

Director's Comments

1. Overview

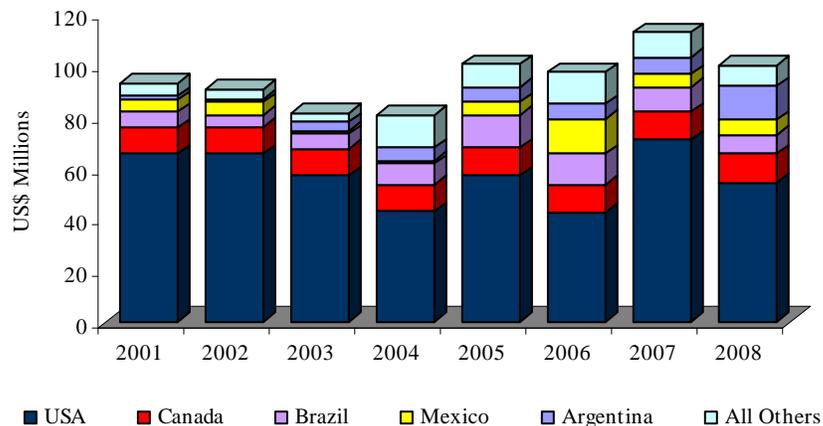
With the launching of the Health Agenda for the Americas in 2007, the Member States of the Pan American Health Organization (PAHO) envisioned a healthier, more equitable Region of the Americas where the people have the opportunity to develop to their full potential. This Agenda is intended to facilitate resource mobilization and to strengthen countries' commitments in health and actions including achieving their goals as they relate to access to quality health services, reducing the risk and burden of disease, and strengthening the management and development of the health workforce. Although the adoption of the Health Agenda for the Americas by PAHO Member States is an important achievement, its success depends on how effectively the Member States, the Pan American Sanitary Bureau, and the international partners work to achieve these goals. By making strategic planning a central component of the Pan American Sanitary Bureau's work, the Organization maximizes the impact on improving the health of the peoples of the Americas with the financial resources which are entrusted to it.

During 2008, the Pan American Health Organization mobilized significantly greater financial resources which enabled the Organization to strengthen its efforts to provide a more comprehensive response to countries' needs and to continue to promote Health for All. The Organization's total funding reached \$718.5 million, which was \$181.5 million, or 33.8%, greater than 2006, the first year of the previous biennium. This income reflects the highest level of income for the Organization in any one year. This growth in income resulted from (1) the increased payment of Member States' current and prior years' quota assessments, (2) the greater mobilization of voluntary contributions for public health, (3) the increase in procurement of essential public health vaccines and supplies on behalf of the Member States, and (4) the increased funding from the World Health Organization for the Region of the Americas.

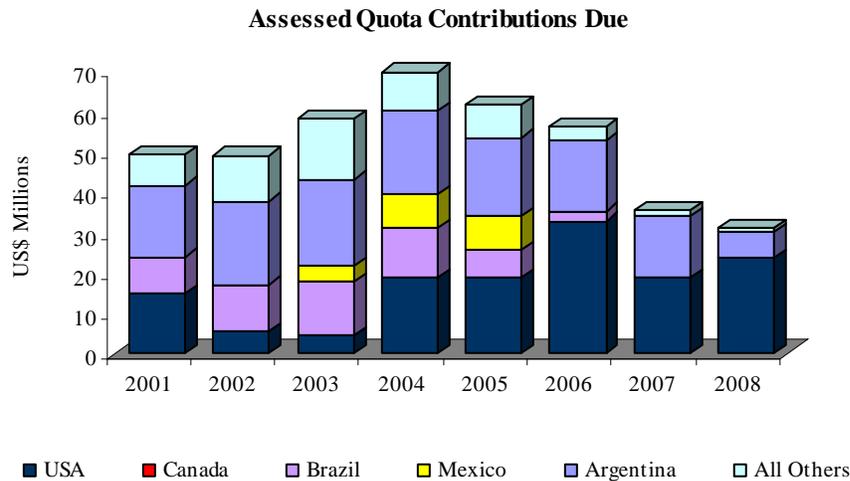
2. Biennial Program Budget: Financing

The Organization's Biennial Program Budget is financed by two components: (1) the Member States' assessed quota contributions and (2) miscellaneous income. The Organization received \$66.8 million in 2008 quota assessment payments, as well as \$33.3 million in the payment of quota arrearages, for a total of \$100.1 million. The rate of collection of current year assessed quota contributions for 2008 was 70%, compared with 55% and 74% for the years 2006 and 2007, respectively. Twenty-four Member States paid their 2008 assessed quota contribution in full, eight Member States paid it in part, and seven made no payments toward their 2008 assessed quota contribution.

