ODA Health Disbursements from 2000 to 2010 increased by 353%. In 2010 MDG6 accounted for 40% of all disbursements. It was 20% in year 2000.

### Purpose of Allocation of ODA for Health

<table>
<thead>
<tr>
<th>Purpose of Allocation</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Policy &amp; Admin Management</td>
<td>0.77</td>
<td>0.92</td>
<td>1.88</td>
<td>2.32</td>
<td>3.11</td>
<td>0.40</td>
<td>1.14</td>
<td>0.41</td>
<td>0.37</td>
<td>2.60</td>
<td>1.28</td>
</tr>
<tr>
<td>MDG6 (Control of HIV/AIDS, TB, Malaria and other diseases)</td>
<td>0.14</td>
<td>0.17</td>
<td>0.19</td>
<td>0.06</td>
<td>2.64</td>
<td>0.10</td>
<td>0.14</td>
<td>1.69</td>
<td>0.18</td>
<td>0.05</td>
<td>7.91</td>
</tr>
<tr>
<td>Other Health Purposes</td>
<td>0.83</td>
<td>1.28</td>
<td>0.76</td>
<td>0.73</td>
<td>0.78</td>
<td>0.30</td>
<td>0.16</td>
<td>14.42</td>
<td>0.23</td>
<td>0.18</td>
<td>4.25</td>
</tr>
<tr>
<td>Reproductive Health &amp; Family Planning</td>
<td>-</td>
<td>0.22</td>
<td>0.25</td>
<td>0.25</td>
<td>0.10</td>
<td>0.07</td>
<td>0.15</td>
<td>0.45</td>
<td>0.45</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>1.74</td>
<td>2.58</td>
<td>3.08</td>
<td>3.36</td>
<td>6.64</td>
<td>0.87</td>
<td>1.59</td>
<td>16.69</td>
<td>1.23</td>
<td>3.28</td>
<td>14.21</td>
</tr>
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</table>

### Disbursements

<table>
<thead>
<tr>
<th>Purpose of Allocation</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Policy &amp; Admin Management</td>
<td>1.13</td>
<td>1.32</td>
<td>3.23</td>
<td>3.26</td>
<td>1.73</td>
<td>2.09</td>
<td>1.06</td>
<td>1.39</td>
<td>0.76</td>
<td>2.04</td>
<td>1.48</td>
</tr>
<tr>
<td>MDG6 (Control of HIV/AIDS, TB, Malaria and other diseases)</td>
<td>0.50</td>
<td>0.77</td>
<td>2.21</td>
<td>2.96</td>
<td>2.13</td>
<td>0.62</td>
<td>0.90</td>
<td>0.84</td>
<td>0.58</td>
<td>0.38</td>
<td>4.68</td>
</tr>
<tr>
<td>Other Health Purposes</td>
<td>0.83</td>
<td>0.96</td>
<td>0.76</td>
<td>0.73</td>
<td>0.78</td>
<td>0.36</td>
<td>0.16</td>
<td>0.07</td>
<td>0.30</td>
<td>1.51</td>
<td>4.67</td>
</tr>
<tr>
<td>Reproductive Health &amp; Family Planning</td>
<td>0.09</td>
<td>0.21</td>
<td>0.25</td>
<td>0.25</td>
<td>0.10</td>
<td>0.07</td>
<td>0.15</td>
<td>0.17</td>
<td>0.45</td>
<td>0.45</td>
<td>0.76</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2.56</td>
<td>3.27</td>
<td>6.45</td>
<td>7.20</td>
<td>4.74</td>
<td>3.14</td>
<td>2.27</td>
<td>2.48</td>
<td>2.09</td>
<td>4.39</td>
<td>11.59</td>
</tr>
</tbody>
</table>
In the period 2009-2010 the total amount of US$ Million 15.97 was disbursed from donors for implementation in 93 different transfers.

**Bilateral**
- Norway: 1.41m
- Luxembourg: 0.79m
- Korea: 0.49m
- Italy: 0.46m
- Ireland: 0.32m
- France: 4.22m
- Belgium: 0.30m
- Portugal: 0.30m
- Kuwait: 0.11m
- Japan: 0.07m
- Greece: 0.07m
- Austria: 0.07m
- Germany: 0.07m
- Switzerland: 0.07m
- Canada: 0.07m
- Denmark: 0.07m
- Finland: 0.07m
- United Arab Emirates: 0.07m
- COMOROS: 0.07m
- United States of America: 0.07m
- Australia: 0.07m

**Multilateral**
- IDA: 7.9%
- IDB Special Fund: 3.5%
- UNICEF: 12.9%
- UNAIDS: 15.4%
- Global Fund: 30.6%
- Other Disbursements: 7.9%

**5 Largest Sources of Disbursements for Health in 2009-2010**
- Global Fund: 30.6%
- France: 29.6%
- UNFPA: 15.4%
- United Arab Emirates: 12.9%
- IDA: 3.5%
- Other Sources: 7.9%

**7 largest SINGLE disbursements in 2009-2010**
- Global Fund: $4.22m
- United Arab Emirates: $1.71m
- France: $1.41m
- France: $0.49m
- France: $0.46m

**Total**
- Number of Disbursements: 23
- Total: 6.97

**Direction**
- OFFICIAL DEVELOPMENT ASSISTANCE (ODA) FOR HEALTH
- TO COMOROS

**5 Largest Sources of Disbursements**
- Global Fund
- France
- UNFPA
- United Arab Emirates
- IDA
- Other Sources

**Commitments and Disbursements**
- A commitment is a firm written obligation by a government official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions or for specified development purposes. A disbursement is the release of funds to or, in the purchase of goods or services for, a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. It can take several years to disburse a commitment. Yearly commitments and disbursements are presented in constant 2009 US$ to ensure comparability over years. ODA for health volumes are also presented in US$ per capita per year and according to allocation (i.e. policy purpose). Policy purposes used here are based on the original CRS statistical purpose codes, but have been aggregated to reflect, as far as possible, global health development benchmarks (i.e. MDG6; Reproductive Health & Family Planning).

**SOURCE:** This information was extracted on 13/02/2012 from the Creditor Reporting System (CRS) database maintained by the Organization for Economic Co-operation and Development (OECD), Statistics Department (http://stats.oecd.org/index.aspx).

**DEFINITIONS:** CRS financial data presented here are commitments and disbursements. A commitment is a firm written obligation by a government official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions or for specified development purposes. A disbursement is the release of funds to or, in the purchase of goods or services for, a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. It can take several years to disburse a commitment. Yearly commitments and disbursements are presented in constant 2009 US$ to ensure comparability over years. ODA for health volumes are also presented in US$ per capita per year and according to allocation (i.e. policy purpose). Policy purposes used here are based on the original CRS statistical purpose codes, but have been aggregated to reflect, as far as possible, global health development benchmarks (i.e. MDG6; Reproductive Health & Family Planning).