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Domestic Funding Contributions to Health: Comparing Changes in Domestic Financing in PEPFAR and Non-PEPFAR Supported Countries

Introduction

The United States' President's Emergency Plan for AIDS Relief (PEPFAR) has been a fixture of U.S. foreign policy and development assistance since 2003. Over this period, the program is credited with saving 26 million lives and preventing 7.8 million babies from acquiring HIV infection.[1] PEPFAR's introduction in 2003 fundamentally changed the trajectory of the HIV epidemic through a focused, intentional, targeted, and accountable treatment and prevention response. While the early years of the program were designed and implemented to rapidly scale up treatment and prevention services, the emergency version of the program largely transitioned toward an incremental, co-investment, co-development, and management of the HIV response with host country governments; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and other donors by the early to mid-2010s. This co-investment, co-development approach has enabled PEPFAR funding to be used to leverage the investments of others to develop a cohesive service delivery platform that covers the needs of people living with HIV (PLHIV) globally and make progress on ending the HIV epidemic globally.

While few question the effectiveness and the quality of the programming PEPFAR has implemented or the impact PEPFAR has made on the HIV epidemic, questions have been raised about the sustainability of the HIV response and whether domestic governments are investing in HIV services, or whether the HIV response is overly reliant on external donors. Both PEPFAR and UNAIDS have attempted to ascertain different funders' contributions specifically to the HIV response, but these are plagued by methodological and quantification challenges, particularly with regard to domestic government contributions.[2]

While HIV-specific contributions are important considerations, domestic health budgets are not developed around single disease responses and generally do not contain single disease-specific contributions or line-items. Health care

Key Findings

- Domestic government health spending per capita has grown nearly twice as much in PEPFAR supported countries than in non-PEPFAR supported countries, increasing by 353% and 189%, respectively.
- In sub-Saharan Africa, home to around two-thirds of all people living with HIV, domestic government healthcare spending increased by $9.6 billion in PEPFAR supported countries between 2004 and 2021.
- Local capacity has grown exponentially in countries supported by PEPFAR, which have seen a 326% increase in the number of trained nurses and midwives, compared to an increase of just 91% in countries not supported by PEPFAR.
- Domestic healthcare spending and local capacity for HIV response have grown in countries supported by PEPFAR at a pace that far exceeds that of non-PEPFAR supported countries, contradicting the narrative that PEPFAR supported countries have come to rely too heavily on U.S. government support.

workers within public health systems are not generally tasked with singular disease response tasks, making it challenging to disaggregate how domestic government-funded health care workers contribute to the HIV-specific response within the country. Donor funding—such as from PEPFAR and the Global Fund—obviously creates such clear delineations, but Ministry of Health budgets allocate resources for the whole of the public health system, while leaving lower-level decision making on resource allocation to district or facility-level management.

Rather than trying to determine HIV-specific contributions, this analysis assesses changes in domestic government and domestic private contributions to health funding since PEPFAR began implementation at scale in 2004 and disaggregating by whether countries are PEPFAR supported or non-PEPFAR supported countries as a mechanism for understanding whether there are differences in how governments are increasing their domestic resource contributions to the HIV response writ large.

Methodology

We use World Bank's (WB) Development Indicators data[3] and the World Health Organization's (WHO) Global Health Observatory[4] and categorize countries by income level, region, and whether PEPFAR operates programs in the country. The indicators we look at include:

- Total Population;[5]
- Domestic Government Expenditure for Health;[6]
- Domestic Private Expenditure for Health;[7]
- External Health Expenditure;[8]
- Human Resources for Health Data on Nursing and Midwifery Personnel[9] and Medical Doctors.[10]

Unless otherwise indicated, all indicators are based on low income (LICs) and lower middle income countries (LMICs). Funding or expenditure data discussed is in current U.S. dollars. Where actual total expenditures are reported, these were calculated by multiplying per capita expenditures by the total population in the given year. Classifications of countries are based on current classifications (i.e., countries that transitioned from LIC to LMIC at any point over the period are treated as LMIC for the entire period. Likewise, any country that transitioned from LMIC to upper middle income (UMIC) over the period is excluded from the analysis). PEPFAR countries are all countries that receive PEPFAR programmatic funding whether as part of a Country Operational Plan (single country) program or through a Regional Operational Plan (multi-country) process as of FY2024. The table on the previous page provides the list of all LICs and LMICs by regions that are included in the analysis, along with whether they are PEPFAR supported. [Table 1]

Table 1: LICs and LMICs by Region and PEPFAR Support

Region	PEPFAR Support	Countries
East Asia & Pacific	Non-PEPFAR Supported	Kiribati, North Korea, Micronesia, Samoa, Solomon Islands, Timor-Leste, Vanuatu
	PEPFAR Supported	Cambodia, Laos, Myanmar, Papua New Guinea, Philippines, Vietnam
Europe & Central Asia	Non-PEPFAR Supported	Uzbekistan
	PEPFAR Supported	Kyrgyz Republic, Tajikistan
Latin America & Caribbean	Non-PEPFAR Supported	Bolivia
	PEPFAR Supported	Haiti, Honduras, Nicaragua
Middle East & North Africa	Non-PEPFAR Supported	Djibouti, Egypt, Jordan, Lebanon, Morocco, Syria, Palestine, Yemen
	PEPFAR Supported	None
South Asia	Non-PEPFAR Supported	Afghanistan, Bangladesh, Bhutan, Pakistan, Sri Lanka
	PEPFAR Supported	India, Nepal
Sub-Saharan Africa	Non-PEPFAR Supported	Cabo Verde, Central African Republic, Chad, Comoros, Congo, Eritrea, The Gambia, Guinea, Guinea-Bissau, Madagascar, Mauritania, Niger, Sao Tome and Principe, Somalia, Sudan
	PEPFAR Supported	Angola, Benin, Burkina Faso, Burundi, Cameroon, DRC, Côte d'Ivoire, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Tanzania, Togo, Uganda, Zambia, Zimbabwe

Some countries were excluded from our analysis as they do ... in 2013; Sudan data combined with South Sudan pre-