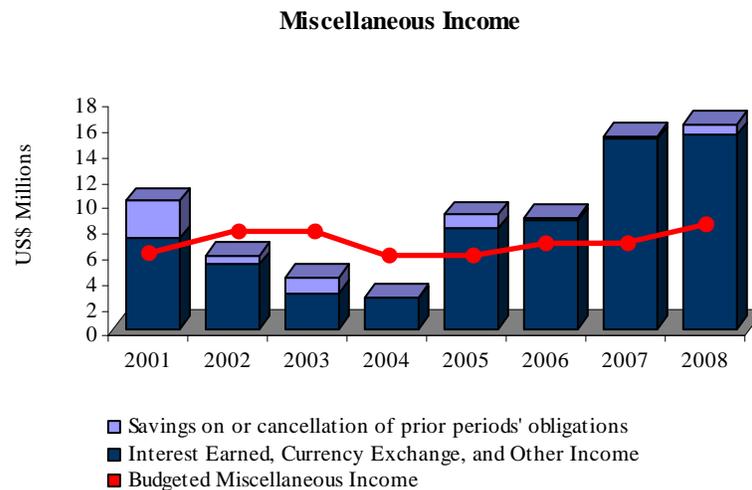
Assessed Quota Contributions Collected



Total unpaid assessed quota contributions, including amounts due for previous financial periods, decreased to \$31.0 million from \$35.4 million on 31 December 2007 and \$56.2 million on 31 December 2006. Within this figure, arrears exceeding one year were \$2.1 million. Each year the Delegates to the Directing Council or the Pan American Sanitary Conference review at length the financial circumstances of those Member States who are in arrears in their assessed quota contributions and subject to Article 6.B of the PAHO Constitution. As of 31 December 2008, there were no Member States subject to Article 6.B. The Organization is in continual communication with Member States to assist them in resolving arrears through deferred payment plans and the payment of assessed quota contributions in local currency.



Miscellaneous income, which includes the interest earned on the Organization's investments, the gains and losses as a result of currency movements, savings on prior periods' obligations, and other income, is a significant funding component of the Biennial Program Budget and supplements the level of the Member States' assessed quota contributions. For 2008, the Organization budgeted \$8.75 million in miscellaneous income. The actual amount realized for 2008 was \$16.1 million which is comprised of \$14.7 million in interest earned on the funds managed by the Organization, a savings of \$880,669 in cancellation of prior period's obligations, a loss of \$193,676 on currency exchange, and the receipt of \$755,267 in other income. The most significant factor in the actual Miscellaneous Income figure exceeding the budgeted amount was the increase in the average balance of the investment portfolio from \$240 million in 2006 to \$413 million in 2008.



3. Biennial Program Budget: Implementation

The 2008 expenditures for the Biennial Program Budget's activities in support of promotion of international health programs reached \$94 million compared to the Biennial Program Budget of \$98.8 million, resulting in an overall financial implementation rate of 95%. After expenditures of \$94 million for international health programs, provision for delays in collection of assessed contributions, payment of prior years' assessed quota contribution, savings on or cancellation of prior periods' obligations, and transfers, the Organization ended 2008 with an excess of income over expenditure of \$19.6 million in the Biennial Program Budget.

Biennial Program Budget: Financial Highlights

	<u>Actual</u>	<u>Budgeted</u>
Collection of 2008 assessments	66.8	95.6
<i>Less:</i> Tax Equalization	(5.6)	(5.6)
Prior year's assessed quota contributions	33.3	
Interest income, currency exchange, and other income	15.2	8.8
Savings on or cancellation of prior periods' obligations	.9	
Total funds available	110.6	98.8
<i>Less:</i> Actual 2008 operating expenditure	(94.0)	(98.8)
Net surplus from operations	16.6	
Plus: Transfer from Expanded Program on Immunizations	3.0	
Total changes in fund balance	19.6	

The significant Biennial Program Budget expenditure categories are shown below, in millions of United States dollars:

