ANNEX C - to the report *Flow of Donor Funds in Cambodia, Indonesia and Sri Lanka: Synthesis of Key Findings*

EXTERNAL RESOURCE FLOWS TO THE HEALTH SECTOR IN SRI LANKA

By Catherine M. Michaud, MD, PhD

ABBREVIATIONS AND ACRONYMS

AUSAID	Australian Agency for International Development
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
J BIC	Japan Bank for International Cooperation
JICA	Japanese International Cooperation Agency
MDG	Millennium Development Goals
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
NCD	Non-communicable Diseases
OECD	Organization for Economic Co-operation and Development
PPP	Public Private Partnership
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WB	World Bank
WHO	World Health Organization

TABLE OF CONTENTS

TABLES

FIGURES

EXTERNAL RESOURCE FLOWS TO THE HEALTH SECTOR IN SRI LANKA

This report represents a first attempt to document the flow of external funds to the health sector in Sri lanka. Findings reported are based on the available information from multiple data sources. It is nevertheless preliminary, and should be followed by more detailed studies to refine estimates provided here.

COUNTRY CONTEXT

Sri Lanka has performed much better than most other countries with comparable GDP per capita (US$ 840 in 2002) in health and education and served as a model of "good health at low cost". In 2001, life expectancy at birth was 70.8 for male and 75.4 for women; infant mortality rate 12.2 per 1000 live births, and maternal mortality rate 47 per 100,000 live births (see **Table 1**). Total health expenditures on health represent 3.6 percent of GDP. The government spends 6 percent of its total expenditures for health and covers about half of total health expenditures (US$15 per capita), and private expenditure the other half.

The country is now facing new health challenges: the increase in non-communicable diseases as the population ages; the unfinished agenda of communicable diseases – in particular tuberculosis, the potential spread of HIV/AIDS, and the persistence of malaria in the North-East; and inequalities in health outcomes.

Public health sector spending has not significantly increased in recent years. Furthermore devolution of the health sector (since 1987) and high debt repayment jeopardize the ability of the government to respond to the new demands as most of its health budget is spent on recurrent expenditures.

The devolution in 1987 marked a turning point in the evolution of the health system. It has only been partly implemented, and gave rise to a number of difficulties as the devolution of fiscal management and responsibility has not been achieved. The recent review of public expenditures in the health sector noted "*In general [devolution] has been associated with a decrease in transparency and accountability in use of public resources".* [1]

DATA SOURCES

Data sources included policy, planning and project documents.

Discussions with key stakeholders (government, donors, and NGOs) contributed invaluable Insight into key challenges in developing strategies that are responsive to the

[1] Sri Lanka Public Expenditure Review – Health Sector, Institute of Policy Studies, February 3, 2004

priorities of recipient countries, and ways to improve aid effectiveness. The list of people consulted is provided in Appendix I.

KEY FINDINGS

A. EXPENDITURES FROM EXTERNAL FINANCING SOURCES, 2003

External financing sources contributed an estimated US$ 14.3 million to the health sector in 2003 (see **Table 2**). The contribution of donor funds was small and represented 5.4 percent of total public health expenditures.

Bilateral agencies contributed 42 percent of external funds; UN agencies 24 percent; public-private partnerships (PPPs) 26 percent; and Development Banks 8 percent (see **Figure 1**). The three main financing sources were the Government of Japan, the Global Fund to fight AIDS, Tuberculosis and Malaria (GAFTM) and WHO. The Government of Japan contributed 46 percent of all external funds (US$ 4.4 million) through the Japan International Cooperation Agency (JICA), the Ministry of Foreign Affairs (MOFA) and the Japan Bank for International Cooperation (JBIC).

Bilateral ODA

Japan was the only significant bilateral donor to Sri Lanka, and provided two thirds of total bilateral assistance (US$ 3.7 million). Bilateral funding from other OECD[2] countries to the health sector was small, with joint contributions of US$ 2.1 million, almost half of which was provided by AusAID to UNICEF for nutritional improvement of children. The United States did not support any activity in the health sector.

JICA focused all its development assistance on strengthening of the health system. It did so through two very different strategic approaches: a) by providing technical expertise for policy development in the MOH; and b) making capital investments to strengthen health services delivery. Two long-term Japanese experts were attached to the MOH.

Health sector activities supported by JICA between 2002 -2004 included the development of the Master Plan Study for Strengthening the Health System in the Democratic Socialist Republic of Sri Lanka; a study on Evidence Based Management for the Health System in Sri Lanka; a project to Improve the Central Functions of Jaffna Teaching Hospital; and the AMDA Project on Rehabilitation of Basic Health Service system in Vavuniya District (see **Table 3**).

The Health Master Plan for Strengthening the Health System provided policy recommendations and guidelines on how to improve the devolution of the health system, by defining appropriate responsibilities and powers at different levels of the health

[2] Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, United Kingdom, United States (30 Member Countries)

system and the most appropriate lines of accountability. Recommendations of the study pertain to i) overcoming legal constraints; ii) provincial policy formulation; iii) financial allocations; iv) generating funds; v) capacity building; vi) the constitution; vii) information capacity building for Provincial councils [3].

This analysis was followed by the study on evidence based management for the health system with the objective to promote the implementation of the programs and projects proposed in the Health Master Plan, and build the management capacity nationwide to promote the efficient utilization of the external resources within the framework of the Health Master Plan. The main focus was on the provision of curative services in secondary and tertiary care hospitals. All programs and projects include a systematic approach, which includes a situation analysis, costing, training of personnel, as well as capital investments to build facilities and procurement of equipment and furniture (see **Table 4**).