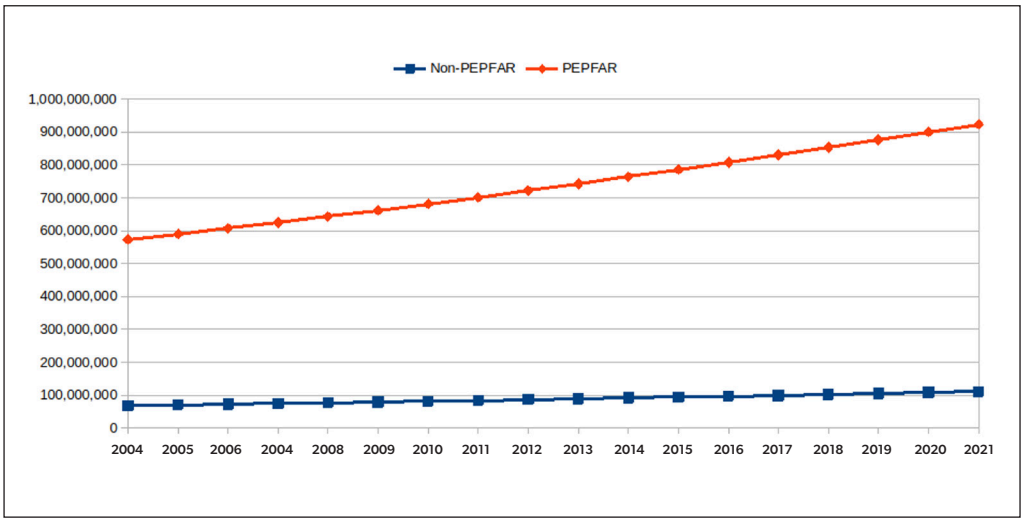
Some countries were excluded from our analysis as they do not report data to the World Bank (North Korea, Somalia, Palestine) or their data were incomplete or inconsistent over the total time period (South Sudan: data begin in 2017; Sudan: data combined with South Sudan pre-2017; Syria: data stop in 2013; Yemen: data stop in 2015; Zimbabwe: data begin in 2010).

Population Growth

LICs and LMICs have both seen expanded populations, with PEPFAR supported countries expanding 39% from 2.01 billion people in 2004 to 2.79 billion in 2023. Non-PEPFAR supported LICs and LMICs expanded 40% from 595 million in 2004 to 834 million in 2023.

In Sub-Saharan Africa, where the majority of PEPFAR's resources and programmatic efforts are targeted, population growth has been far more pronounced, increasing 69% and 72% for PEPFAR supported and non-PEPFAR supported countries, respectively. [Figure 1] The increasing population provides more economic opportunity for these countries, but also requires substantial additional expenditure on health generally simply to maintain the same per capita expenditures.

Figure 1: Total Population in LICs and LMICs in Sub-Saharan Africa (SSA) by PEPFAR Support, 2004-2021



Domestic Expenditures on Health

Domestic government expenditures on health on a per capita basis have increased in LICs and LMICs over the 2004-2021 period. In PEPFAR supported countries, there has been a 353% increase in per capita expenditure from domestic government resources, rising from $5.43 (2004) to $24.55 (2021). In non-PEPFAR supported LICs and LMICs, per capita expenditures increased 189% between 2004 and 2021, from $11.04 to $31.87. [Figure 2]

Figure 2: Per Capita Domestic Government Expenditure on Health in LICs and LMICs by PEPFAR Support, 2004-2021

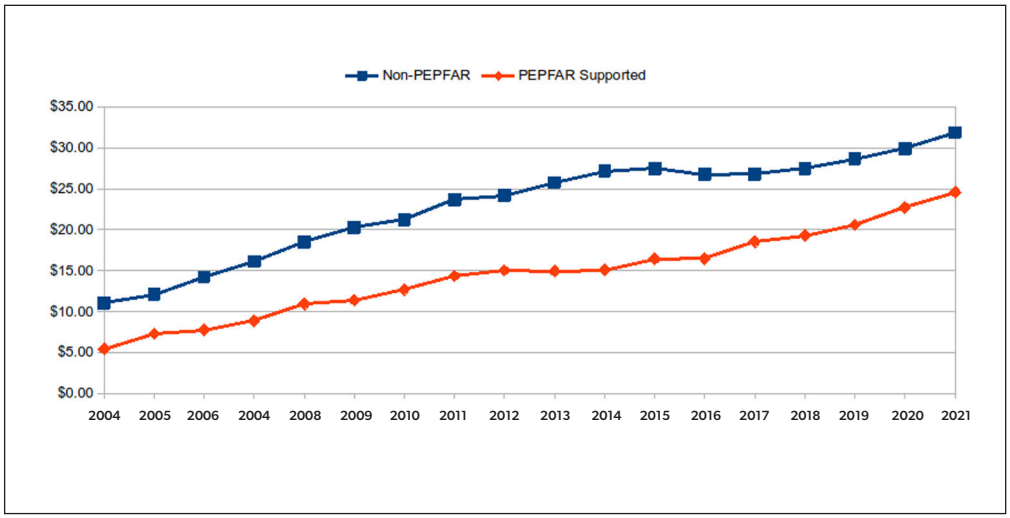
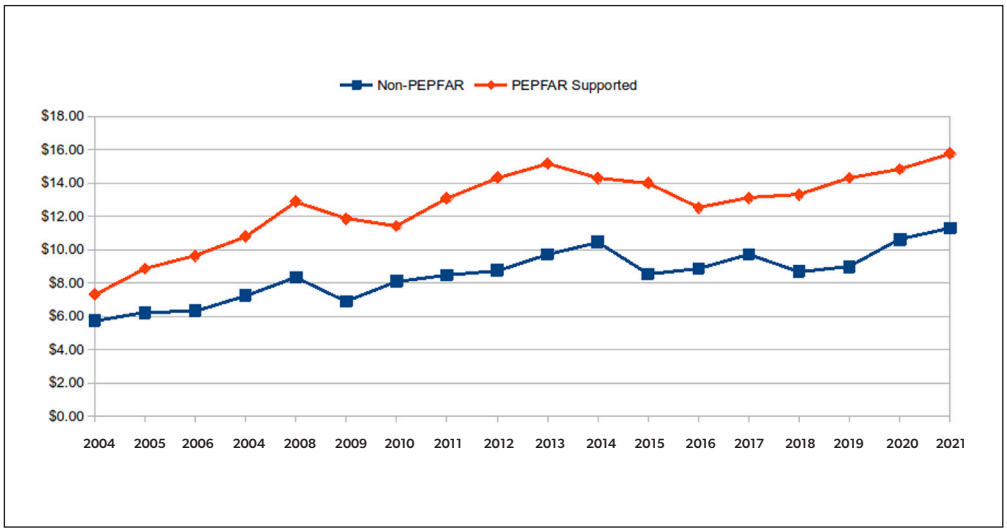


Figure 3: Per Capita Domestic Government Expenditure on Health in LICs and LMICs in SSA by PEPFAR Support, 2004-2021



In Sub-Saharan Africa, these increases have been 116% and 97% in PEPFAR and non-PEPFAR supported countries, respectively, though in non-PEPFAR supported countries the rates are substantially higher only as a result of an uptick in spending due to the COVID-19 pandemic. As of 2019, PEPFAR supported LICs and LMICs in SSA had increased per capita government expenditure on health by 96% compared to 56% in non-PEPFAR supported countries. [Figure 3]

This reflects additional expenditures needed to implement systems developed over many years in PEPFAR supported countries in a rapid timeframe in non-PEPFAR supported countries. In that emergency, PEPFAR supported countries were able to more rapidly respond with existing systems.