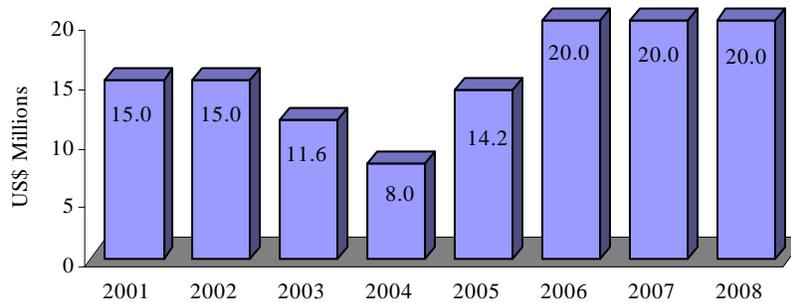
Staff: salaries and entitlements	61.4
Consultants, local and short-term staff	9.6
Staff duty travel	3.1
Contractual services	6.6
Seminars and courses	4.2
Information technology	1.7
General operating expenses	3.9
Other costs	3.5
Total Regular Program Budget Expenditure	<u>94.0</u>

The most significant expenditure category for the implementation of international health programs is personnel costs—i.e., the salaries and entitlements of staff members and consultants, as well as local and short-term staff. These personnel expenditures reflect PAHO's mission to lead strategic collaboration efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the lives of the peoples of the Americas. The expenditures for duty travel, contractual services, seminars and courses, information technology, and general operating expenses further contribute to this commitment.

4. Working Capital Fund

The Organization's Working Capital Fund remained fully-funded at \$20 million. At the end of 2008, the Organization also had \$19.6 million in operating funds for programs which are continuing into 2009, the second year of the biennium. These operating funds are reflected in "Total Changes in Fund Balances" in the category "Regular Budget and Working Capital Fund" on the financial statements.

Level Of Working Capital Fund



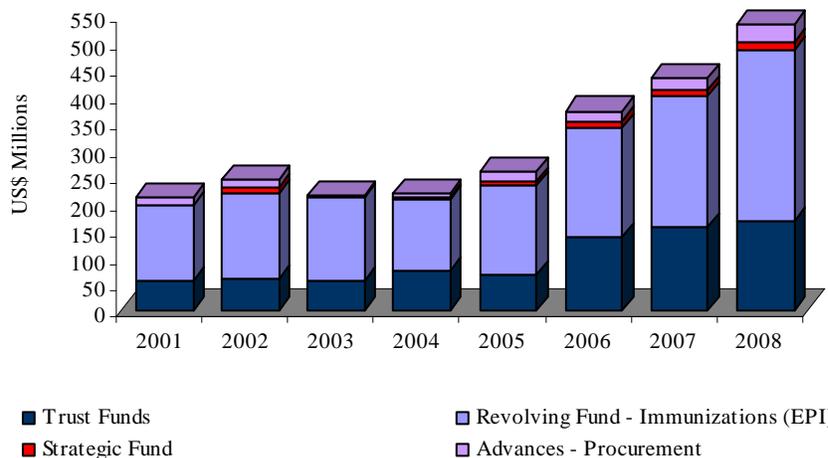
5. Biennial Program Budget: WHO Allocation and Other Sources Funds from WHO

During 2008, the Pan American Health Organization/Regional Office of the Americas (AMRO) implemented a total of \$63.7 million from the World Health Organization, an increase of \$11.4 million, or 22%, over 2006. The level of implementation of the WHO Biennial Program Budget Allocation for international health programs established by the World Health Assembly for the Region of the Americas reached \$36.5 million, an increase of \$609,919 over the 2006 level. In addition, the Organization implemented \$27.1 million in WHO Other Sources Funds, which is an increase of \$10.8 million over the 2006 implementation level.

6. PAHO's Other Sources Funds

The increased financial resources for public health in the Region were mobilized through bilateral actions, strategic alliances and partnerships, the adoption of a programmatic approach, and an intensification of the public policy dialogue with regional and sub-regional organizations. The combined Trust Fund income and the Member States' funding for procurement services increased to \$534.9 million, a growth of \$163.5 million, or 44%, over 2006.

Other Sources Funds



7. PAHO's Trust Funds

The Pan American Health Organization's image as a reliable partner for the Member States, stakeholders, partners, and the people of the Americas together with PAHO's negotiations with the public and private sectors for multi-year agreements with a programmatic focus were catalysts for PAHO receiving \$164.9 million in voluntary funds. These financial resources which are targeted to assist the peoples of the Americas in attaining the best possible health for all increased by \$27.8 million as compared to 2006. These funds are composed of \$61.8 million from governments for external projects, \$91.1 million from governments for internal projects within their own countries, \$4.4 million from international organizations, \$7.4 million from private and public sector organizations, and \$223,971 from other voluntary contributions. The most significant voluntary fund contributions for external projects to other countries were received from Spain (\$22.4 million), the United States (\$17.6 million), Canada (\$10.3 million), Brazil (\$5.5 million), Sweden (\$2.5 million), and Norway (\$1.1 million).

