on Funding Opportunities for IANPHI Members

Major health sector donors and their thematic and geographic focus areas

Prepared by Ulla Järvelä-Seppinen

<table>
<thead>
<tr>
<th>Donor</th>
<th>Specific focus on health sector</th>
<th>Current geographical focus of health sector co-operation</th>
<th>Forms of collaboration</th>
<th>Remarks, Examples of funding</th>
</tr>
</thead>
</table>
| AusAID | National health systems to provide quality maternal and child health services and undertake disease prevention, vaccination and treatment | South & West Asia: Maternal and child health and nutrition activities in Bangladesh and Nepal; HIV and AIDS and health research in South Asia
East Asia: emerging infectious diseases and harm reduction associated with illicit drug use
Indonesia
Pacific: horizontal health systems approach
Papua New Guinea
Africa: Ethiopia, Kenya, Tanzania, Uganda, Zimbabwe, South Sudan | 1. At the global level through multilateral agencies (WHO, the GAVI Alliance).
2. At the regional level through regional partnerships (such as the HIV/AIDS Asia Regional Program).
3. At the national level through our bilateral programs with national governments and civil society organisations
4. Through research to support our bilateral, regional and multilateral programs. | Total health funding in 2010/2011: $552 million
$45 million program of support (2012–2015) for Ethiopia’s Health Sector Development Program
$35 million to the United Kingdom-led South Sudan Health Pooled Fund.
Fiji Health Sector Support Program (2011-15), which details plans to improve access to and quality of primary health services, and combat the rise in cases of diabetes and hypertension and bolster high quality research. |
| CIDA | Muskoka Initiative for Maternal, Newborn and Child supporting country-led efforts to strengthen health systems to | Americas: Bolivia, Caribbean Regional Program, Colombia, Haiti, Honduras, Peru
Asia: | 1. Bilateral Aid
2. Support to multilateral organizations | Canadian organizations may submit an unsolicited proposal to implement a project in a country eligible for |

1 The UN Commission on Information and Accountability for Women’s and Children’s Health, co-chaired by Canadian Prime Minister Stephen Harper and Tanzanian President Jakaya Kikwete, put country ownership and accountability for results at the centre of development

Prepared by Ulla Järvelä-Seppinen
### Major health sector donors and their thematic and geographic focus areas

<table>
<thead>
<tr>
<th>Donor</th>
<th>Specific focus on health sector</th>
<th>Current geographical focus of health sector co-operation</th>
<th>Forms of collaboration</th>
<th>Remarks, Examples of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>deliver integrated MNCH services at the local level; Health services at the community level to reduce the disease burden; Strengthen health systems; Improve nutrition.</td>
<td>Afghanistan, Bangladesh, Indonesia, Pakistan, Vietnam Eastern Europe: Ukraine North Africa and Middle East: West Bank and Gaza Sub-Saharan Africa: Ethiopia, Ghana, Mali, Mozambique, Senegal, Sudan and South Sudan, Tanzania</td>
<td>1. Bilateral support 2. Support to aid-related health research 3. Support through multilateral organizations 4. Support through Danish and foreign NGO’s involved in health issues.</td>
<td>development assistance from Canada.²</td>
</tr>
</tbody>
</table>

² To be considered, proposals must meet the following criteria: Development must be the main objective, the proposal must conform with the development priorities established by CIDA for the region or country, and no profit can be associated with the agreement.

---

2 Prepared by Ulla Järvelä-Seppinen
### Donor Specific focus on health sector Current geographical focus of health sector co-operation Forms of collaboration Remarks, Examples of funding