On a non-per capita basis, domestic government investment in health has increased even more substantially in PEPFAR supported vs. non-PEPFAR supported LICs and LMICs. [Figure 4]

Figure 4: Total Domestic Government Spending on Health in LICs and LMICs by PEPFAR Support, 2004-2021

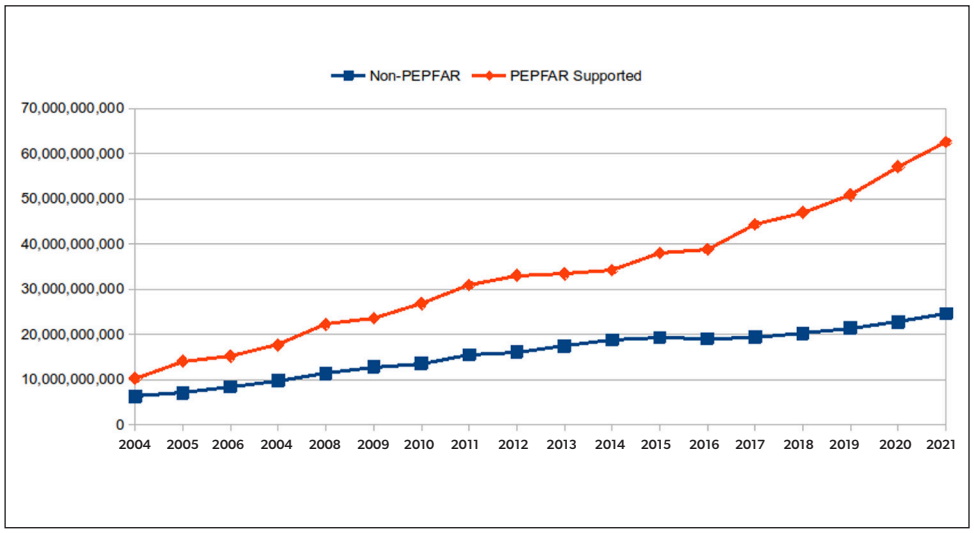
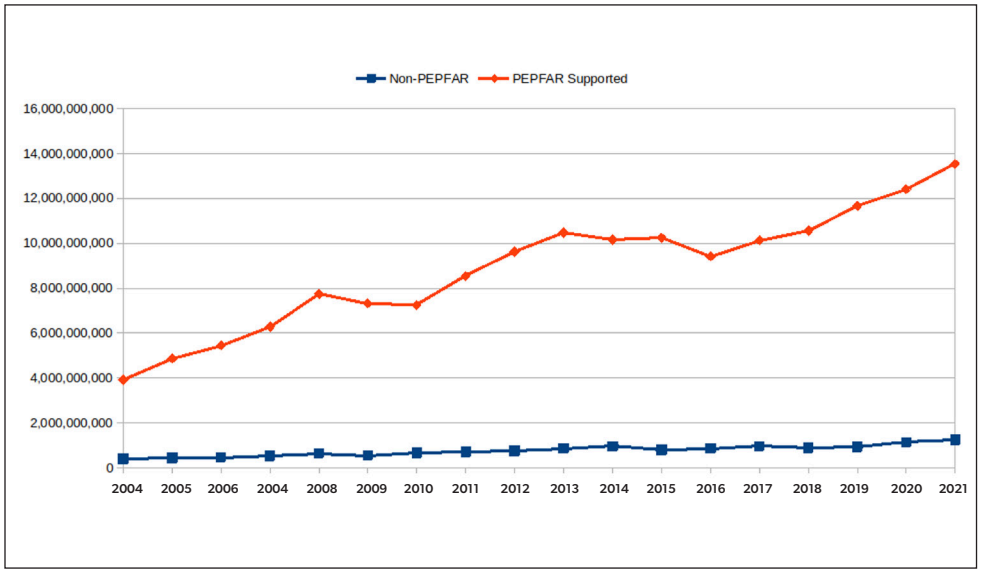


Figure 5: Total Domestic Government Spending on Health in LICs and LMICs in SSA by PEPFAR Support, 2004-2021



Total government expenditures have expanded from $10.3 billion per year in 2004 to $62.6 billion per year in 2021, an increase of 510% in PEPFAR supported LICs and LMICs. Non-PEPFAR supported LICs and LMICs have seen increases from $6.3 billion to $24.6 billion, or 293%, over the same period.

PEPFAR supported LICs and LMICs in SSA have increased 246% from $3.9 billion in 2004 to $13.5 billion in 2021. [Figure 5] By comparison, non-PEPFAR supported LICs and LMICs in SSA have increased 220% in total domestic government expenditure on health, rising from $392 million to $1.25 billion over the same period. Again, however, the latter is more substantially influenced by COVID-19-related upticks in spending in 2020 and 2021. As of 2019, overall increases in total expenditures by LICs and LMICs in SSA were 198% and 141% for PEPFAR supported and non-PEPFAR supported countries, respectively.

Moreover, private domestic expenditures on health care have also increased substantially over the period. Globally, for PEPFAR supported and non-PEPFAR supported countries, the rate of private expenditure growth is similar at 224% and 254%, respectively. However, in SSA LICs and LMICs, PEPFAR supported countries expanded private expenditures on health more rapidly, increasing by 196% from $9.2 billion per year in 2004 to $27.1 billion per year in 2021. Non-PEPFAR supported LICs and LMICs in SSA have increased 162% over the same period, from $790 million per year in 2004 to $2.1 billion per year in 2021. [Figure 6]

Figure 6: Total Private Expenditures on Health in LICs and LMICs in SSA by PEPFAR Support, 2004-2021