The \$91.1 million from governments for projects within their countries, which receive technical assistance from the Organization, known as internal projects, were received from Brazil (\$87.1 million), Colombia (\$1.6 million), Argentina (\$885,200), and Ecuador (\$640,000).

The most significant contributions from international organizations were received from the European Community (\$2.4 million), the U.N. International Strategy for Disaster Reduction (\$946,550), the U.N. Trust Fund for Human Security (\$353,424), the U.N. Development Program (\$345,153), and UNAIDS (\$324,332). The largest contributions from the private and public sectors were received from the CDC Foundation (\$2 million), the Global Alliance (\$1.2 million), the Program for Appropriate Technology in Health (\$770,744), the Global Fund (\$639,363), the Johns Hopkins School of Public Health (\$496,046), the Rockefeller Foundation (\$277,400), and the Albert B. Sabin Institute (\$231,043). The Organization is grateful for the support received which provides financial resources to expand public health projects in the Americas.

8. Procurement on Behalf of Member States

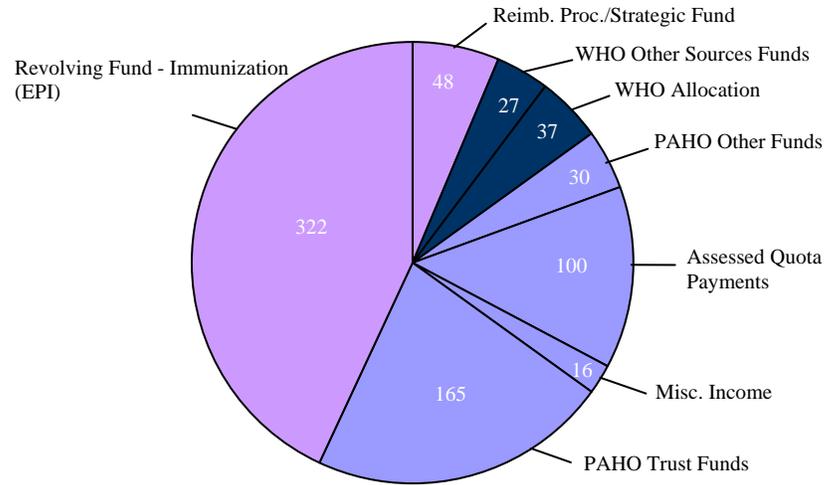
The most striking increase in financial resources occurred in the Organization's procurement activities on behalf of Member States which grew from a cumulative total of \$234.3 million in 2006 to \$370 million in 2008, an overall increase of \$135.7 million, or 57.9%, in the Organization's three procurement funds. Through extensive international bidding, PAHO is able to purchase vaccines, public health supplies and equipment, and publications on behalf of Member States, governments and international institutions at affordable prices. Funding for vaccine and syringe purchases through the Revolving Fund for the Expanded Program on Immunization, which is a purchasing mechanism created to guarantee the quality and timely mobilization of vaccines at an affordable cost, increased from \$203.3 million in 2006 to \$321.7 million in 2008. Through this significant support to Member States' vaccination programs, the Organization contributes to the challenges of bringing good health to the many of the marginalized and excluded populations in the Americas.

During the same period, funding for the purchases of medical supplies (i.e., HIV/AIDS diagnostic kits, etc.), medical equipment, and publications, processed through the Advances from Governments and Institutions for Procurement Fund, as well as the funding for purchases through the Regional Revolving Fund for Strategic Public Health Supplies, increased from \$31.0 million to \$48.3 million. The Regional Revolving Fund for Strategic Public Health Supplies was created in 1999 in order to facilitate the procurement of strategic public health supplies at lower, more stable prices, to increase availability of strategic supplies, and to create greater planning capacity for procuring and distributing products. These strategic supplies were focused on combating malaria, tuberculosis, leishmanial disease, dengue, and HIV/AIDS. The largest volumes of procurement purchases placed through the Organization's three procurement funds were made by Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

