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.

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.

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.

DEVELOPMENT ASSISTANCE FOR HEALTH (DAH)

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

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:

- 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.
- HIV/AIDS declined 3% annually; Health systems strengthening/SWAps declined 2% annually.
- Maternal, newborn, and child health saw the greatest absolute change — a $2.8 billion increase.
- 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

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).

UNIVERSAL HEALTH COVERAGE

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

Universal health coverage in 2030

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).