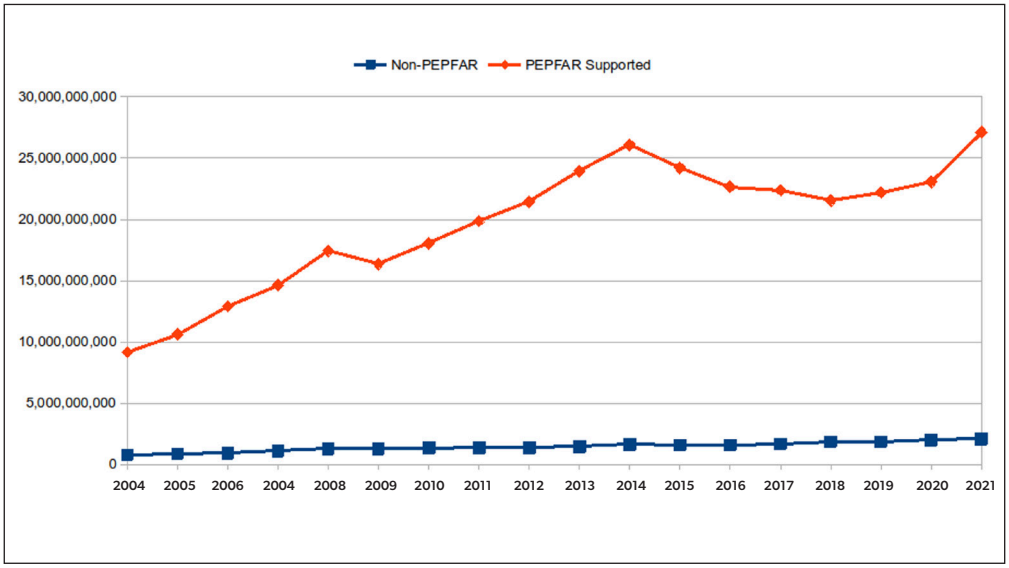
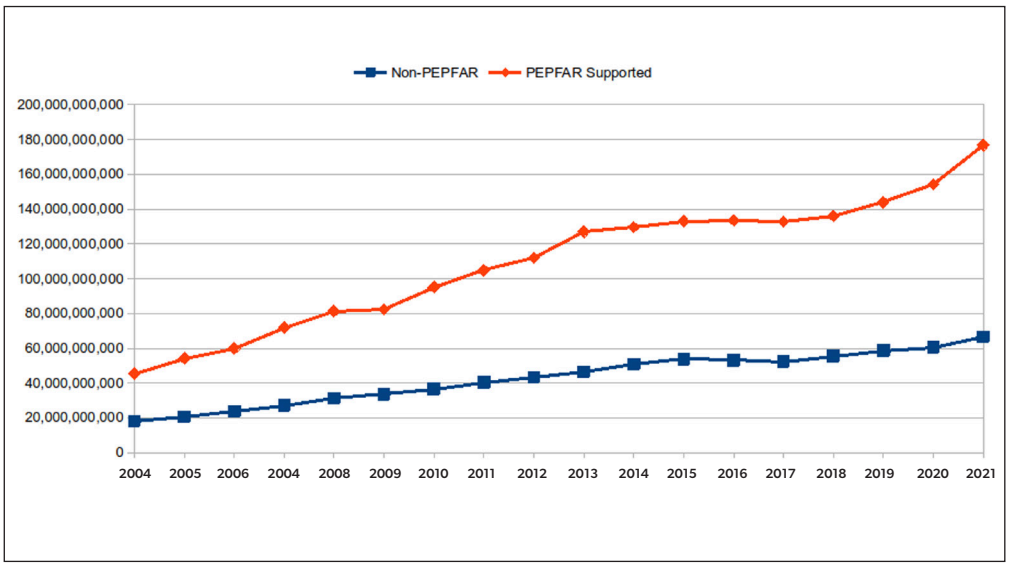
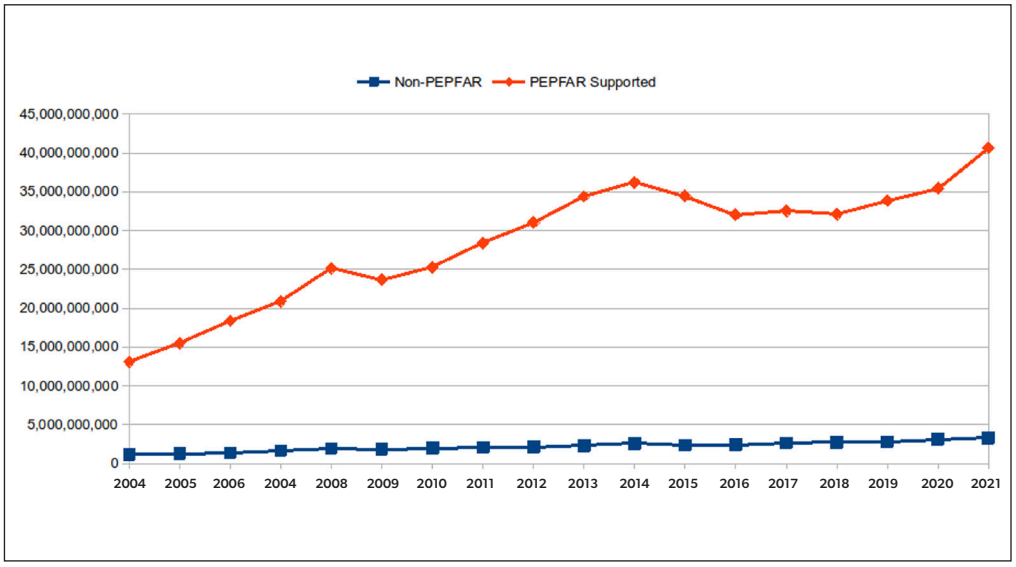


Figure 7: Combined Domestic Government and Domestic Private Expenditure on Health in LICs and LMICs by PEPFAR Support, 2004-2021



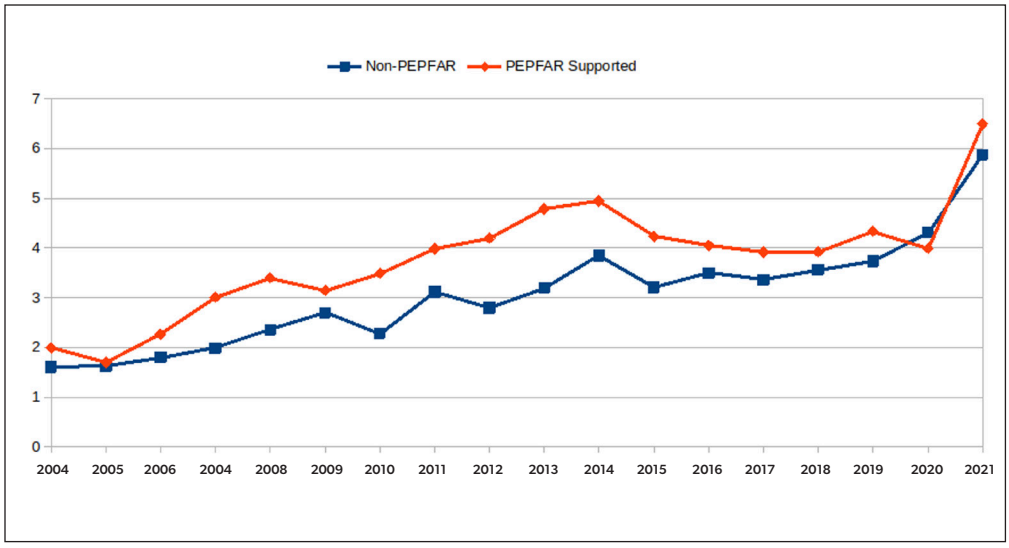
In aggregate terms, combining both domestic government and domestic private expenditures, total domestic health expenditures in PEPFAR supported countries have increased 289% between 2004 and 2021, rising from $45.5 billion per year to $176.7 billion per year. In non-PEPFAR supported LICs and LMICs, the increase has been 267%, from $18.2 billion per year to $66.7 billion per year over the same period. [Figure 7]

Figure 8: Combined Domestic Government and Domestic Private Expenditure on Health in LICs and LMICs in SSA by PEPFAR Support, 2004-2021



In SSA, combined domestic funding of health increased 211% from 2004 to 2021, rising from $13.1 billion per year to $40.7 billion per year in PEPFAR supported LICs and LMICs. Non-PEPFAR supported LICs and LMICs increased domestic funding by 181%, from $1.2 billion per year to $3.3 billion per year over the same period. [Figure 8]