9. Total Biennial Program Budget and Other Sources Funding and Implementation

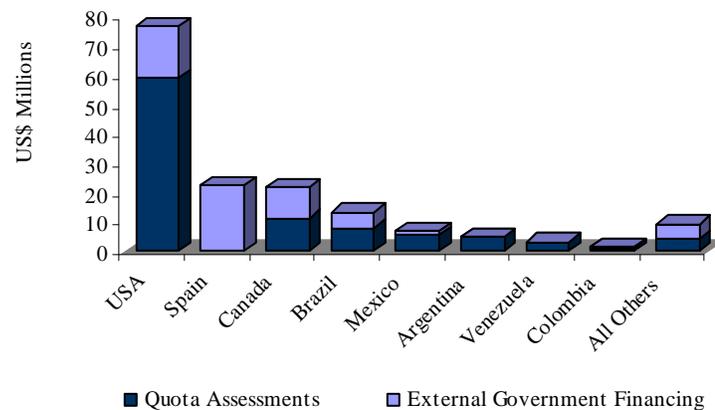
The Organization's 2008 income for all activities totaled \$745.2 million, which after the inter-organizational transfers (i.e., eliminations), reached \$718.5 million, which represents a 34% increase over the \$537.0 million income for 2006. This trend of rising income is welcomed in view of the increasing demands being placed on the Organization.

PAHO/AMRO Income for 2008 Program Activities (in US\$ millions)



The total 2008 income from eight Member States, partners, or stakeholders, including both Biennial Program Budget funds and voluntary contributions (i.e., trust funds) from governments, partners, and stakeholders, are shown below. This chart indicates that the Organization relies heavily on a relatively small number of Member States and partners/stakeholders as a major source of financing of the Organization's activities.

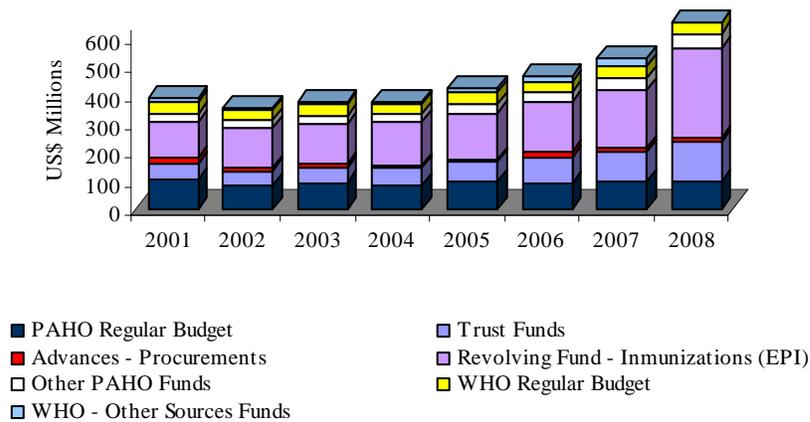
Assessed Quota Payments & Government Financing of External Projects for 2008



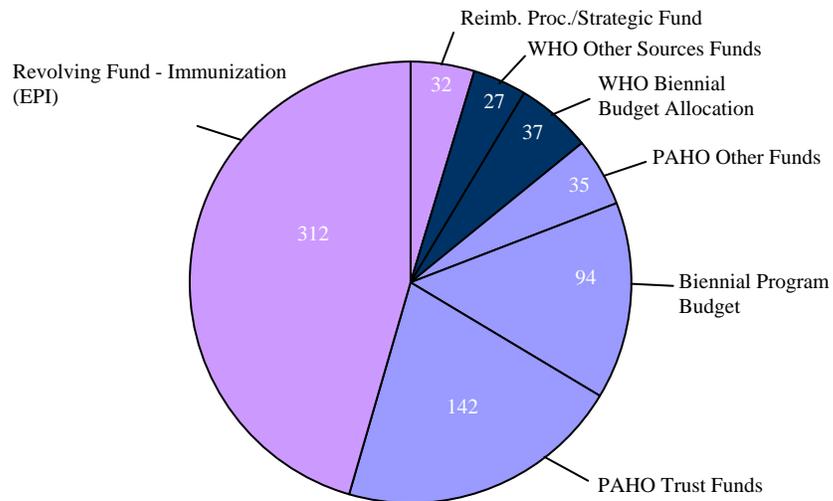
10. Expenditure by Source of Fund

The higher level of income has enabled PAHO/AMRO to achieve significantly increased programmatic activity. PAHO/AMRO's total expenditure, before the addition of expenditures by the three non-consolidated centers and the deduction of eliminations, increased to \$678.6 million in 2008 from \$461.9 million in 2006, an increase of 47%. This higher level of expenditure is attributable to increases of (1) \$4.2 million in PAHO's Biennial Program Budget expenditure, (2) \$54.4 million in the Trust Funds, (3) \$137.3 million in the Expanded Program on Immunization, (4) \$7.3 million in the Strategic Fund, (5) \$2.1 million in other PAHO funds, (6) \$609,919 in the WHO Biennial Budget Allocation, and (7) \$10.8 million in WHO Other Sources Funds.

