Notes

1. WHO, "Spending on health: A global overview" Fact sheet
2. WHO, 2006 World Health Report
3. WHO, 2006 World Health Report
4. WHO, 2005 World Health Report
5. WHO, 2006 World Health Report
6. NHA reports from most recent year available between 1995–2002 for Ethiopia, Kenya, Malawi, Namibia, Nigeria, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe; other sources for all other countries
7. The term *providers* is used broadly throughout this document in reference to any type of health care practitioner, facility, or retail outlet
8. Note: National payment schemes include both state-funded systems and social insurance funds
9. WHO, 2006 World Health Report
10. This figure excludes South Africa
11. World Bank
12. *The Economist*, "World in Figures", 2007
13. NHA reports from most recent year available between 1995–2002 for Ethiopia, Kenya, Malawi, Namibia, Nigeria, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe; Ministries of Health of Nigeria, Senegal, Ghana, Uganda, Tanzania, Rwanda, Kenya, Mozambique, Democratic Republic of Congo; WHO, 2006 World Health Report
14. WHO, 2006 World Health Report
15. OECD, figure represents ODA commitments from 1996–2005
16. G8 Gleneagles 2005
17. NHA reports for Ethiopia, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe
18. WHO, "Spending on health: A global overview" Fact sheet
19. NHA reports for Ethiopia, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe
20. WHO, 2006 World Health Report
21. Ministries of Health of Ghana and Senegal
22. Cuellar, Timmons, 2000
23. Radwan, 2005
24. *Beijing Review, China Daily*
25. WHO, 2005 World Health Report
26. NHA Reports, WHO, 2006 World Health Report

27. NHA Reports
28. Zambia, NHA, 2002
29. Onwujekwe, 2005
30. Interviews with Medical aid and hospital management Department, Mozambique Ministry of Health
31. These estimates are based on NHA surveys and data on expenditure patterns in the public and private sector and are prone to two major drawbacks. First, as they are based on expenditures, in terms of volume of services provided, the data are likely to under-estimate the contributions of both the nonprofit sector and informal sector. The former is due to the often free or subsidized services delivered by nonprofits; the later is due to the non-cash payments often collected by the informal sector in addition to the fact that it is largely unregulated and unrecognized
32. Hongoro, Kumaranayake, 2000
33. Boller, 2003
34. Brugha, Pritze-Aliassime, 1998
35. Taylor, 2001
36. WHO, 2003 (in Counterfeit medicines)
37. Patent medicine dealers are non-pharmacist retailers selling a restricted set of essential medicines
38. Onwujekwe, 2005
39. Marsh, 1999
40. Garrett, 2007
41. Interviews with Hubert Kairuki Memorial University and Bugando Medical School
42. B. Bustreo, A. Harding, and H. Axelsson. "Can developing countries achieve adequate improvements in child health outcomes without engaging the private sector?" WHO Bulletin, 2003; 81; 886–95
43. Boller, 2003
44. Onwujekwe, 2005
45. Mills, A., 2002
46. Ogunbekun, Orobaton, 1999
47. Brugha, Pritze-Aliassime, 1998
48. Ghana Ministry of Health, "Medicine Prices in Ghana: A comparative study of Public, Private and Mission sector medicine prices", 2005
49. Global Insight World Market Monitor
50. Global Insight World Market Monitor
51. Angola, Botswana, Burkina Faso, Cape Verde, Chad, Democratic Republic of Congo, Equatorial Guinea, Lesotho, Mauritania, Mozambique, Nigeria, Sierra Leone, Sudan, and Tanzania. Source: Global Insight
52. Global Insight World Market Monitor
53. Mills, 2002
54. Laing, 2001
55. NAFDAC interviews
56. In February 2006, WHO created the first global partnership known as the International Medicinal Products Anti-Counterfeiting Taskforce (IMPACT), comprising of all 193 WHO Member States on a voluntary basis as well as international organizations,

national drug regulatory authorities, customs and police organizations and associations representing pharmaceutical manufacturers and wholesalers; IMPACT aims to improve harmonization across and between countries so that eventually the production, trading and selling of fake medicines will cease