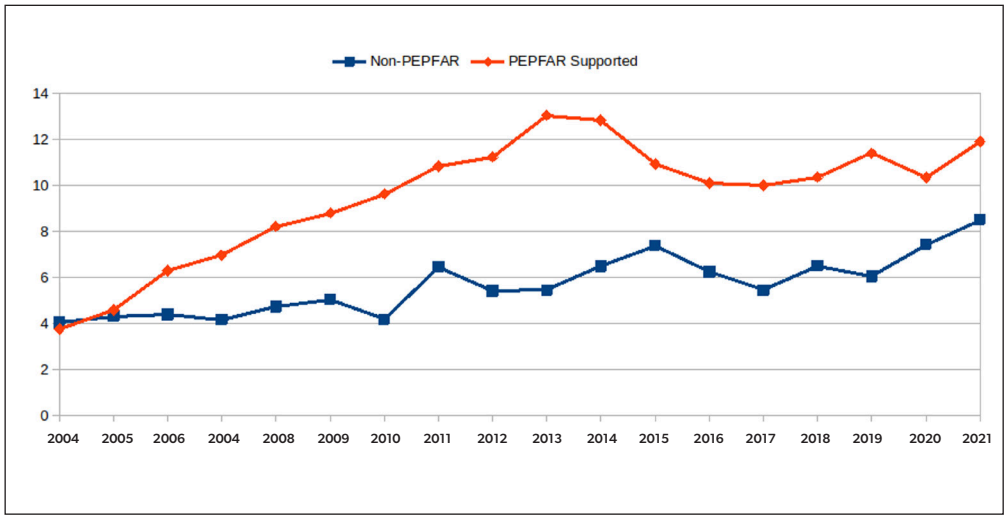
Figure 9: External Expenditure on Health Per Capita in LICs and LMICs by PEPFAR Support, 2004-2021



External Health Expenditures

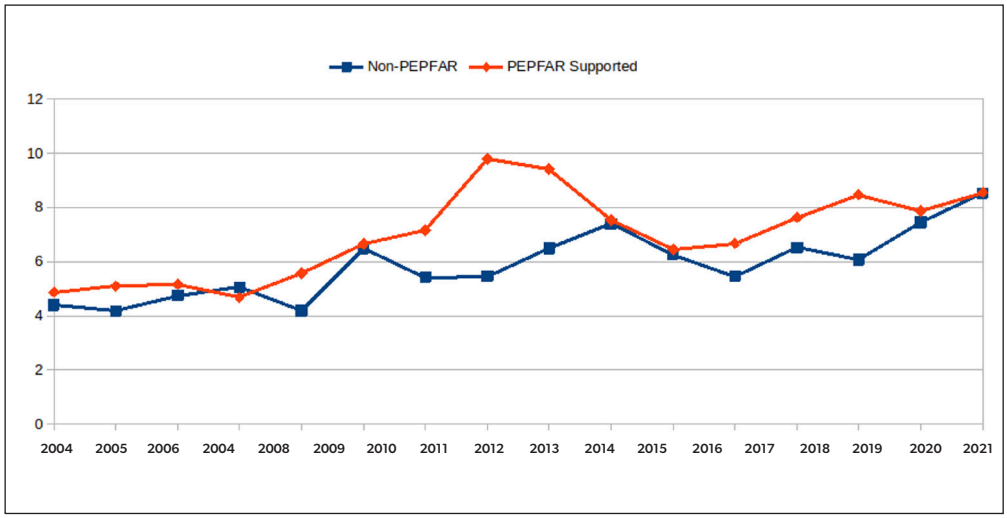
External expenditures—in this case, support from foreign governments or non-governmental bodies such as the United Nations and private philanthropy—on health per capita in LICs and LMICs have increased somewhat more substantially in non-PEPFAR supported countries compared with PEPFAR supported countries. Globally, external expenditures on health increased in PEPFAR supported countries by 227% between 2004 and 2021, while increasing 265% in non-PEPFAR supported countries, though much of the increase for both can be attributed to increased spending associated with the COVID-19 pandemic, comprising approximately half of the total increase. As of 2019, the increase for PEPFAR supported countries was 118% compared with 132% in non-PEPFAR countries. [Figure 9]

Figure 10: External Expenditure on Health Per Capita in LICs and LMICs in SSA by PEPFAR Support, 2004-2021



In SSA, the rate of increase in external expenditures on health per capita in LICs and LMICs has grown 216% in PEPFAR supported countries compared with 110% in non-PEPFAR supported LICs and LMICs, rising from $3.77 to $11.90 between 2004 and 2021 in PEPFAR supported countries compared with $4.06 to $8.52 in non-PEPFAR supported countries [Figure 10]. However, the difference in these increases is essentially an artifact of categorizing countries by their status as countries being supported by PEPFAR. If PEPFAR's budgeted contributions in these countries are removed from the external expenditure totals, the rate of growth in PEPFAR supported countries is reduced to 76% between 2006 and 2021,[11] rising to $8.55 per capita. Non-PEPFAR supported countries increased 94% over this period, rising to $8.52 per capita. [Figure 11]

Figure 11: Non-PEPFAR External Expenditure on Health Per Capita in LICs and LMICs in SSA by PEPFAR Support, 2004-2021



Health Care Workforce Expansion

The WHO's Global Health Observatory includes indicators on health care workforce personnel by cadre of health care worker, including total numbers and rates per 10,000 population. WHO's data are updated annually, though country submissions on the health care workforce numbers are not consistent, making long-term trend analyses difficult. However, both 2004 and 2022 included significantly more countries reporting health care workforce data than most other years.[12]

Growth in the number of nurses and midwives across 29 LICs and LMICs in SSA with data for both years was 294% between 2004 and 2022, increasing from 200,970 nurses and midwives to 791,604. In PEPFAR supported countries, this increase was 326%, from a base of 173,818 to 739,730, while non-PEPFAR

Table 2: Number of Nurses and Midwives in LICs and LMICs in SSA by PEPFAR Support, 2004 & 2022

PEPFAR Support	Location	2004	2022	Increase (%)
Non-PEPFAR	Central African Republic	1,613	2,545	58%
	Chad	2,499	3,838	54%
	Comoros	588	1,371	133%
	Congo	3,672	6,763	84%
	Eritrea	2,505	5,261	110%
	Gambia	695	1,815	161%
	Guinea	4,408	5,912	34%
	Guinea-Bissau	1,072	2,085	95%
	Madagascar	5,081	8,554	68%
	Mauritania	1,893	7,844	314%
	Niger	2,818	5,396	91%
	Sao Tome and Principe	308	490	59%
Subtotal		**27,152**	**51,874**	**91%**
PEPFAR Supported	Angola	18,485	66,751	261%
	Benin	5,789	7,954	37%
	Burkina Faso	6,557	24,699	277%
	Cameroon	26,042	18,208	-30%
	Côte d'Ivoire	10,180	20,914	105%
	Eswatini	6,828	5,320	-22%
	Ethiopia	15,543	153,257	886%
	Ghana	19,707	148,086	651%
	Kenya	16,146	109,796	580%
	Liberia	1,035	5,413	423%
	Malawi	7,264	10,435	44%
	Mali	8,338	9,589	15%
	Mozambique	6,500	30,493	369%
	Senegal	3,287	7,540	129%
	Sierra Leone	1,211	9,627	695%
	Togo	1,937	4,494	132%
	Uganda	18,969	107,154	465%
Subtotal		**173,818**	**739,730**	**326%**

