

Financing Global Health 2017

TRENDS IN SPENDING

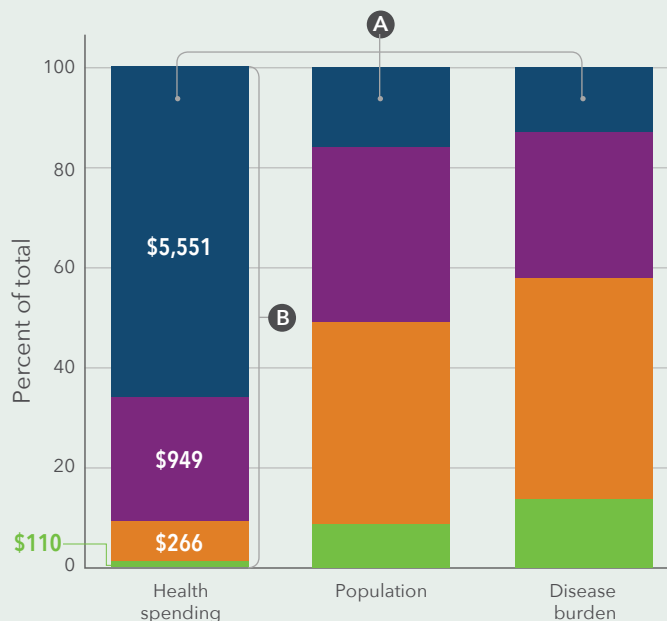
Low-income and lower-middle-income countries accounted for a higher percentage of the total population, a higher percentage of the disease burden, and a lower percentage of total health spending

A The bulk of 2015 spending was in high-income countries, while these same countries accounted for a smaller fraction of the population and disease burden.

B High-income countries spent **\$5,551** per person on health, upper-middle-income countries spent **\$949**, lower-middle-income countries spent **\$266**, and low-income countries spent **\$110**. **Six high-income countries** account for as much spending as **the rest of the world combined**.

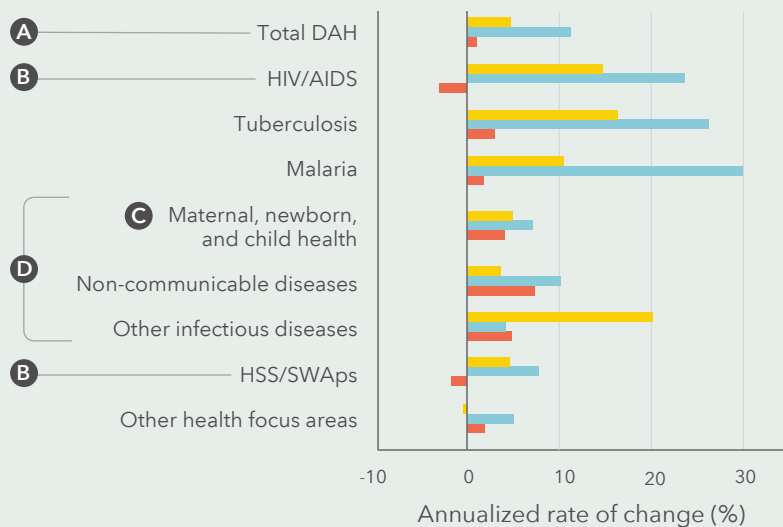
● High-income countries ● Lower-middle-income countries
● Upper-middle-income countries ● Low-income countries

Health spending, disease burden, and population, 2015



DEVELOPMENT ASSISTANCE FOR HEALTH (DAH)

Rate of change in DAH by health focus area, 1990-2017



HSS = Health systems strengthening
SWApS = Sector-wide approaches

● 1990-2000
● 2000-2010
● 2010-2017

In 2017, total DAH was **\$37.4 billion**

For most health focus areas, the largest annualized percent change was between 2000 and 2010