In addition the Japanese Ministry of Foreign Affairs (MOFA) provided capital funds for the improvement of the general hospital; in Ratnapura, and the improvement of medical equipment in the general hospital in Matara.

Development Banks

JBIC and the World Bank (WB) were the only development banks funding the health sector. All loans were concessional loans. Two WB IDA loans were active in 2002-2004: a) the National HIV/AIDS prevention project (US$ 12,6 million, of which US$ 1.7 million from the Government of Sri Lanka) - from 2003-2008; and b) the Health Sector Development project (US$ 72.6 million, of which US$ 9 million was provided by the Government of Sri Lanka) - from 2004 to 2012 (see **Table 5**). Both loans comprise disease components for priority health needs and health sector strengthening components. The National HIV/AIDS prevention project focuses on HIV prevention and TB control, and related institutional strengthening for program management and coordination (see **Table 6a**). The health sector development loan focuses on other priority health needs (maternal and child health; noncommunicable diseases including mental health) and related policy innovation and management (see **Table 6b**).

JBIC provided its first health service sector loan to Sri Lanka in January 2001 for the Improvement of National Blood Transfusion Services (US$ 18.3 million). The objectives of the project are to a) build a central blood center; b) provide equipment and materials to the central blood center, 8 provincial blood banks, and 48 regional blood banks; c) training health personnel for the management of blood transfusion in line with international standards (in collaboration with WHO); and d) supervision of project implementation.

UN agencies

[3] S.Omar Z. Mowlana. Decentralization in Sri Lanka: A Situation Analysis. Mater Plan Study for Strengthening the Health Systam in the Democratic Socialist Republic of Sri Lanka, prepared for Japan International Cooperation Agency. December 2002.

UN agencies jointly contributed 3.1 million in 2003, of which two third came from WHO (US$ 2.4 million); and the balance from UNFPA (US$ 1 million); and UNICEF's regular resources (US$ 0.1 million).

All funds available to WHO came from regular resources, as there were no extra-budgetary contributions. Two thirds of the total WHO budget was allocated to three main areas of work: (i) external relations and external cooperation and partnerships (37 percent); (ii) evidence for information and health policy (26 percent) and (iii) communicable diseases (14 percent). The balance (33 percent) was allocated to a wide range of health problems: noncommunicable diseases (NCD), sustainable developments and healthy environments; health technology and pharmaceuticals (including immunization and vaccine development); and family and community health, which comprises child and adolescent health, making pregnancy safer and women's health. The focus of NCD included surveillance and management of NCD, mental health, substance abuse, tobacco, disability and injury prevention, and health promotion) (see **Figure 2**).

Funds allocated for external relations and external cooperation supported the country's effort to mobilize external resources for different health programs. In 2003, WHO provided the technical assistance required to successfully compete for funds for (a) malaria and tuberculosis from the GFATM; (b) HIV/AIDS from the World Bank; (c) for disaster management in the North East Recovery Project supported by the Norwegian Government, and to support the Macroeconomics and Health Initiative.

Public-Private- Partnerships

The GFATM and GAVI - the two largest public-private-partnerships in the health sector - jointly contributed US$ 3.8 million. Funds from the GFATM were allocated to the intensive malaria control among the hitherto marginalized populations in conflict-affected districts In Sri Lanka, who are presently affected with a very high malaria burden (US$ 2.4 million) and to strengthen the TB control program by enhancing the efficacy of the DOTS program through increasing outreach activities in underserved areas and promoting the partnership with the NGOs in the private sector (US$ 0.7 million) (see **Table 5**).

GAVI is providing US$ 3.7 million to support the introduction of Hepatitis B vaccines (US$ 2.8 million) and improve injection safety (0.8 million) over 5 years (2002-2007)

B. Recent Trends in Funding from External Financing Sources

The relative contribution of external financing sources is changing as funding provided from the World Bank and the GFATM increase. There is no indication that funding from either bilateral or UN agencies will change significantly.

The World Bank approved a $ 60 million IDA loan to finance the Health Sector Development Project in July 2004, over a period of eight years. The total cost of the project is approximately US$ 69.2 million, including the government contribution of US$ 9.2 million. The Project aims to improve the efficiency, equity and quality of health care

by strengthening the planning, management and monitoring capacity at the District, Provincial and Central levels with specific focus on supporting preventive care services.[4] A request for additional funding to expand malaria control in the North-East Provinces has been submitted to the GFATM. Approval for this new grant is pending.

C. FINANCING AGENTS

Most funds provided by external financing sources are channeled through the Treasury ("on-budget"). The Government is the financing agent for all loans and grants from external financing sources. Technical support and small projects funded by bilateral agencies and UN agencies are administered by country offices of these agencies ("off-budget").

D. FLOW OF EXTERNAL FUNDS FROM FINANCING AGENTS TO PROVIDERS

The available data did not allow for the detailed tracking of funds from external financing sources within the country. Providers include both the public and private sectors (mostly local and international NGOs).

DISCUSSSION

The small number of external financing sources to the health sector in Sri Lanka contributed approximately 5 percent of total government revenues, and 20 percent of capital expenditures.

The World Bank health sector support grant aims at reducing allocative inefficiencies of public resources for health; JBIC provides limited infrastructure investments; JICA and UN agencies limit their support to technical assistance in specific areas and small scale projects. Austria and Finland provide some support for building and rehabilitation of hospitals, much of which is in the form of tied aid to commercial interest of the donor country.

Funds provided by the GFATM for malaria and tuberculosis, and by GAVI to provide Hepatitis B immunization are the only two new significant external source of financing to the health sector with commitments that are likely to be sustained over the next 5-10 years.