57. Interviews with Food and Drug Administration of Ghana, Nigeria, and Senegal
58. Hongoro, 2000
59. Hongoro, 2000
60. Ogunbekun, 1999
61. Harding, Preker, 2003
62. Kaona, 2003
63. Hongoro, 2000
64. Ogunbekun, 1999
65. Harding, Preker, 2003
66. Brugha, 2005
67. Marsh, 1999
68. Misra, 2003
69. Note: National payment schemes include both state-funded systems and social insurance funds
70. WHO, World Health Report, 2006
71. Gottret, 2006; Preker, 2007
72. Ndiaye, et al., 2007
73. Ndiaye, et al., 2007
74. Loevinsohn, Harding, 2005
75. Global Business Coalition, case studies 2007
76. Global Business Coalition, case studies 2007
77. Global Business Coalition, case studies 2007
78. Nyazema, et al., 2003
79. McKinsey & Company: Acting now to overcome Tanzania's greatest health challenge—addressing the gap in human resources for health; 2004
80. Berman, Cuizon, 2004
81. WHO, Health Action International, 2005
82. IFC, 2006
83. Interviews from Kenya, February 2007
84. "Freedom in the World" publication, 2007
85. www.moibrahimfoundation.org
86. IMF, African Department database
87. Bernstein, Rasco, 2007
88. World Bank, "Doing Business 2007—How to Reform"
89. Standard & Poors Global Stock Market Factbook
90. United Nations Conference on Trade and Development, Foreign Direct Investment database
91. EMPEA Survey of LP interest in Emerging Markets Private Equity, conducted with Liberty Global Partners LLC, 2006
92. Netherlands Development Finance Company

93. Deutsche Investitions und Entwicklungsgesellschaft, the German development finance institution
94. Norwegian Investment Fund for Developing Countries
95. Overseas Private Investment Corporation
96. Science Magazine for Africa, www.scienceinafrica.co.za
97. Integrated household budget survey, Kenya National Bureau of Statistics, 2003
98. Bernstein, Rasco, 2007
99. South Africa's Aspen Pharmacare and Sandoz Pty
100. Ex-factory price
101. WHO, "The Quality of Anti-Malarials: A study in selected African countries", 2003
102. A. A. Amin, PhD, R.W. Snow, PhD, and G.O. Kokwaro, PhD, "The quality of sulphadoxine-pyrimethamine and amodiaquine products in the Kenyan retail sector."
103. NHA, Kenya
104. NHA, Tanzania
105. NHA, Ethiopia
106. NHA, Nigeria
107. Ministry of Health of Mozambique
108. NHA, Nigeria
109. NHA, Uganda
110. Ministry of Health of Uganda
111. Management requested that the hospital in question remain anonymous
112. WHO, 2006, "Health financing: a strategy for the African region", 2006
113. South Africa's Aspen Pharmacare and Sandoz Pty
114. Ex-factory price
115. WHO, 2003, "The Quality of Anti-Malarials: a study in selected African countries", 2003
116. National Agency for Food and Drug Administration and Control, Nigeria, list of fake products
117. Estimates based on data from WHO/UNAIDS 2006 report on "Progress on Global Access to HIV Antiretroviral Therapy"
118. An estimated 25–35 million nets for Sub-Saharan Africa at $4.50–$5.50 each
119. Figures based on data from 2005 South African National Survey of Research and Experimental Development, RSA Department of Science & Technology
120. Ernst & Young 2006 Biotech in South Africa report
121. World Bank's Global Doing Business report
122. Lead Discovery, 2006, "The Clinical Trials Market"
123. www.ClinicalTrials.gov
124. Amin, Snow, Kokwaro, 2005
125. International Medical Products Anti-Counterfeiting Taskforce (IMPACT), 2006, "Counterfeit medicines: an update on estimates"
126. WHO, "The global shortage of health workers and its impact" Fact Sheet
127. United States immigration support