

Global health funding slows as deadline for Millennium Development Goals nears

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Developed countries and funding agencies are putting the brakes on growth in development assistance for health, raising the possibility that developing countries will have an even harder time meeting the Millennium Development Goal deadline looming in 2015, according to new research from the Institute for Health Metrics and Evaluation at the University of Washington.

Even as aid continued to grow, reaching \$27.73 billion in 2011, significant cutbacks in the United States slowed the growth rate in development assistance to 4% between 2010 and 2011 - the slowest rate in a decade.

The new findings are being published online today as a Web First article in [Health Affairs](#), The global financial crisis has led to a slowdown in growth of funding to improve health in many [developing countries](#), and in the latest installment of IHME's financing series, Financing [Global Health](#) 2011: Continued Growth as MDG Deadline Approaches.

The report details the trends in development assistance for health between 1990 and 2009 from aid agencies and governments in 23 [developed countries](#), multilateral institutions such as the World Health Organization, and hundreds of nonprofit groups and charities with preliminary estimates for 2010 and 2011. It also captures spending by countries from 1995 to 2009. The detailed results of the IHME analysis are being made available in IHME's Global Health Data Exchange (GHDx), along with project-level data that can be used to answer a variety of research questions.

"Even though we continue to see growth in global health funding through 2011, it is troubling to see so many funders pulling back," said Dr. Christopher Murray, IHME Director and one of the report's authors. "We are just now beginning to see the impact from the extraordinary growth in global health funding over the past decade. If we give up

now, we may lose that momentum."

IHME reported in September 2011 that most of the world's countries are reducing child mortality and maternal mortality more quickly than a decade ago. The Institute also found that an HIV program in India called Avahan appears to have prevented 100,000 infections. In August 2011, IHME and collaborators found that in homes that own at least one insecticide-treated bed net there was a 23% reduction in child mortality. The Institute is working on new research examining the relationship between development assistance for health and health outcomes in a broad range of areas.

Most of the growth in development assistance for health over the past two years came from the World Bank's International Bank for Reconstruction and Development, which greatly expanded its loans to middle-income countries as the economic crisis worsened in 2009. Health funding through United Nations agencies plateaued in 2011, and the Global Fund to Fight AIDS, Tuberculosis and Malaria announced in November that it would make no new grants until 2014 due to funding shortfalls. Preliminary estimates indicate that health assistance channeled through the Global Fund declined by \$529 million, or 16%, between 2010 and 2011.

"Even with so many economies in turmoil, we are seeing strong commitments to global health from many countries," said Katie Leach-Kemon, IHME's Data Development Manager and a co-author of the *Health Affairs* article and the Financing Global Health 2011 report. "The UK increased its development assistance for health by double digits in 2011. Germany has started to increase funding again after cutting back, and Norway has consistently been one of the leaders in donating a substantial portion of its budget every year to global health efforts."

There are several other key findings from the

report:

eye on these trends and to evaluate the impact that fluctuating spending levels are having on population health."

- After a decade of rapid increases in development assistance, the US has greatly slowed the pace of growth to 2% between 2010 and 2011.
- Development assistance to non-governmental organizations increased by 8% from 2010 to 2011, after two years of drops in funding.
- Generally the countries with the most significant disease burdens receive the most aid, but 12 of the countries with the highest disease burdens, including Russia, Sudan, Myanmar, and Egypt, are not among the countries that receive the most development assistance for health.
- Growth in development assistance for HIV/AIDS, tuberculosis, and health sector support slowed between 2008 and 2009. Development assistance for malaria, noncommunicable diseases, and maternal, newborn, and child health accelerated over the same period.
- The global financial crisis does not appear to have slowed spending by country governments on health. Spending accelerated between 2008 and 2009, increasing from \$368.46 billion to \$410.50 billion, 16 times the total amount spent for development assistance for health.
- Countries in East Asia spent the largest amount of their own resources on health in 2009, followed by the regions North Africa/Middle East and Tropical Latin America.
- For every \$1 of development assistance for health that governments receive, they redirect \$0.56 on average from the health sector to other spending priorities.

Provided by Institute for Health Metrics and Evaluation

"Ultimately, whether health outcomes improve within a country will be determined by how that country sets priorities," said Dr. Michael Hanlon, one of the report's co-authors and the head of IHME's Health Financing team. "Over time, we are seeing an increase in the amount of health funding shifted to other areas. In the current economic climate, it is critical for policymakers to keep a close

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