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Funding improves for maternal, child health compared to donor investments in HIV, TB and malaria

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Funding earmarked for improving maternal and child health in low- and middle-income countries has grown faster since 2010 than funding for HIV, TB, and malaria.

These trends mark a reversal of funding patterns seen during the 2000 to 2010 period, when donors' investments in HIV, TB, and malaria grew at more than double the pace of spending on maternal and child health. However, funding for these areas is growing much more slowly than in the past, according to new research from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. The article, "Development assistance for health: past trends, relationships, and the future of international financial flows for health," was published online April 13, 2016 in *The Lancet*.

Despite faster growth rates in funding for maternal and child health, HIV funding still makes up the majority share of global health spending (30% for HIV/AIDS in 2015 compared to 18% and 10% for child and maternal health, respectively).

Overall, the researchers found that total development assistance for health (DAH) continues to suffer from sluggish growth. After tripling between 2000 and 2010, total DAH increased slightly between 2010 and 2015, totaling \$36.4 billion in 2015. Over two-thirds of global health funding in 2015 was provided by the governments of just 10 high-income countries.

In addition, IHME researchers have included new projections for total development assistance through the year 2040. Using past trends and relationships to estimate future spending, these new estimates suggest that DAH will remain relatively stable, growing to \$64.1 billion in 2040. The projections have large uncertainty intervals that underscore the tremendous opportunities for donors to invest in health in low- and middle-income countries.

Also for the first time IHME tracked funding for different types of HIV programs, such as treatment, prevention, prevention of mother-to-child transmission, and health system strengthening. These findings were published in the article "Tracking development assistance for HIV/AIDS: the international response to a global epidemic" in the journal *AIDS* on April 13. Treatment, prevention, and health system strengthening have made up the majority of development assistance for HIV since 1990.

In many low-income countries hit hard by the HIV crisis, donor funding tends to make up a large portion of domestic health spending. In the average low-income country, 52 cents of every dollar of government health spending in low-income countries comes from donors.

"The stagnation in funding for HIV can have major implications for the estimated 20 million people in low-income countries who are living with HIV," said Joseph Dieleman, Assistant Professor at IHME and a lead author on the studies. "To expand access to treatment, it will be vital to scale up funding for HIV in low- and middle-income countries, improve efficiency, and better target marginalized populations."

All of these findings will be presented in the seventh annual edition of IHME's health funding series, *Financing Global Health 2015: Development assistance steady on the path to new Global Goals*. IHME Director Christopher Murray and co-author Joseph Dieleman presented findings on April 13 in a live webcast at the Center for Strategic and International Studies (CSIS) at 12 pm EDT. The presentation will be available at Smartglobalhealth.org/live, and the results will be available in an updated online data visualization tool.

Although total global health funding remained relatively steady between 2014 and 2015, there were major shifts in funding across donors. Funding from the World Bank jumped by 62%, or \$825 million, during this period. Funding from the United States, the United Kingdom, and the Bill & Melinda Gates Foundation also increased between 2014 and 2015. In contrast, spending by UN agencies dropped by 12%, which marked a return to past funding levels after a surge in funding for Ebola in 2014.

Looking at funding patterns over five years, however, reveals that the greatest percentage increases in funding have come from Gavi, the Vaccine Alliance, the United Kingdom, Germany, and non-governmental organizations

(NGOs) and foundations, including the Bill & Melinda Gates Foundation.

"As many bilateral and multilateral donors have reduced their spending, it's impressive that the UK, Germany, Gavi, NGOs, and foundations -- the Gates Foundation in particular -- continue to expand their investments in improving health in low- and middle-income countries," said IHME Director Dr. Christopher Murray. "At a time when the MDG agenda remains unfinished and the SDGs are just beginning, this sustained support could not be more important."

Other major findings from the report include:

- The US remained the largest source of global health financing, providing 36.1% of all global health spending in 2015. Funding sourced from the US reached \$13.1 billion in 2015, a 4% increase over 2014.
- Support for both Gavi and the Global Fund expanded in 2015. Funding for Gavi grew 6.6% to \$1.6 billion in 2015. Funding for the Global Fund rose 2.1%, reaching \$3.3 billion.
- Financing from non-governmental organizations (NGOs) grew 1.7%, rising to \$6.9 billion in 2015.
- The most substantial regional recipient of global health funding was sub-Saharan Africa, the target of \$13 billion, or 34.3%, of total global health funding in 2013 (the most recent year for which estimates are available). Funding for the region increased 12.1% between 2012 and 2013.
- Government health spending financed by taxpayers in low- and middle-income countries continued to rise in 2013, reaching \$759.7 billion. It rose steadily at 8.5% annually from 2000 to 2013.
- Across regions, the governments of Southeast Asia, East Asia, and Oceania -- which includes China - spent the most on health, at \$336.1 billion in 2013. Governments in sub-Saharan Africa spent the least, with \$35.8 billion disbursed in 2013. The amount of government health spending per person stood at \$163.5 and \$38.1 in Southeast Asia, East Asia and Oceania and sub-Saharan Africa, respectively, in 2013.

Source:

Institute for Health Metrics and Evaluation
