

Meet the Global Health Family

A Cheat Sheet

Victoria Fan, Rachel Silverman, and Amanda Glassman

Since the 1990s, the global health family has welcomed the creation and growth of a new generation of funding agencies—chiefly the Bill and Melinda Gates Foundation (1994); UNAIDS (1996); the GAVI Alliance (2000); the Global Fund to Fight AIDS, Tuberculosis, and Malaria (2002); the President’s Emergency Plan for AIDS Relief (2003); the President’s Malaria Initiative (2005); and UNITAID (2006). These new entrants have joined the World Bank, World Health Organization, and UN agencies as members of an increasingly complex and interconnected global health family.

This brief provides a “cheat sheet” for the most important global health donors and funding agencies. Table 1 lists key characteristics of the major multilateral and non-governmental agencies, including year founded, headquarters location, leadership, focus areas, and staff size. Tables 2 and 3 provide insight into the interconnectedness of the global health family. Table 2 provides an overview of the agencies’ health budgets and funding sources by donor, including for major bilateral agencies. Similarly, Table 3 outlines the distribution of governance power over major multilateral health agencies, including the shares held by the U.S., G-7, upper-income countries, developing countries, and private or civil society stakeholders. This brief makes a difficult trade-off in being more selective and concise rather than comprehensive.

Timeline of Selected Entrants to Global Health Family, 1900-2011

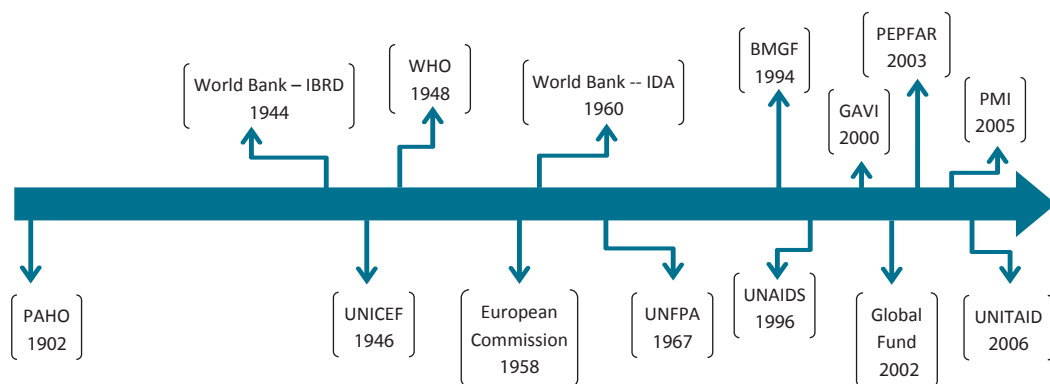


Table 1: Overview of Major Multilateral Global Health Funding Agencies

Name of Agency	Year Founded	Headquarters	Leader (Country)	Focus Areas	Staff
PUBLIC-PRIVATE PARTNERSHIPS					
Global Fund	2002	Geneva, Switzerland	Mark Dybul (United States)	HIV/AIDS; TB; Malaria	585
GAVI Alliance	2000	Geneva, Switzerland	Seth Berkley (United States)	Immunization	274
UNITAID	2006	Geneva, Switzerland	Denis Broun (France)	HIV/AIDS; TB; Malaria; Medicines and Diagnostics; Innovation	44
FOUNDATION					
Bill and Melinda Gates Foundation (BMGF)	1994	Seattle, WA, USA	Trevor Mundel (South Africa); Christopher Elias (United States); Geoffrey Lamb (Ireland)	Enteric and Diarrheal Diseases; HIV/AIDS; Malaria; Pneumonia; TB; NTDs; Family Planning; Vaccination; Nutrition; Maternal and Child Health; Tobacco Control	~600(?) ^a
WORLD BANK					
IDA	1960	Washington, DC, USA	Jim Yong Kim (United States)	Millennium Development Goals: Maternal and Child Health; HIV/AIDS; Malarial; TB; Nutrition; Sexual and Reproductive Health	~590(?) ^a
IBRD	1944				
UN AGENCIES					
World Health Organization (WHO)	1948	Geneva, Switzerland	Margaret Chan (Hong Kong, China)	Communicable Diseases; Disease Surveillance; Setting Norms and Standards; NCDs; Sexual and Reproductive Health; Maternal and Child Health; Nutrition; Environmental Health; Health Services	~8,000
Pan American Health Organization (PAHO)	1902	Washington, DC, USA	Carissa Etienne (Dominica)	Family and Community Health; Gender, Diversity and Human Rights; Surveillance and Disease Control; Primary Health Care; Environmental Health	1,978
UNAIDS	1996	Geneva, Switzerland	Michel Sidibé (Mali)	HIV/AIDS	~1,000 ^a
UNFPA	1967	New York, NY, USA	Babatunde Osotimehin (Nigeria)	Sexual and Reproductive Health; Population and Development; Maternal Health	994
UNICEF	1946	New York, NY, USA	Anthony Lake (United States)	Child Survival and Development; Nutrition; HIV/AIDS	~6,100(?) ^a
EUROPEAN COMMISSION					
European Commission (EC)	1958	Brussels, Belgium	Jose Barroso (Portugal)	Access to Health Services; Human Resources for Health; HIV/AIDS; Malaria; TB; Sexual and Reproductive Health	~70(?) ^a

Notes: ^a Number of staff working on health crudely calculated from percentage of total resources spent on health multiplied by total staff (for BMGF, EC, World Bank), or from other sources (for UNAIDS). Acronyms: HIV/AIDS human immunodeficiency virus / acquired immunodeficiency syndrome, TB tuberculosis, NTDs neglected tropical diseases, NCDs noncommunicable diseases.