<table>
<thead>
<tr>
<th>Donor</th>
<th>Specific focus on health sector</th>
<th>Current geographical focus of health sector co-operation</th>
<th>Forms of collaboration</th>
<th>Remarks, Examples of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFID</td>
<td>Strengthening health systems and family planning facilities</td>
<td>Africa: 28 countries Central and South Asia (India, Nepal, Pakistan, Bangladesh, Kyrgyzstan) East Asia: Burma, Cambodia, China, Vietnam</td>
<td>1. Budget Support 16% (decreasing) 2. Support through trusted third party organizations (EU, UN, WB, GFATM), 40% 3. Support to NGO’s</td>
<td></td>
</tr>
<tr>
<td>French Economic Development Agency AFD (Agence Française de Développement)</td>
<td>Access to health services; Maternal and child health; Strengthening health systems</td>
<td>Central African Republic, Chad, Guinea, Mali, Morocco, Mozambique, Niger, Togo Guadeloupe, Haiti</td>
<td>1. Mostly multilateral support via EDF, CDI, GFAMT, GAVI, African Development Fund 2. Grants &amp; subsidies for Projects in the least developed countries of the Priority Aid Solidarity Zone</td>
<td></td>
</tr>
<tr>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH</td>
<td>Disease prevention and health promotion Sexual and reproductive health Strengthening health</td>
<td>Bangladesh, Cambodia, Cameroon, Indonesia, Kenya, Kyrgyzstan, Malawi, Nepal, Pakistan, Rwanda, South Africa, Tajikistan, Tanzania, Ukraine, Uzbekistan, and Vietnam</td>
<td>1. Support through multilateral organizations (56%) 2. Bilateral support (44%)</td>
<td>Third-largest bilateral donor Germany separates technical from financial cooperation; the former is led by GIZ and the</td>
</tr>
</tbody>
</table>

---

3 The “diplomacy and health” initiative was launched by the ministries of foreign affairs of the following seven countries, in New York in 2006: France, Norway, Brazil, Indonesia, Senegal, South Africa and Thailand.
<table>
<thead>
<tr>
<th>Donor</th>
<th>Specific focus on health sector</th>
<th>Current geographical focus of health sector co-operation</th>
<th>Forms of collaboration</th>
<th>Remarks, Examples of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dag-Hammarskjöld-Weg 1-5 65760 Eschborn</td>
<td>Health systems strengthening, Maternal, newborn and child health, Infectious Disease Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JICA <a href="http://www.jica.go.jp/project/english/area">http://www.jica.go.jp/project/english/area</a></td>
<td>Mobilising for women’s and children’s rights and health; Reducing the burden of</td>
<td></td>
<td>4. Grant Aid for investment in facilities and equipment</td>
<td>Pakistan: The District Health Information System (DHIS) Project for Evidence-Based Decision Making and Management Chagas disease control in Central America JICA may consider the possibility of participating in IHP+ in the future.</td>
</tr>
<tr>
<td>NORAD <a href="http://www.norad.no/en">http://www.norad.no/en</a></td>
<td></td>
<td></td>
<td>5. Technical Cooperation for human resource development and organization strengthening,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. ODA Loans</td>
<td></td>
</tr>
</tbody>
</table>
## Information on Funding Opportunities for IANPHI Members

### Major health sector donors and their thematic and geographic focus areas

<table>
<thead>
<tr>
<th>Donor</th>
<th>Specific focus on health sector</th>
<th>Current geographical focus of health sector co-operation</th>
<th>Forms of collaboration</th>
<th>Remarks, Examples of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Department of Development Cooperation of the Netherlands Ministry of Foreign Affairs / Dutch Development Agency</td>
<td>Disease with emphasis on prevention; Promoting human security through health</td>
<td>Africa: Benin, Burundi, Ethiopia, Ghana, Kenya, Mali, Mozambique, Rwanda, Sudan, Uganda&lt;br&gt;Middle East: the Palestinian Territories and Yemen&lt;br&gt;Asia: Afghanistan, Bangladesh, Indonesia</td>
<td>1. Bilateral programmes&lt;br&gt;2. Grant Funds, e.g., Sexual and Reproductive Health and Rights Fund 2013-2015: the Ministry of Foreign Affairs will award grants from the Sexual and Reproductive Health and Rights (SRHR) Fund.</td>
<td>Re Activities that are eligible for a grant see: <a href="http://www.government.nl/issues/development-cooperation/grant-programmes">http://www.government.nl/issues/development-cooperation/grant-programmes</a></td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS, accessible, acceptable and good quality HC, strengthening health management and planning</td>
<td>Partner driven cooperation (twinning): Indonesia, India, China, Vietnam, Namibia, Botswana and South Africa. Budget support: Uganda</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>