Donors focus their efforts on three major challenges facing the public health sector – strengthening of the functioning of the health system; improving the quality and efficiency of health care services; priority health challenges related to MDGs; and health inequalities.

Financing related to MDG goals is dominant and represents a sizable share of donor funds. The relative allocation of external funds is driven by the funding opportunities provided by GAVI and GFATM.

[4] Highlights for the Media, Ministry of Finance, Colombo, July 7, 2004

In spite of the remarkable achievements in health outcomes achieved over the past decades thanks to the longstanding investments of the Government of Sri Lanka in education and health, progress has not been evenly distributed. Large health inequalities persist between and within provinces. The long-standing war with the Tamil Tigers in the North East has exacerbated the problem. Donors have addresses this issue through targeted funding for underserved populations. For example funding provided by the GFATM for malaria is directed exclusively to the North Eastern provinces; the WB health sector loan emphasize maternal and child health in disadvantages areas among vulnerable groups.

Donors contribute to the strengthening of the health system either through the provision of technical assistance (e.g. Health Sector Master Plan), sector-wide support (e.g. World Bank) to strengthen the devolution of decision-making and ensure greater financial autonomy through the direct transfer of funds to the Provinces, and through support to the central level to strengthen policy-making, budget formulation, and monitoring and evaluation.

While recognizing weaknesses that persist in financial management, donors channel most of their funds to finance the health sector through Treasury, and developed mechanisms, with the approval of the government, to ensure that funds are spent as planned. These arrangements include the strengthening of financing capabilities of the MOH.

The World Bank, the GFATM and GAVI channel all (or a large part of their funds "on-budget, while at the same time acknowledging the weakness of the Government's financial management system, in particular that of the Ministry of Health. It is particularly ill-suited to meet the needs of performance-oriented management of public resources external donors increasingly demand.

The financial management of the World Bank health sector loan will operate within the framework of the Government's financial management system, in particular that of the Ministry of Health. The Country Accountability Assessment study concluded that this framework, though it provides fiduciary assurance that funds will be accounted for, it does not ensure that funds will be used for their intended purpose efficiently[5]. The proposed program of work recognizes the weakness and provides for additional resources and control measures, especially for monitoring performance and achievement of project outcomes. There have been many reported delays in the transfer of funds to the provincial and district levels. This is a systematic issue resulting from cash flow problems. Therefore, the health sector loan includes special amendments to make funds directly available to the provinces.

GFATM and GAVI also have special provisions by which they keep a direct oversight on financial transactions. The Inter-Agency Coordinating Committee (ICC) closely monitors the progress of utilization of funds provided by GAVI.[6] A similar mechanism is in place

[5] World Bank Appraisal Report, Annex 7
[6] Progress report to GAVI submitted by the Government of the Democratic Socialist Republic of Sri Lanka,

for financial management of GFATM funds. The proposal submitted to the GFATM stated "The Ministry of Health, Sri-Lanka has a well-established system for financial management and could readily absorb any funding from the GFATM. Thereafter the funds for the different partners involved could be released to them by the Country Coordinating Mechanism (CCM) through a sub-trustee (WHO has been proposed) as per instruction of the GFATM governing board. The CCM will have monitoring mechanisms to ensure that funds are properly utilized and accounted for ".[7]

Donor coordination and harmonization of donor practices

There is no formal mechanism to strengthen donor coordination; no pooling of donor funds; and no attempt to harmonize donor practices. However informal arrangements exist to pool donor resources to achieve common objectives. A good example is the technical support provided by several donors to strengthen specific components of the WB health sector support. Another example pertains to financial management aspects – e.g. WHO support to GAVI. Other examples may occur at a smaller scale but are not well documented.

The report on Macroeconomics and Health Initiatives in Sri Lanka "Investing in Health" (August 2002) provided important guidance and outlined ten key strategies to modernize the health sector and reduce poverty. The Commission on Macroeconomics and Health is playing a major role towards improving the cost-effectiveness of domestic and external financing sources to reduce the disease burden among the poor.

September 2003.

[7] Proposal submitted to the GFATM.

TABLES AND FIGURES

TABLE 1 – SUMMARY STATISTICS

Data sources		
WHO 2003	Population 2002 (millions)	19
WDR 2003	GDP per capita $ 2002	840
	Population below the National Poverty Line	
WHR 2004	Total expenditure on health as % of GDP	3.6
	Total expenditure on health p. capita (US$)	30
	General government expenditures on health (as % of total government expenditures)	6.1
	Government expenditure on health p.capita (US$)	15
	General government expenditures on health (as % of total exenditures on health	48.9
	Private expenditures on health (as % of total expenditures on health)	50.5
	External resources (as % of total expenditures on health)	3.1
WHO - Sri Lanka Health Atlas	**MDG Indicators**	
	Life expectency at birth - male	70.7
	- female	75.4
	Infant mortality rate per 1000 live birth	12.2
	Mortality rate of children <5 yr old	
	TB prevalence p. 100,000	
	TB mortality p.1000	
	Malaria prevalence p.100,000	421.6
	HIV/AIDS prevalence (pregnant women 15-24)	
	HIV/AIDS prevalence (pop. 15-49)	
	Proportion of underweight children >5 yr	
	Medium (%)	
	Severe (%)	
	Proportion of children 12-23 months immunized against measles	75-99
	Maternal mortality rate (per 100,000 live births)	46.9