Table 3: Number of Medical Doctors in LICs and LMICs in SSA by PEPFAR Support, 2004 & 2022

PEPFAR Support	Location	2004	2022	Increase (%)
Non-PEPFAR	Central African Republic	331	146	-56%
	Chad	345	1,506	337%
	Comoros	115	354	208%
	Congo	756	1,042	38%
	Eritrea	142	299	111%
	Gambia	166	274	65%
	Guinea	987	2,946	198%
	Guinea-Bissau	188	531	182%
	Madagascar	2,780	5,230	88%
	Mauritania	313	1,273	307%
	Niger	296	706	139%
	Sao Tome and Principe	81	105	30%
Subtotal		**6,500**	**14,412**	**122%**
PEPFAR Supported	Angola	1,165	8,693	646%
	Benin	311	2,608	739%
	Burkina Faso	708	3,323	369%
	Burundi	200	1,038	419%
	Cameroon	3,124	3,762	20%
	Côte d'Ivoire	2,081	4,930	137%
	Eswatini	171	684	300%
	Ethiopia	1,996	13,117	557%
	Ghana	3,240	4,726	46%
	Liberia	103	954	826%
	Malawi	266	1,115	319%
	Mali	721	4,402	511%
	Mozambique	514	5,719	1013%
	Senegal	594	2,188	268%
	Sierra Leone	168	1,106	558%
	Togo	244	730	199%
	Uganda	2,209	9,052	310%
	Zambia	1,499	6,531	336%
Subtotal		**19,314**	**74,678**	**287%**

supported countries only increased 91% from 27,152 to 51,874. [Table 2]

While PEPFAR invests in supporting the salaries of healthcare workers, including nurses and midwives, the most recent human resources for health data show PEPFAR programming supports 5,164 individual nurses and midwives in the 17 PEPFAR supported countries listed, making up only 0.7% of total nurses and midwives and accounting for only 1% in total growth of this cadre between 2004 and 2022.

Likewise, for medical doctors, growth across all LICs and LMICs in SSA was 245%, increasing from 25,814 in 2004 to 89,090 in 2022. For PEPFAR supported LICs and LMICs, growth was 287% compared to 122% in non-PEPFAR supported countries. [Table 3] Across these PEPFAR supported countries, PEPFAR employs only 3,058 doctors

and clinical officers, making up just 4% of total medical doctors and 5.5% of the growth.

Conclusion

PEPFAR has been an essential investment in combating the HIV epidemic globally and one that has made America safer, stronger, and more prosperous in numerous ways. PEPFAR's investments have saved more than 26 million lives globally, prevented millions of new infections, supported the development of health systems critical to maintaining global control of the pandemic and preventing HIV resurgence, and establishd enduring partnerships with our partner governments and garnered significant global approval of U.S. leadership in combatting HIV and other infectious diseases.

While over the long term, reduction of PEPFAR and HIV-specific investments is warranted, this must be done in collaboration with the governments with whom the U.S. has partnered over the past 22 years in developing a comprehensive HIV response. As this analysis shows, PEPFAR partner governments have increased resources for health significantly and those resources have increased health care workforce and infrastructure, and improved the regulatory environment and management of the total health system on which PEPFAR's programming relies to maintain achievements in the fight against HIV.

While additional co-financing requirements and expectations of partner governments are supported in principle, the methodology for how to allocate and quantify the specific contributions to the HIV response must be clearly identified and a meaningful methodology established. Otherwise, co-financing requirements run the risk of being little more than accounting exercises that don't change the underlying realities on the ground. More importantly, any PEPFAR transition requires a clear determination of the health system components that are currently not institutionalized sufficiently to prevent HIV resurgence or decay in the treatment and prevention achievements that have been made over the past 22 years. In the absence of a clear and specific plan for institutionalizing the testing, treatment, and prevention results and surveillance systems, we risk allowing HIV to become re-established in the coming generations and it will require enormous investments to bring it back under control.

Table 4: Per Capita Expenditure and Total Domestic Spending on Health in PEPFAR Supported LICs and LMICs, 2004-2021