Compiled October 2012–February 2013 from publicly available primary documents.

Table 2: Percentage of Contributions to Global Health Funding Agencies by Donor

	US	UK	Japan	France	Germany	Sweden	BMGF	EC	Canada	Norway	Netherlands	All Other Sources	Total Annual Funding (USD Millions)
PUBLIC-PRIVATE PARTNERSHIPS													
Global Fund ^a	34	8	4	16	9	3	5	5	6	2	3	6	\$3,098
GAVI	7	17	1	8	1	8	19		4	9	2	25	\$1,227
UNITAID		31		53			4			7		4	\$270
SELECTED BILATERAL AGENCIES													
US – PEPFAR ^b	100												\$5,678
US – USAID – PMI	100												\$578
UK (DFID) ^c		100											\$1,256
Japan ^c			100										\$279
France ^c				100									\$312
Germany ^c					100								\$502
Sweden ^c						100							\$235
FOUNDATION													
BMGF							100						\$2,932
WORLD BANK													
IDA ^{c,d}	12	12	11	5	7	3			4	1	3	42	\$487
IBRD ^{c,e}	16	4	10	4	5	1			3	1	2	54	\$1,419
UN AGENCIES													
WHO ^f	15	8	4	2	2	1	10	2	4	3	1	46	\$2,164
Assessed	23	7	12	6	8	1			3	1	2	37	\$473
Voluntary ^f	14	9	2	1	1	1	15	3	5	4	1	44	\$1,534
PAHO ^f	?	?	?	?	?	?	?	?	?	?	?	?	\$322
Assessed	62	?	?	?	?	?	?	?	13	?	?	24	\$98
Voluntary	?	?	?	?	?	?	?	?	?	?	?	?	?
UNAIDS	17	6	1	<1	1	16		<1	2	11	13	31	\$269
UNFPA	8	7	6	<1	5	15	<1	9	4	12	13	19	\$451
UNICEF ^g	9	8	5	1	1	5	2	6	4	6	4	50	\$2,115
EUROPEAN COMMISSION													
European Commission ^c		10		15	17	2					3	53	\$371

Notes: Collected as of October 2012. Unless otherwise specified, calculated based on publicly available primary documents. In a given row, the column percentages sum to 100%. ^aEither pledges or contributions (whichever is higher), as of October 9, 2012. ^bOnly bilateral funding. ^cTotal annual funding as reported in IHME (2011), Financing Global Health 2011. ^dBased on share of contributions to 16th replenishment for all sectors, not only in health. ^eShares based on ownership share of capital stock for all sectors, not only in health. ^fCalculated as biennium total divided by two. ^gEstimated as total funding for 2011 x share of UNICEF's budget going to health categories. Donor estimates include ONLY government contributions, not private fundraising.

Table 3: Percentage of Governance Share in Major Global Health Funding Agencies by Donor

	US	G-7	Other High-Income Countries	Developing Countries	Multilaterals	BMGF	Civil Society: Developed Countries	Civil Society: Developing Countries	Private Sector	Secretariat	Independent Individuals	Research and Technical Health Institutes	Total Seats on Board
PUBLIC-PRIVATE PARTNERSHIPS													
Global Fund	5	21	14	35		5	5	10	5				20
GAVI	1	6	11	18	11	4	4		7	4	32	4	28
UNITAID		18	27	27		9	9	9					11
WORLD BANK													
IDA ^a	11	29	23	38									n/a ^a
IBRD ^a	16	30	22	33									n/a ^a
UN AGENCIES													
WHO	3		21	77									34
PAHO	2	8	13	76									38
UNAIDS	5	23	18	55									22
UNFPA/UNICEF	3	14	28	56									36
EUROPEAN COMMISSION													
European Commission		15	70	15									27

n/a = not applicable

Notes: As of October 2012. Unless otherwise specified, calculated based on publicly available primary documents. For membership seats explicitly shared or rotated according to fixed rules, the percentage is the country's crude fraction of that board seat, and may not reflect membership in any given year (i.e. Global Fund, GAVI). ^aCalculated based on share of voting power.

Table 4: The ABCs of the Global Health Agencies

Abbreviation	Full Name of Agency
BMGF	Bill & Melinda Gates Foundation
DFID	Department for International Development (United Kingdom)
EC	European Commission
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GAVI	GAVI Alliance
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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