TABLE 2 - EXTERNAL FINANCING SOURCES

TOTAL EXPENDITURES, 2003

Financing Sources	2003 US$ (000s)
Bilateral Development Agencies	
Japan (JICA+MOFA)	3,786
Australia (AusAID	926
United Kingdom (DFID)	172
Other bilaterals	1,042
sub-total Bilateral	*5,926*
Multilateral Agencies	
UNFPA	1,013
UNICEF	90
WHO	2,371
sub-total UN	*3,474*
JBIC	612
WB	500
sub-total Development Banks	*1,112*
Public-Private Partnerships	
GAVI	690
GFATM	3,099
sub-total PPPs	*3,789*
Total	**14,301**

Sources: GAVI and GAFTM – expenditure reports 2003; WHO database WB database;
Bilateral agencies, UNICEF and UNFPA – OECD International Development Statistics Online, Creditor Reporting System

TABLE 3. Loans and Grants supported by the Government of Japan

		Start date	Completion date	Total (US$ (000s)	Disbursed 2003 (US$ (000s)
Gvt. Japan - JBIC	Improvement of National Blood Transfusion Services	1/28/2001	5/1/2008	18,300	612
Gvt. Japan - MOFA	Improvement of General Hospital Ratnapra				1,052
	Improvement of Medical Equipment in Gneral Hospital Matara	4/11/2001	4/30/2002		
Gvt. Japan - JICA					
	Study on Evidence Based Management for the Health System in Sri Lanka	2004	2005	1,555	
	Improvement of Central Functions of Jaffna Teaching Hospital	NA			
	NGO Partnership Programmes: AMDA Project on Rehabilitation of Basic Health Services in Vavauniya District	5/1/2004	3/1/2006	515	

TABLE 4. Loans and Grants supported by the World Bank and the Global Fund

World Bank	National **HIV/AIDS** prevention and control project will assist the Government of Sri Lanka ti curb tge spread of HIV infection amonf the highly vulnerable sub-populations and the population without stigmatizing those who are engaged inhigh risk behaviors.	12/17/2002	6/30/2008	12,600	0
	Health Sector Reform Project: aims to improve effciency, equity and quality of health care by strengthening planning, management and monitoring capacity at the district, provinciala nd central level, with specific focus on supporting preventive care serices at the district and division level	6/15/2004	6/30/2010	72,600	0
GFATM	**Malaria**: Intensive malaria control among the hitherto marginalized populations in conflict-affected districts in Sri Lanka, who are presently affecterd with a very high malaria burden, *of which:*	3/1/2003	2/28/2005	5,198	2,399
	MOH			730	177
	Lanka Jatika Sarvodaya Shramadana			4,467	2,223
	Malaria: Expansion of activities od the National Malaria Control Program to improve coverage of mobile occupational groups with enhanced risk for malaria and who have been contributory to malaria epidemics in the past	Not yet signed			
	Tuberculosis: Strengthening of the TB control program by enhancement of the efficacy oif the DOTS program through increasing outreach activities in under served areas ans promoting the partenrshipp with the NGOs in the private sector, *of which:*	1/3/2003	2/28/2005	2,860	700
	MOH			2,385	478
	Lanka Jatika Sarvodaya Shramadana			475	222
	Sub-total GFATM			8,058	3,099

TABLE 5. JICA – Health Sector Activities On-going 2002-2004

Study on Evidence-based Management for the Health System in Sri Lanka	1. Basic study	Health economics analysis	● Situation analysis of curative packages of care
			● Cost information collection in hospitals
			● Cost analysis of curative health service packages in hospitals
		Road Traffic Injuries	● Situation analysis of road traffic injuries
			● Situation analysis of accident services in hospitals
			● Cost analysis of accident services in hospitals
		Total Quality Management (TQM) in Hospitals	● Information collection of existing TQM activities in hospitals
			● Situation analysis of available resources for TQM in the country
			● Analysis of the operation structure of TQM in the country
		Current situation of non-communicable diseases	● Policy analysis of current prevention strategies and activities
			● Information collection on existing preventive activities pertaining to injuries and lifestyle diseases
			● Analytical studies on new prevention strategies for injury and life style diseases
	2. Implementation of pilot project		● Formulation of basic design; identificaton of venues; cost estimation; setting up implementation units; in-house training through seminars and workshops; excercices; monitoringl; public awareness building; know-how dissemination; feedback of the outputs to cental and local health authorities; evalaution of activities
	3. Formulation of action plan		
	4. Recommendations for nationwide dissemination of the action plan		
Grant Aid Projects: Project for the Improvement of Central Functions of Jaffna Teaching Hospital	1. Construction of facilities		● Operation Theater Complex
			● Central Laboratory Complex
			● Emergency Treatment Unit and related facilities
			● Central Facilities for Diagnostic Imaging
	2. Procurement of equipment for the above buildings and facitilities		
NGO Partnership Programs: AMDA Project on Rehabilitation of Basic Health Services System in Vavuniya District			● Construction of new maternity ward
			● Provision of equipment and furniture
			● Conduct health trining for midwifes

Source: JICA – Summary of activities in the health sector, October 2004

TABLE 6a. World Bank – IDA Loans to the Health Sector

World Bank: Sri Lanka - National HIV/AIDS Prevention Project (February 2003 - June 2008)			
	US$ (million)		
Component #1	5.81	HIV Prevention	1.1.Targeted intervetions among highly vulnerable populations: (female and male sex workers; workers in free-trade zones; migrent workers;drug users; and armed services personnel)
			1.2. Broad based programs for youth and the general population
Component #2	2	Tuberculosis Control	2.1.Help reverse the increasing incidence of TB, and surpass the global target for TB cure rates of 85% and reduce defaulter rate of new and retreatment cases
			2.2. Improving coverage and quality of DOTS and research fro adapting and enhancing DOTS
Component # 3	4.74	Institutional Strengthening	3.1 Enhancing capacity of agencies involved in the national response:
			Office of the Director General Helath Services for program management and coordination; National AIDS/STD conrol program; multisectoral agencies such as the National AIDS Committee; Provincial AIDS Committees; NGOs and other private voluntary organizatons.
			3.2. Improving information base for policy decisions and program management
			3.3. Improving health care waste management
Total (of which US$ 1.96 from Gvt of Sri Lanka)	12.55		