	Current health expenditure per capita (current US$)			Domestic general government health expenditure per capita (current US$)			Domestic private health expenditure per capita (current US$)			Total domestic government and private expenditure per capita (current US$)			Domestic spend (current US$)		
COUNTRY	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**
Angola	$49.78	$64.16	28.90%	$21.16	$37.09	75.27%	$27.65	$23.96	-13.34%	$48.82	$61.06	25.07%	$393,624,596	$1,280,835,276	225.40%
Benin	$25.35	$35.13	38.58%	$9.11	$4.33	-52.51%	$13.20	$19.54	48.03%	$22.31	$23.86	6.98%	$74,314,582	$58,018,548	-21.93%
Burkina Faso	$17.10	$56.95	233.07%	$6.89	$24.38	253.83%	$5.64	$22.27	294.62%	$12.53	$46.65	272.19%	$93,042,660	$536,352,350	476.46%
Burundi	$9.12	$24.27	166.12%	$3.04	$5.94	95.15%	$3.69	$6.99	89.21%	$6.74	$12.93	91.89%	$22,251,388	$77,013,417	246.11%
Cambodia	$29.03	$122.42	321.69%	$5.63	$32.54	478.03%	$18.70	$72.26	286.37%	$24.33	$104.80	330.71%	$74,561,773	$552,355,872	640.80%
Cameroon	$41.75	$63.79	52.77%	$7.90	$8.08	2.29%	$32.45	$44.89	38.33%	$40.35	$52.98	31.28%	$131,253,792	$217,558,291	65.75%
Congo, Dem. Rep.	$8.14	$22.32	174.05%	$0.35	$3.74	969.79%	$6.38	$10.21	59.96%	$6.73	$13.95	107.24%	$19,936,749	$371,008,778	1760.93%
Cote d'Ivoire	$67.68	$81.87	20.96%	$6.92	$26.90	288.65%	$55.12	$42.32	-23.21%	$62.04	$69.23	11.58%	$135,627,068	$797,319,685	487.88%
Eswatini	$177.12	$279.91	58.04%	$78.60	$148.50	88.94%	$62.21	$63.77	2.51%	$140.80	$212.27	50.76%	$84,347,589	$179,184,736	112.44%
Ethiopia	$5.80	$26.48	356.68%	$1.78	$8.08	353.46%	$2.30	$10.90	374.49%	$4.08	$18.98	365.30%	$135,577,502	$987,012,470	628.01%
Ghana	$25.61	$100.00	290.43%	$6.70	$54.06	707.16%	$14.24	$37.05	160.25%	$20.93	$91.11	335.21%	$146,453,548	$1,757,822,490	1100.26%
Haiti	$23.90	$57.88	142.14%	$4.09	$7.07	72.98%	$11.83	$30.54	158.16%	$15.92	$37.61	136.29%	$36,419,484	$80,423,569	120.83%
Honduras	$82.34	$253.92	208.36%	$29.45	$95.26	223.52%	$44.87	$146.02	225.45%	$74.31	$241.28	224.69%	$214,925,696	$980,260,677	356.09%
India	$25.00	$74.00	196.00%	$4.00	$25.00	525.00%	$20.00	$47.00	135.00%	$24.00	$72.00	200.00%	$4,543,966,052	$35,355,097,400	678.07%
Kenya	$27.75	$94.67	241.15%	$7.07	$46.14	552.33%	$15.04	$31.09	106.78%	$22.11	$77.23	249.32%	$245,515,829	$2,455,376,427	900.09%
Kyrgyz Republic	$27.00	$73.00	170.37%	$10.00	$39.00	290.00%	$12.00	$30.00	150.00%	$22.00	$69.00	213.64%	$51,047,125	$267,197,736	423.43%
Lao PDR	$16.27	$68.88	323.32%	$3.65	$18.05	394.64%	$8.98	$24.64	174.32%	$12.63	$42.69	237.98%	$21,102,889	$134,562,001	537.65%
Lesotho	$40.89	$114.71	180.51%	$23.32	$47.21	102.44%	$12.88	$16.59	28.81%	$36.20	$63.80	76.24%	$45,967,568	$106,766,526	132.26%
Liberia	$18.21	$112.27	516.60%	$1.49	$7.34	393.89%	$14.20	$85.24	500.29%	$15.68	$92.57	490.22%	$4,689,023	$38,582,149	722.82%
Malawi	$16.06	$46.56	189.91%	$3.38	$8.56	153.04%	$2.07	$9.25	347.94%	$5.45	$17.81	226.94%	$42,285,094	$171,594,122	305.80%
Mali	$22.32	$40.12	79.78%	$6.79	$11.77	73.20%	$12.82	$16.45	28.27%	$19.62	$28.22	43.83%	$89,022,484	$263,464,866	195.95%
Mozambique	$14.23	$44.52	212.89%	$4.52	$12.64	179.51%	$2.30	$6.27	172.37%	$6.83	$18.92	177.10%	$89,739,531	$400,863,855	346.70%
Myanmar	$7.00	$65.00	828.57%	$1.00	$12.00	1100.00%	$6.00	$46.00	666.67%	$7.00	$58.00	728.57%	$47,068,772	$640,645,224	1261.08%
Nepal	$13.00	$65.00	400.00%	$2.00	$22.00	1000.00%	$8.00	$35.00	337.50%	$10.00	$57.00	470.00%	$52,033,312	$648,450,220	1146.22%
Nicaragua	$65.15	$198.08	204.04%	$24.45	$125.58	413.52%	$28.58	$63.94	123.73%	$53.03	$189.52	257.36%	$128,947,460	$834,451,105	547.12%
Nigeria	$44.16	$83.84	89.84%	$11.46	$11.13	-2.87%	$29.96	$66.12	120.69%	$41.42	$77.25	86.51%	$1,616,058,114	$2,431,768,729	50.48%
Papua New Guinea	$25.88	$61.41	137.32%	$16.96	$30.71	81.04%	$2.19	$6.36	189.95%	$19.16	$37.07	93.51%	$107,336,545	$307,468,655	186.45%
Philippines	$34.00	$203.00	497.06%	$12.00	$80.00	566.67%	$21.00	$112.00	433.33%	$33.00	$192.00	481.82%	$1,036,734,048	$9,048,076,000	772.75%
Rwanda	$20.29	$60.22	196.74%	$5.21	$24.58	371.68%	$5.49	$14.05	155.65%	$10.71	$38.63	260.81%	$45,952,142	$328,316,917	614.48%
Senegal	$43.03	$71.22	65.51%	$15.32	$18.41	20.16%	$26.78	$39.72	48.32%	$42.11	$58.14	38.07%	$168,199,830	$317,119,999	88.54%
Sierra Leone	$22.70	$43.16	90.13%	$2.59	$9.77	277.82%	$16.36	$22.31	36.36%	$18.95	$32.08	69.30%	$13,847,186	$79,071,746	471.03%
Tajikistan	$15.00	$73.00	386.67%	$3.00	$18.00	500.00%	$11.00	$47.00	327.27%	$14.00	$65.00	364.29%	$20,371,641	$179,404,344	780.66%
Tanzania	$23.29	$37.16	59.52%	$7.99	$10.10	26.48%	$9.01	$9.85	9.31%	$17.00	$19.95	17.38%	$304,323,744	$634,597,811	108.53%
Togo	$16.90	$54.15	220.37%	$2.43	$5.38	121.10%	$13.29	$40.01	200.99%	$15.73	$45.39	188.63%	$13,857,934	$47,754,917	244.60%
Uganda	$18.61	$43.45	133.43%	$5.41	$9.79	80.84%	$7.48	$15.21	103.31%	$12.90	$25.00	93.88%	$146,998,440	$449,460,754	205.76%
Viet Nam	$31.21	$172.55	452.86%	$12.90	$73.71	471.49%	$16.72	$92.26	451.84%	$29.62	$165.96	460.40%	$1,036,151,981	$7,292,121,957	603.77%
Zambia	$30.50	$75.34	147.02%	$7.31	$32.03	337.95%	$12.53	$6.04	-51.80%	$19.85	$38.08	91.83%	$82,933,594	$627,977,014	657.20%
Total Result				**$5.43**	**$24.55**	**352.12%**						**215.00%**	**$11,516,486,764**	**$70,935,356,633**	**515.95%**

Table 5: Per Capita Expenditure and Total Domestic Spending on Health in Non-PEPFAR Supported LICs and LMICs, 2004-2021