Expenditure by Sources of Fund



PAHO/AMRO Expenditure for Program Activities for 2008 (in US\$ millions)



11. Liquidity and Investment Management

The financial stability of the Organization depends not only upon timely receipt of assessed quota contributions, voluntary contributions, and other income but also on effective management of liquidity and the appropriate investment policies. During 2008, the Investment Committee continued its regular reviews of the portfolio's performance and its discussions with the Organization's corporate bankers and investment managers. The Committee's strict adherence to the strategy of preservation of capital benefited the Organization significantly during the challenging conditions in the global financial markets during the year.

Total cash and investments for the Organization at 31 December 2008 were \$456.3 million, an increase of \$59.1 million over the cash and investment balance as of 31 December 2007. The investments are primarily short-term (less than 12 months) and are held to finance the Biennial Program Budget activities, the procurement on behalf of Member States, the implementation of partner/stakeholder agreements, and other activities for which cash has yet to be disbursed. The longer-term investments are placed for future projects and activities and future entitlements of current staff members.

12. Performance of the Centers Administered by PAHO

Caribbean Epidemiology Center (CAREC)

The Center's quota assessment receipts for 2008 reached \$1.84 million, or 75% of the 2008 quota assessments. Receipts on quota arrearages amounted to \$827,950 or 19% of its quota assessment arrearages. The net excess of income over expenditure in the 2008 CAREC Regular Budget was \$355,014 that increased the Working Capital Fund balance to \$1.02 million as of 31 December 2008. Income for trust funds reached \$676,574 that is a very significant decrease from the \$4.2 million received by CAREC in 2006. CAREC generated income of \$250,012 from providing specialized services to its Member States.

Caribbean Food and Nutrition Institute (CFNI)

The Institute's quota assessment receipts for 2008 reached \$221,551 or 59% of the 2008 quota assessments. Receipts on arrearages amounted to \$306,501 or 19% of the total quota assessment arrearages as of 31 December 2008. The net excess of income over expenditure for the 2008 Regular Program Budget was \$235,606 that decreased the Institute's Working Capital Fund's cumulative deficit to \$268,670 as of 31 December 2008. The Pan American Health Organization is currently funding this deficit. CFNI received \$264,420 in trust fund income, which is a decrease from the \$698,713 received in 2006.

Institute of Nutrition of Central America and Panama (INCAP)

The Institute's financial performance remains strong, with a fully-funded Working Capital balance of \$1.2 million and an Endowment Fund of \$425,451. Quota assessment receipts for 2008 amounted to \$423,068 or 99% of the year's total quota assessments. Receipts on arrearages amounted to \$59,496 or 100% of the total quota assessment arrearages as of 31 December 2008. INCAP received \$925,452 in trust fund income during 2008, which is a decrease from the \$2.0 million received in 2006.

13. Conclusion

The significant growth in financial resources and increasing complexity of the demands upon the Organization pose challenges for the Organization's financial management. The emphasis on increased decentralization to the country offices and the implementation of Results Based Management impact the responsibilities and accountabilities of the senior managers and strengthen the focus on timely program implementation. The Financial Accountability Framework,

which requires the Organization's PAHO/WHO Representatives in country offices, the center directors, and executive and senior managers at Headquarters to certify their offices' annual financial accounts, continued to highlight the accountability and responsibility which every manager assumes for the funds entrusted to the Organization by the Member States, donors, partners, and stakeholders.

During 2008, the Organization continued with steps to transition to the implementation of International Public Sector Accounting Standards (IPSAS) in alignment with the United Nations and its specialized agencies effective January 2010. These initiatives included (1) the monthly accrual for statutory benefits for staff members, (2) the monthly accrual of salaries for fixed-term staff members, (3) the accrual for significant end-of-financial period expenditures, and (4) the calculation of accrued expenditures for annual leave and terminal entitlements. The implementation of IPSAS poses significant challenges to the Organization due to the transition from cash-based and modified-accrual accounting standards to full accrual accounting standards. This transition requires not only the revision of policies and procedures, but also the requisite understanding of accrual accounting by staff members. In order to ensure a broad understanding of IPSAS throughout the Organization, a member of the International Public Sector Accounting Standards Board led a three-day interactive workshop for all managers and finance/budget staff throughout the Organization. With the transition to IPSAS, the Organization continues its commitment to sound oversight of the financial resources entrusted to it.