Source: World Bank Project Documents

TABLE 6b. World Bank – IDA Loans to the Health Sector

World Bank: Sri Lanka - Health Sector Development (June 2004- June 2012)			
	US$ (million)		
Component #1		Adressing Priority Health Needs	1.1.Support to District Health Authorities to improve service delivery and outreach, with special emphasis on maternal and child health in disadvantged areas among vulnerable groups.
			1.2. Support to Central Program: this component aims at promoting synergy across selected central programs and their convergence at the provincial and district level - Family Health Program; Immunization; Noncommunicable diseases including mental health.
			1.3. Improving Hospital Efficiency and Quality and take the first steps in addressing the structural issues of efficiecy and quality in the hospital-based health-care delivery system.
Component #2		Supporting Policy, Innovation and Management	2.1 Annual Health Forum to strengthen planning performance, resource allocation by presenting annual reviews of performance of the health sectorin the previous year and presenting priority objectives and associated plans for the year to come to major stakeholders in the public and private sectors.
			2.2 Innovations Fund to implement new ideas to improve the health care delivery system in the hospitals and at the community level.
			2.3. Monitoring and Evaluation for the Health System to increase the utilization of the information collected for knowledge-based decision making.
			2.4. Other Institutional Strengthening - environmentally sustainable health care waste management system; technical assistance needed to review and imporve drug procuremtn and distribution
Component # 3		Project Management	Support project management for all activities
Total (of which US$ 60 from Government of Sri Lanka)	75		

Source: World Bank Project Documents

FIGURE 1

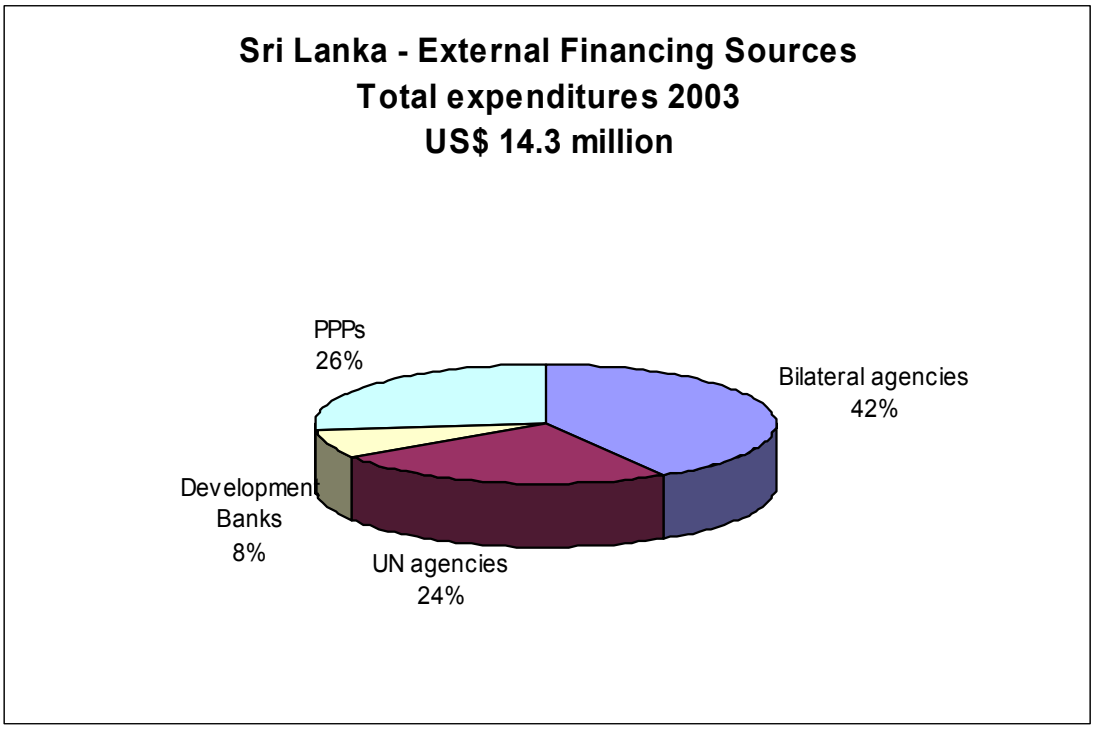
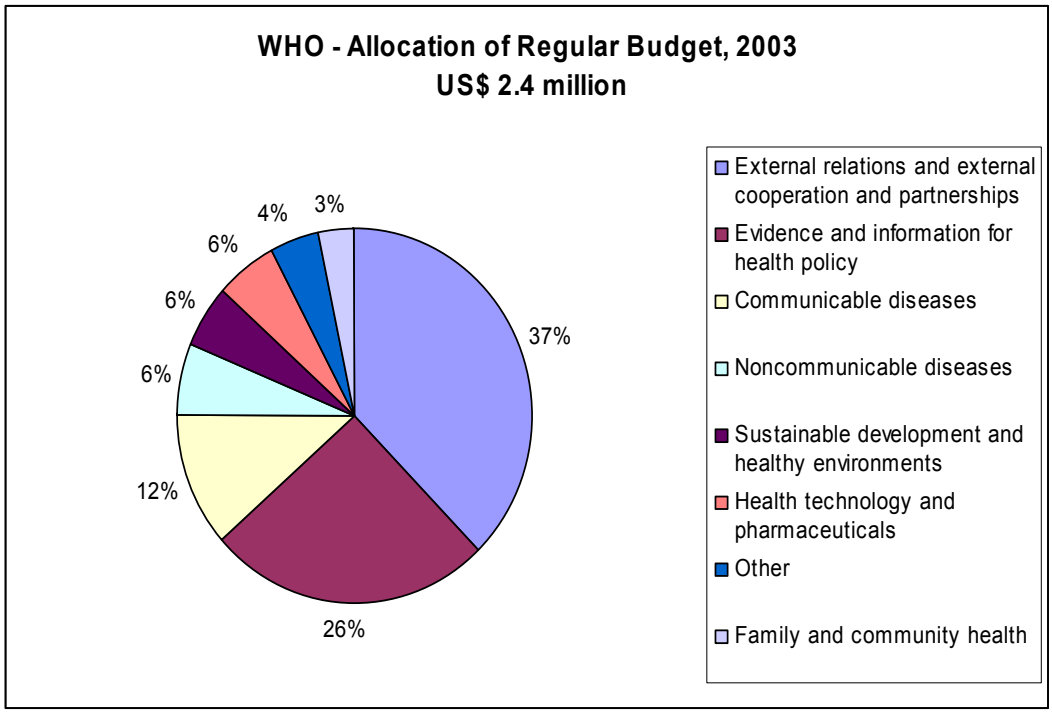