	Current health expenditure per capita (current US$)			Domestic general government health expenditure per capita (current US$)			Domestic private health expenditure per capita (current US$)			Total domestic government and private expenditure per capita (current US$)			Domestic spend (current US$)		
COUNTRY	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**	**2004**	**2021**	**Change (%)**
Afghanistan	$21.43	$81.32	279.48%	$1.19	$2.69	126.42%	$18.11	$62.90	247.25%	$19.30	$65.59	239.82%	$27,947,154	$107,431,711	284.41%
Bangladesh	$11.11	$57.94	421.51%	$2.67	$9.78	265.90%	$7.32	$43.73	497.14%	$10.00	$53.51	435.30%	$382,032,164	$1,640,023,049	329.29%
Bhutan	$46.10	$120.43	161.24%	$30.45	$69.16	127.13%	$7.64	$24.71	223.39%	$38.09	$93.88	146.45%	$19,809,340	$53,632,265	170.74%
Bolivia	$46.29	$272.96	489.63%	$24.14	$196.77	715.26%	$17.89	$72.21	303.54%	$42.03	$268.98	539.98%	$222,155,139	$2,348,937,720	957.34%
Cabo Verde	$92.05	$247.91	169.33%	$65.68	$169.27	157.71%	$22.75	$50.32	121.20%	$88.43	$219.59	148.32%	$31,485,953	$87,453,317	177.75%
Central African Republic	$13.73	$42.93	212.76%	$4.70	$5.98	27.29%	$7.69	$21.37	177.92%	$12.39	$27.36	120.77%	$19,712,051	$30,592,196	55.20%
Chad	$28.63	$35.63	24.43%	$9.99	$6.16	-38.30%	$15.66	$21.61	37.97%	$25.65	$27.77	8.28%	$99,056,978	$109,848,677	10.89%
Comoros	$70.50	$99.04	40.47%	$8.48	$14.64	72.62%	$53.49	$59.01	10.33%	$61.96	$73.65	18.86%	$4,923,644	$11,974,847	143.21%
Congo, Rep.	$27.68	$80.51	190.92%	$6.27	$39.44	529.26%	$15.81	$35.60	125.22%	$22.07	$75.04	239.94%	$22,348,178	$232,390,960	939.87%
Djibouti	$40.43	$87.75	117.04%	$16.44	$29.47	79.24%	$16.03	$18.87	17.69%	$32.47	$48.34	48.86%	$13,583,349	$33,043,847	143.27%
Egypt, Arab Rep.	$51.60	$179.68	248.22%	$16.78	$67.70	303.57%	$34.28	$110.85	223.40%	$51.05	$178.55	249.75%	$1,333,261,781	$7,511,865,852	463.42%
Eritrea	$21.77	$25.36	16.47%	$4.84	$5.38	11.01%	$7.65	$12.55	64.08%	$12.50	$17.93	43.51%	$12,585,487	$18,014,347	43.14%
Gambia, The	$32.34	$24.63	-23.84%	$4.66	$12.48	167.83%	$4.78	$7.88	64.81%	$9.44	$20.35	115.66%	$7,552,997	$32,141,315	325.54%
Guinea	$26.76	$44.69	66.99%	$1.35	$8.19	505.77%	$18.70	$26.38	41.02%	$20.06	$34.56	72.34%	$12,248,262	$112,248,471	816.44%
Guinea-Bissau	$18.49	$68.82	272.27%	$2.51	$9.51	279.59%	$11.12	$43.32	289.65%	$13.62	$52.83	287.80%	$3,381,326	$19,581,041	479.09%
Jordan	$186.11	$299.07	60.70%	$73.17	$106.41	45.43%	$86.42	$167.73	94.08%	$159.59	$274.14	71.77%	$430,377,753	$1,177,562,167	173.61%
Kiribati	$132.00	$262.00	98.48%	$128.00	$196.00	53.13%	$3.00	$7.00	133.33%	$131.00	$203.00	54.96%	$12,298,880	$25,161,892	104.59%
Lebanon	$369.98	$307.13	-16.99%	$137.35	$88.63	-35.47%	$229.47	$186.45	-18.75%	$366.82	$275.07	-25.01%	$631,706,231	$506,780,725	-19.78%
Madagascar	$14.57	$17.64	21.06%	$6.04	$3.71	-38.55%	$5.40	$6.79	25.89%	$11.43	$10.50	-8.14%	$112,349,388	$110,164,371	-1.94%
Mauritania	$30.64	$89.29	191.41%	$5.84	$34.63	492.61%	$22.63	$33.40	47.61%	$28.47	$68.03	138.96%	$16,765,392	$163,988,626	878.14%
Micronesia, Fed. Sts.	$259.03	$393.35	51.86%	$50.08	$67.97	35.74%	$12.12	$10.43	-13.97%	$62.20	$78.40	26.05%	$5,604,993	$7,587,563	35.37%
Morocco	$90.93	$221.11	143.17%	$21.72	$85.91	295.56%	$67.99	$127.19	87.09%	$89.70	$213.10	137.56%	$650,546,360	$3,174,825,207	388.02%
Niger	$13.96	$34.34	146.05%	$3.31	$12.53	278.52%	$9.21	$16.90	83.51%	$12.52	$29.43	135.08%	$43,926,361	$307,103,647	599.13%
Pakistan	$15.29	$43.09	181.80%	$4.19	$12.51	198.75%	$10.52	$26.14	148.38%	$14.71	$38.64	162.71%	$717,039,973	$2,995,024,343	317.69%
Samoa	$103.41	$263.89	155.18%	$69.03	$198.61	187.73%	$14.32	$31.22	118.08%	$83.35	$229.84	175.76%	$12,856,293	$42,459,056	230.26%
Sao Tome and Principe	$79.00	$186.10	135.56%	$34.25	$79.78	132.97%	$26.54	$25.01	-5.80%	$60.79	$104.79	72.38%	$5,400,733	$17,708,790	227.90%
Solomon Islands	$65.09	$106.35	63.37%	$41.21	$74.24	80.18%	$1.73	$3.87	123.85%	$42.93	$78.11	81.94%	$19,556,416	$56,616,260	189.50%
Sri Lanka	$51.00	$166.00	225.49%	$27.00	$77.00	185.19%	$24.00	$82.00	241.67%	$51.00	$159.00	211.76%	$542,365,335	$1,706,012,000	214.55%
Timor-Leste	$19.86	$135.00	579.61%	$7.79	$85.65	999.22%	$8.07	$7.95	-1.43%	$15.86	$93.60	490.17%	$7,238,977	$115,635,607	1497.40%
Tunisia	$165.23	$265.46	60.67%	$84.48	$157.14	86.01%	$80.65	$103.05	27.78%	$165.12	$260.18	57.57%	$858,790,445	$1,893,263,267	120.46%
Uzbekistan	$28.00	$157.00	460.71%	$10.00	$62.00	520.00%	$17.00	$96.00	464.71%	$27.00	$158.00	485.19%	$260,293,500	$2,123,109,152	715.66%
Vanuatu	$60.83	$133.15	118.91%	$39.94	$36.70	-8.11%	$7.83	$13.34	70.43%	$47.77	$50.04	4.76%	$8,216,521	$11,225,867	36.63%
Total Result												**155.91%**	**$6,547,417,355**	**$26,783,408,156**	**309.07%**

References

1. PEPFAR, Latest Global Program Results: https://www.state.gov/pepfar-latest-global-results-factsheet-dec-2024/
2. See, e.g., UNAIDS, HIV Financial Dashboard, available at: https://hivfinancial.unaids.org/hivfinancialdashboards.html. For PEPFAR, Strategic Direction Summaries (SDSs) for each Country Operational Plan (COP) included Table 2.3.1 Investment Profile for HIV Programs as a standard element, but were rarely actually updated from year to year and were never intended nor relied on as a rigorous accounting process.
3. World Bank, World Development Indicators, available at: https://data.worldbank.org/indicator/
4. WHO, Global Health Observatory, available at: https://www.who.int/data/gho
5. Population, Total (SP.POP.TOTL)
6. Domestic general government health expenditure per capita (SH.XPD.GHED.PC.CD);
7. Domestic private health expenditure per capita (SH.XPD.PVTD.PC.CD)
8. External health expenditure per capita (SH.XPD.EHEX.PC.CD)
9. WHO, Nursing and midwifery personnel (number) (HWF_0007)
10. WHO, Medical doctors (number) (HWFGRP_0020)
11. 2006 was chosen as the starting year here to account for the lack of detailed PEPFAR budget data prior to the 2006 fiscal year.
12. 2004 and 2022 data include reporting from 30 LICs and 37 LMICs in SSA, as opposed to an average of 20 per year in other years.