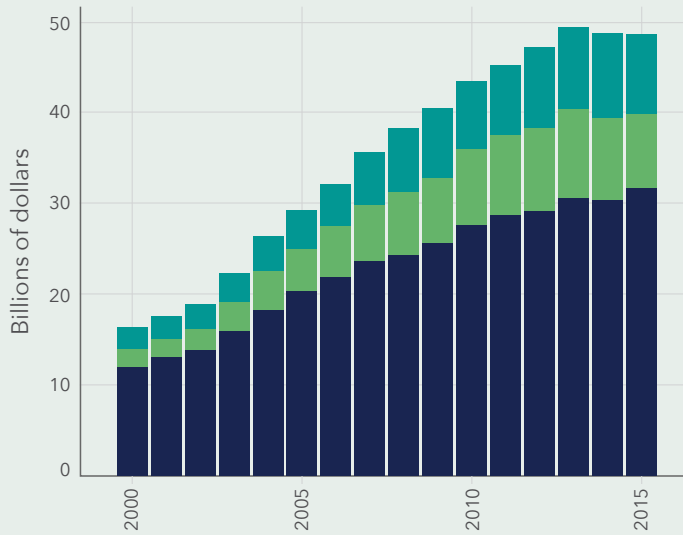
From 2010 to 2017:

Nearly all health focus areas saw reductions in the growth rate, relative to 2000-2010.

- A** Total DAH growth from 2000 to 2010 was 11.2% annually, while growth from 2010 to 2017 was only 1.0%, a more than 90% reduction.
- B** HIV/AIDS declined 3% annually; Health systems strengthening/SWApS declined 2% annually.
- C** Maternal, newborn, and child health saw the greatest absolute change – a \$2.8 billion increase.
- D** Non-communicable diseases, other infectious diseases, and maternal, newborn, and child health had the largest annualized percent change in DAH from 2010 to 2017 at 7%, 5%, and 4%, respectively.

HIV SPENDING

Spending on HIV/AIDS by prevalence group, 2000–2015



In 2015, **countries with the lowest rates** of HIV prevalence **spent the most (65%)** on HIV/AIDS. Spending per case was also highest in these countries at **\$2,788**.

By contrast, **countries with high prevalence rates spent 17%** (\$731 per case), and **countries with extremely high prevalence spent 18%** (\$681 per case).

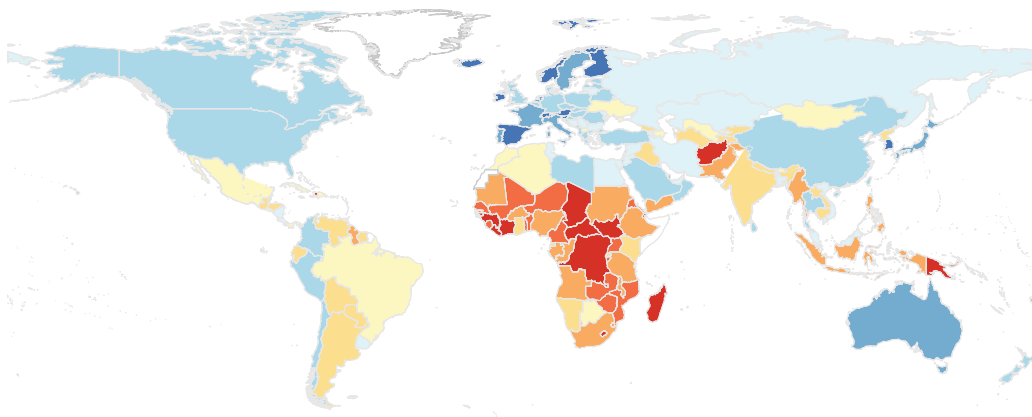
HIV/AIDS prevalence

- >5% (extremely high prevalence)
- 1-5% (high prevalence)
- <1% (low prevalence)

UNIVERSAL HEALTH COVERAGE

There is great variation in expected health spending around the world.

Universal health coverage in 2030



Universal health coverage index, 2030

- 29 to <48
- 48 to <51
- 51 to <57
- 57 to <64
- 64 to <67
- 67 to <72
- 72 to <84
- 84 to <86
- 86 to <92

The universal health coverage (UHC) index - developed as part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2016 - is a summary measure of essential health service coverage based on the coverage of nine interventions and risk-standardized death rates from 32 causes amenable to health care. The index is measured on a scale of 0 (lowest coverage) to 100 (highest coverage).

Countries with the highest and lowest projected UHC indices in 2030

Top 5		Bottom 5	
Iceland	91.9	Chad	40.1
Finland	90.7	Afghanistan	38.8
Luxembourg	89.4	Vanuatu	35.8
Slovenia	87.9	Central African Republic	31.7
Spain	87.9	Somalia	28.6