Sri Lanka - External Financing Sources
Total expenditures 2003
US$ 14.3 million
PPPs
26%
Bilateral agencies
42%
Development
Banks
8%
UN agencies
24%

FIGURE 2. ALLOCATION OF WHO REGULAR BUDGET TO MAIN COMPONENTS, 2003



Source: WHO – List of Detailed Work Plans with Summary Budget Table

FIGURE 3. SRI LANKA – EXTERNAL ASSISTANCE TO THE HEALTH SECTOR
TOTAL DISBURSEMENTS 2003: US$ 14.3 MILLION

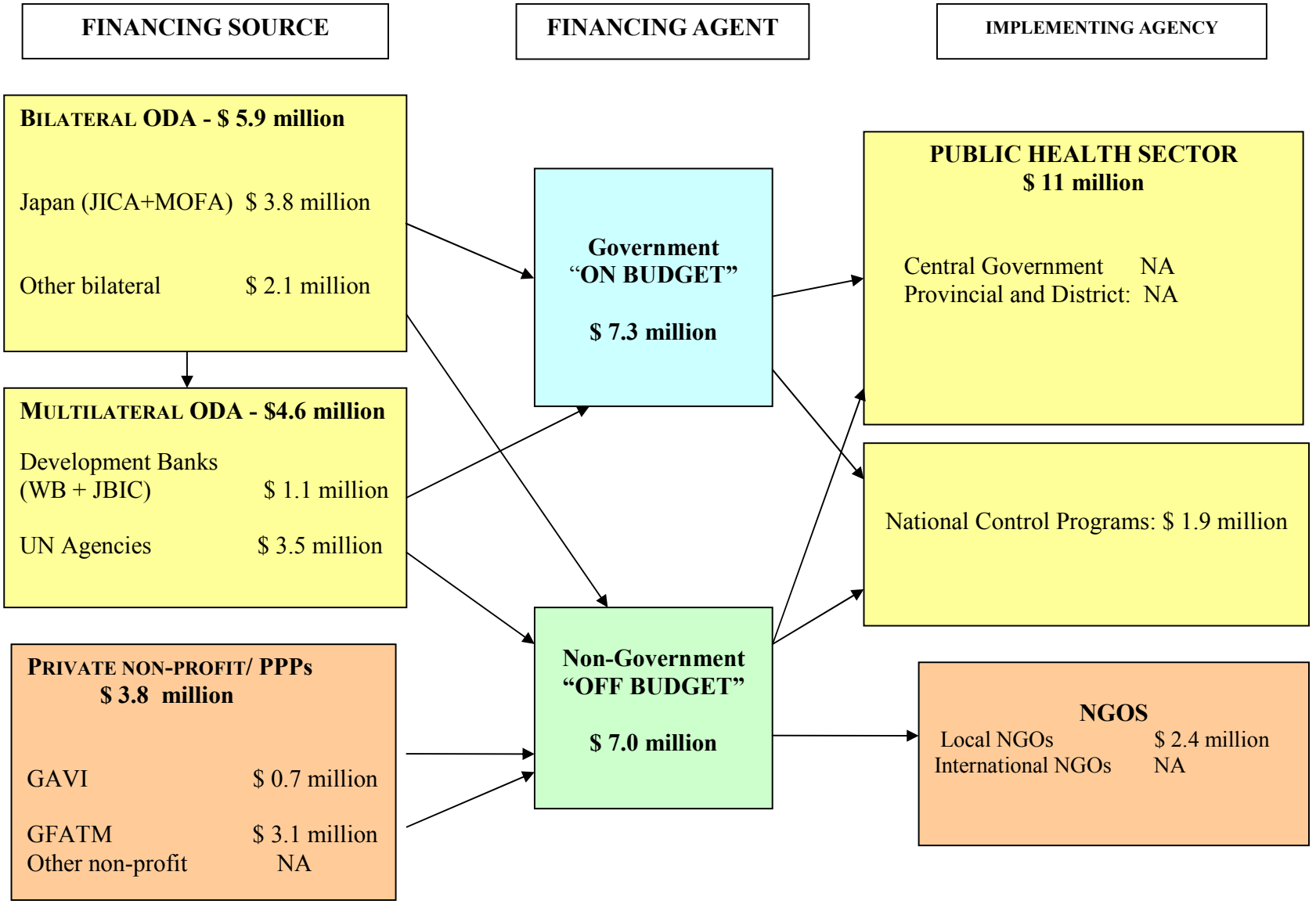


FIGURE 4a

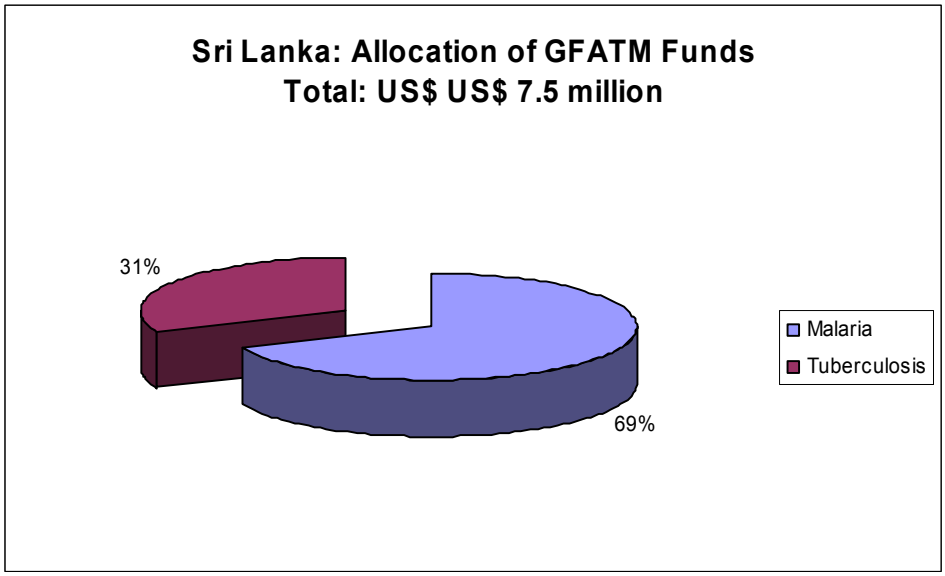


FIGURE 4b

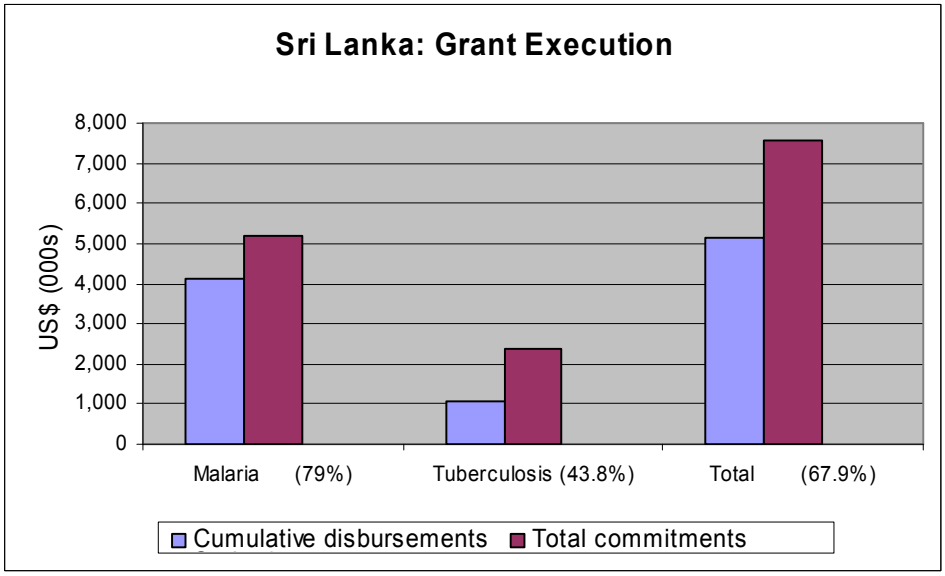


FIGURE 5a

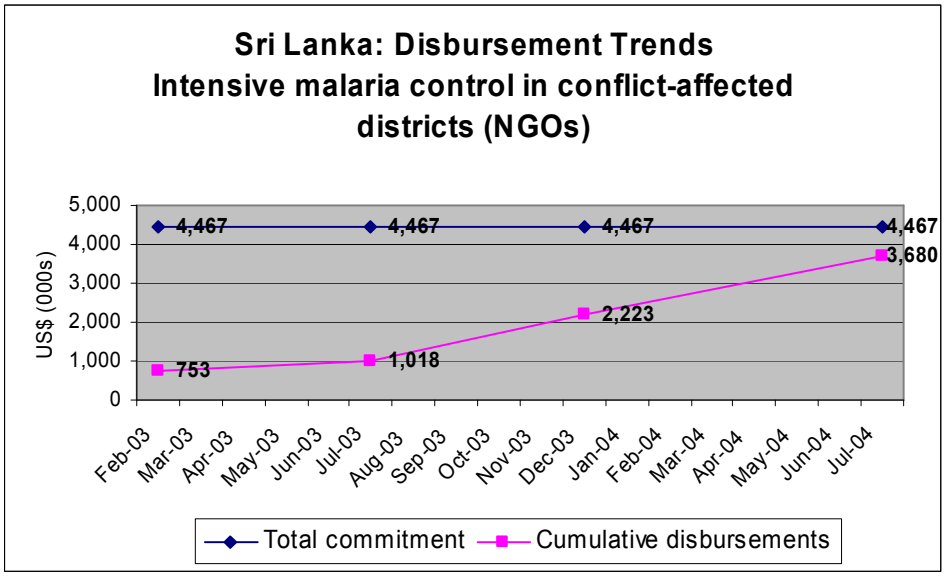


FIGURE 5b

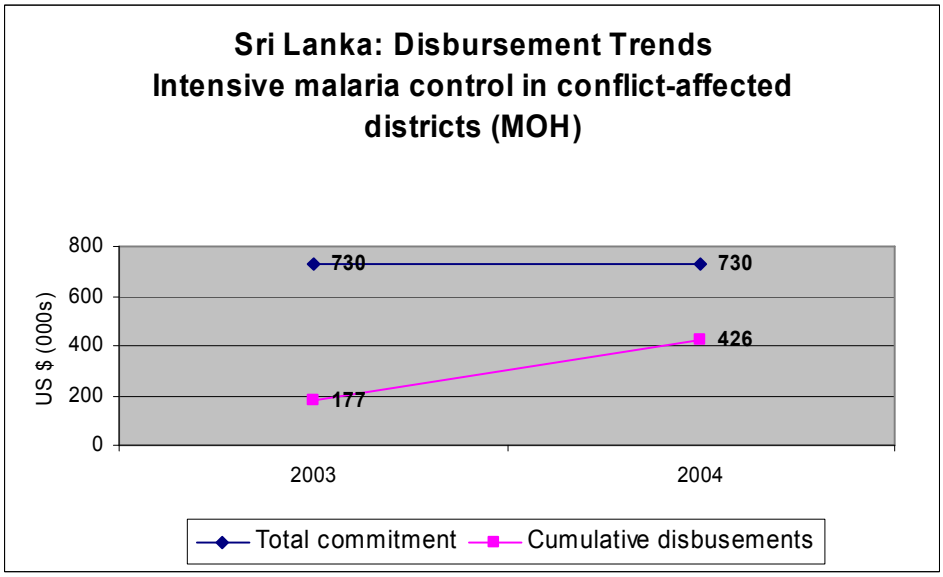