14. Components of the Financial Report

As required by Financial Regulations 13.1 and 13.2, the financial accounts of the Organization are maintained in a manner consistent with the United Nations System Accounting Standards, and a final financial report covering the full biennium is prepared at the end of each biennium with an interim financial report at the end of the first year of each financial period. Similar statements are also prepared in accordance with the United Nations System Accounting Standards for CAREC, CFNI, and INCAP.

The Organization's funds are composed of proprietary funds which include the Biennial Program Budget and Working Capital Fund, the Special Fund for Program Support Costs, and other Special Funds. These funds finance the programs of the Organization. The PAHO program fiduciary funds include the allocation of funds from the WHO Regular Budget and other WHO/UN allocations, trust funds provided by partners, stakeholders, and donors for specific projects, and funds administered on behalf of centers. These funds support the implementation of program activities in accordance with agreements or understandings of related parties or other legal authorities. Non-project funds include a number of funds that have been established as the result of resolutions adopted by the PAHO Governing Bodies or decisions by the Director. They have been established for the benefit of the Member States or PAHO staff members, or to monitor or manage special, non-program activities.

PAHO's interim financial statements include:

- The *Statement of Income and Expenditure and Changes in Fund Balances*, Table 1, reflects the income, expenditure, and changes in fund balances for the Organization's Regular Budget and Working Capital Fund, the Trust Funds, the Special Funds, the Non-project Funds, the WHO Regular Budget allocation and voluntary funds for the Region of the Americas, as well as the funds for the three non-consolidated centers.
- The *Statement of Assets, Liabilities, and Reserves and Fund Balances*, Table 2, is supported by accompanying Explanatory Notes and Schedules that give greater detail of the overall activity.
- The *Statement of Cash Flow*, Table 3, identifies the cash flow of the Organization's funds and highlights the increases and decreases of the Organization's assets, liabilities, reserves, and fund balances.

15. Accounting Policies

The major accounting policies of the Organization appear in the Explanatory Notes of the Financial Statements. The accounting policies and procedures followed by the Organization remain consistent with the Organization's

Financial Regulations and with the more detailed financial and accounting procedures established by the Director in light of these Regulations.

Income for the Regular Budgets of PAHO, CAREC, CFNI, and INCAP are recorded according to the total assessed quota contributions of the 2008 Regular Program Budget with a provision for delays in the collection of quota contributions. Income from all other sources is recorded on a cash basis; interest is recorded in the accounts when credited to the Organization's bank accounts; and Trust Funds are recorded as received when the funds are credited to the Organization's bank accounts.

The Organization's expenditure figures include both disbursements and unliquidated obligations, which are firm commitments to which the Organization has entered during the financial period. In accordance with the Organization's Financial Regulations, the appropriations for these unliquidated obligations remain available to cover the costs of the activities which were completed or were contractually due to be completed by 31 December 2008.

Pan American Health Organization
Ten Years of Growth
Summary of Expenditure by Source of Funds
(expressed in US dollars)

	1999	2000	2001	2002	2003
Pan American Health Organization					
Regular Budget	95 807 416	73 757 377	100 129 091	79 958 550	91 146 429
Special Funds					
Capital Equipment	46 053	539 323	1 135 374	2 145 382	1 020 930
Cholera		1 821	50 449		
Health Promotion			282 529	239 695	213 285
Income from Services	2 479 476	4 909 133	3 735 093	3 838 910	3 219 053
Master Capital Investment					
Measles	50 721	6 442	5 744		
Natural Disaster Relief	4 217 117	1 826 938	2 187 227	759 327	893 368
Preinvestment Fund in Environment and Health	7 402	7 671			
Program Support Costs	4 283 965	6 415 778	1 617 671	6 622 918	7 881 502
Trust Funds	49 770 712	48 969 108	55 331 951	53 291 594	53 866 918
Nonproject Funds					
Advances from Governments and Institutions for Procurement	19 911 267	9 944 090	20 099 412	8 217 622	9 883 874
Building Fund	805 590	3 722 034	6 876 499	1 127 521	875 120
Provision for Staff Entitlements					
Provision for Termination and Repatriation Entitlements	1 564 905	1 558 662	1 392 565	1 045 819	2 028 035
Revolving Fund for the Expanded Program on Immunization	120 397 126	83 925 328	130 046 164	144 652 030	145 131 413
Sale of Vaccine at PANAFTOSA	13 821	5 690	18 887	1 645	12 781
Regional Revolving Fund for Strategic Public Health Supplies		2 619 858	2 800 279	6 121 810	6 129 306
Tax Equalization Fund	3 379 936	5 242 095	4 113 621	4 795 085	4 736 441
Subtotal PAHO	302 735 507	243 451 348	329 822 556	312 817 908	327 038 455
CAREC					
Regular Budget	1 907 734	1 965 095	1 634 132	1 778 163	2 017 996
Trust and Special Funds	1 881 393	1 709 441	2 557 225	2 547 500	3 801 049
CFNI					
Regular Budget	323 221	321 970	322 779	325 235	278 643
Trust and Special Funds	44 278	110 172	200 862	294 869	703 721
INCAP					
Regular Budget	574 436	574 198	654 825	931 750	688 170
Trust and Special Funds	2 162 284	1 945 175	2 171 208	2 098 871	2 283 060
Subtotal Centers	6 893 346	6 626 051	7 541 031	7 976 388	9 772 639
World Health Organization					
Regular Budget	47 933 478	31 992 360	45 355 392	33 643 056	39 604 555
United Nations Development Program	261 615	43 344	29 992		
United Nations Population Fund	535 857	281 914	119 519	147 715	173 774
Others	9 498 360	5 764 074	12 310 115	5 063 006	7 898 403
Subtotal WHO	58 229 310	38 081 692	57 815 018	38 853 777	47 676 732
Eliminations ^{1/}					(26 247 003)
Total All Funds	367 858 163	288 159 091	395 178 605	359 648 073	358 240 823

