

Has the 'Golden Age' of global health funding come to an end?

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Despite dire predictions in the wake of the economic crisis, donations to health projects in developing countries appear to be holding steady, according to new research from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

After reaching a historic high of \$28.2 billion in 2010, development assistance for health dropped in 2011 and recovered in 2012. The strong growth in spending from the GAVI Alliance and [UNICEF](#) counterbalanced declines in health spending among other donors.

The new findings are being announced today at the Center for Global Development and published online as part of the fourth annual edition of IHME's financing series, Financing [Global Health](#) 2012: The End of the Golden Age?

This report tracks development assistance for health from government aid agencies, multilateral donors, and [private foundations](#) and charities. It explores funding trends over three periods: the "moderate-growth" period from 1990 to 2001, the "rapid-growth" period from 2001 to 2010, and the "no-growth" period from 2010 to 2012.

Financing Global Health 2012 also analyzes health spending from governments in developing countries between 1990 and 2010. For those interested in using the global health financing datasets compiled as part of this research, IHME provides detailed results data and the statistical code used to generate these results for download on its website.

"There were predictions that the sky was going to fall on global [health funding](#), but that didn't happen," said IHME Director and report co-author Dr. Christopher Murray. "Only time can tell whether the stagnation will continue, but the global health community needs to be prepared either way."

Priority setting has become even more important as global health funding has flatlined. Many donors have been forced to re-evaluate funding decisions to adapt to a new global health landscape. From 2011 to 2012, overall health spending channeled through [government aid](#) agencies dropped by 4.4%. Development assistance for health from the US, the largest donor, dropped by 3.3%, and health funding from France and Germany declined by 13% and 9.1%, respectively.

Among the six largest bilateral donors, only donations from the UK and Australia increased from 2011 to 2012.

By combining health funding estimates with the results of the newly published Global Burden of Disease (GBD) Study 2010, the report provides metrics that can help inform donor priority setting. GBD 2010 quantified premature death and disability, or disease burden, from 291 different diseases and injuries worldwide. Comparisons between the amount of development assistance for health that a country receives and its disease burden provide useful tools for assessing need versus funding.

"This analysis highlights the mismatch between donor priorities and global health needs," said Amanda Glassman, Director of Global Health Policy and a senior fellow at the Center for Global Development.

"Before you can make a decision on where to allocate resources, you must first understand where that money is most needed."

Many [developing countries](#) with the highest disease burdens did not

receive the most health funding. When comparing disease-specific funding and disease burden, such as malaria assistance versus burden of malaria, it becomes clear that certain countries receive much less funding than one might expect. For example, the low-income countries Burundi, Guinea, Mali, and Niger were among the top 20 countries in terms of malaria burden, but were not among the top 20 recipients of malaria funding.

"For some diseases, there is a clear disconnect between funding and burden measured by both mortality and disability," explains IHME Assistant Professor Michael Hanlon. "These comparisons serve as a guide for policymakers to discuss, reassess, and improve upon their health spending."

Other major findings from the report include:

- GAVI continued to have very strong rates of growth. In 2012, expenditure by GAVI reached an estimated \$1.76 billion in 2012, a 41.9% increase over 2011.
- The sub-Saharan African region received the largest share of health funding. In 2010 (the most recent year for which recipient-level estimates are available), sub-Saharan Africa's share was \$8.1 billion, or 28.7% of total health funding.
- Health funding for HIV/AIDS, tuberculosis, and maternal, newborn, and child health continued to grow through 2010. DAH for health sector support, non-communicable diseases, and malaria fell slightly from 2009 to 2010.
- Even at the peak of health funding from donors in 2010, the spending by governments on health in their own countries was \$521 billion, more than 18 times higher than total donor funding in the same year. That country spending grew 6% from 2009 to 2010.

"Fluctuation in funding and the variance in global burden of disease highlight the need for policymakers to stay informed with the most accurate information available on the evolving global health landscape," Murray said.

Provided by Institute for Health Metrics and Evaluation

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