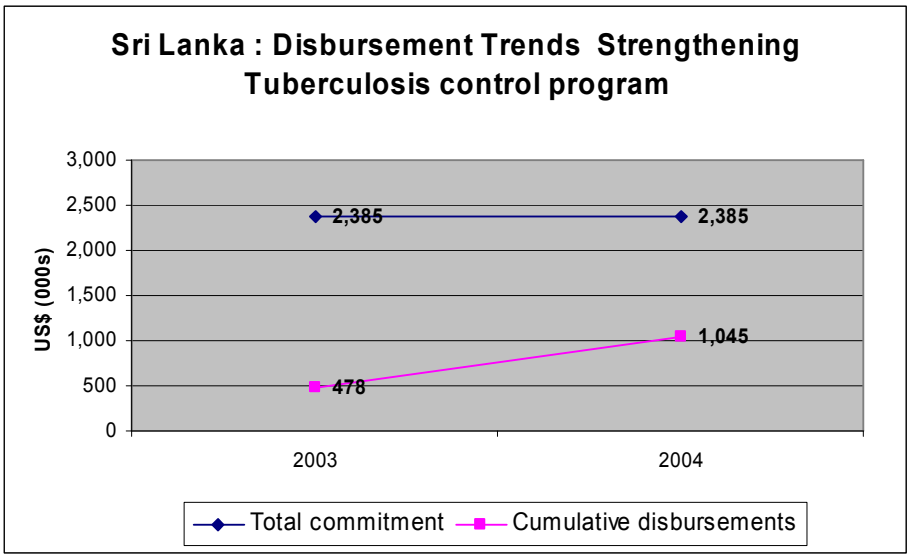


FIGURE 6


Sri Lanka : Disbursement Trends Strengthening Tuberculosis control program
US$ (000s)
3,000
2,500
2,000
1,500
1,000
500
0
2,385
2,385
1,045
478
2003
2004
Total commitment
Cumulative disbursements

APPENDIX I. PEOPLE CONSULTED

WHO COUNTRY OFFICE

Kan Tun	WHO Representative in Sri Lanka
Dr. Tushara Fernando	National Professional Officer

Japan International Cooperation Agency (JICA)

Kobayashi Hideya	Assistant Resident Representative
Akiko Okitsu	

WORLD BANK OFFICE

Kumari Vinodhani Navaratne	Public Health Specialist

DEPARTMENT OF NATIONAL PLANNING

Dr. Damitha de Zoysa	Director, Ministry of Finance and Planning

MINISTRY OF FINANCE

MPDUK Mapa Pathirana	Director, Department of External Resources
P.H. Sugathadasa	Director, Department of External Resources
R.V. Nanayakkara	Additional Director General, Department of External Resources

MINISTRY OF HEALTH, NUTRITION AND WELFARE

PAP Pathirathna	Director Finance, Management & Planning Unit
Dr. Sarath M. Samarage	Director, Organization Development Management & Planning Unit

GFATM Project – Savordaya Secretariat

Dr. L.P. Chandradasa	Director

INSTITUTE OF POLICY STUDIES – HEALTH POLICY PROGRAMME

G.D. Dayaratine	Consultant

UNIVERISTY OF COLOMBO

Dr. Amala de Silva	Senior Lecturer, Department of Economics