^{1/} Eliminations started in 2002-2003.

Pan American Health Organization
Ten Years of Growth
Summary of Expenditure by Source of Funds
(expressed in US dollars)

2004	2005	2006	2007	2008	
					Pan American Health Organization
81 246 238	94 013 586	89 830 071	92 329 487	94 033 351	Regular Budget
					Special Funds
1 825 974	1 462 968	1 420 067	4 140 446	(9 595)	Capital Equipment
					Cholera
28 659	66 762	224 194	519 400	440 834	Health Promotion
3 379 720	3 297 840	3 453 139	4 678 976	5 081 512	Income from Services
				3 429 300	Master Capital Investment
					Measles
3 634 521	4 170 456	4 276 443	1 827 571	5 027 083	Natural Disaster Relief
					Preinvestment Fund in Environment and Health
7 688 935	5 518 618	7 959 780	6 217 018	8 858 331	Program Support Costs
63 255 416	71 073 823	87 643 204	104 742 069	142 010 963	Trust Funds
					Nonproject Funds
					Advances from Governments and Institutions for Procurement
5 813 092	9 454 165	22 338 844	17 221 327	15 261 394	Building Fund
755 295	1 137 741	818 670	1 288 076	(1 301)	Provision for Staff Entitlements
				3 608 378	Provision for Termination and Repatriation Entitlements
2 120 504	2 558 571	1 783 517	2 297 486	1 869 348	Revolving Fund for the Expanded Program on Immunization
153 073 837	161 091 387	174 860 495	199 006 369	312 170 635	Sale of Vaccine at PANAFTOSA
66 639	7 998	10 328	83 801	1 469	Regional Revolving Fund for Strategic Public Health Supplies
3 701 492	6 517 064	9 685 802	19 892 117	17 007 457	Tax Equalization Fund
4 853 918	5 476 259	5 418 404	5 799 358	6 167 111	Subtotal PAHO
331 444 240	365 847 238	409 722 958	460 043 501	614 956 270	
					CAREC
2 013 838	2 183 288	2 152 720	2 399 770	2 283 460	Regular Budget
3 162 186	5 020 638	6 213 130	3 280 733	1 186 090	Trust and Special Funds
					CFNI
274 595	306 733	313 693	323 873	292 446	Regular Budget
696 958	874 320	947 279	647 994	303 849	Trust and Special Funds
					INCAP
504 189	894 372	686 023	772 413	627 183	Regular Budget
2 222 388	2 105 028	2 144 321	3 056 894	2 965 876	Trust and Special Funds
8 874 154	11 384 379	12 457 166	10 481 677	7 658 904	Subtotal Centers
					World Health Organization
32 366 234	40 171 535	35 902 806	39 215 045	36 512 725	Regular Budget
		27 500			United Nations Development Program
33 095	99 808	721			United Nations Population Fund
7 772 350	16 444 051	16 270 859	28 368 058	27 141 585	Others
40 171 679	56 715 394	52 201 886	67 583 103	63 654 310	Subtotal WHO
	(28 120 184)	(16 634 875)	(18 163 646)	(26 703 284)	Eliminations ^{1/}
380 490 073	405 826 827	457 747 135	519 944 635	659 566 200	Total All Funds

