



Financing Global Health 2014

Shifts in Funding as the MDG Era Closes



Financing Global Health 2014 depicts 25 years of disbursements in development assistance for health (DAH), highlighting substantial growth, recent stagnation, and major shifts in allocation across health focus areas and funders.

DAH total steady

In 2014, \$35.9 billion in DAH was disbursed, dropping 1.6% relative to 2013.

Growth in select channels

Efforts to fight Ebola fueled the growth of certain channels, including major increases in funding for the African Development Bank and UNICEF. Additionally, in 2014, the World Health Organization; the Bill & Melinda Gates Foundation; Gavi, the Vaccine Alliance; and Switzerland's bilateral channels all expended more resources.

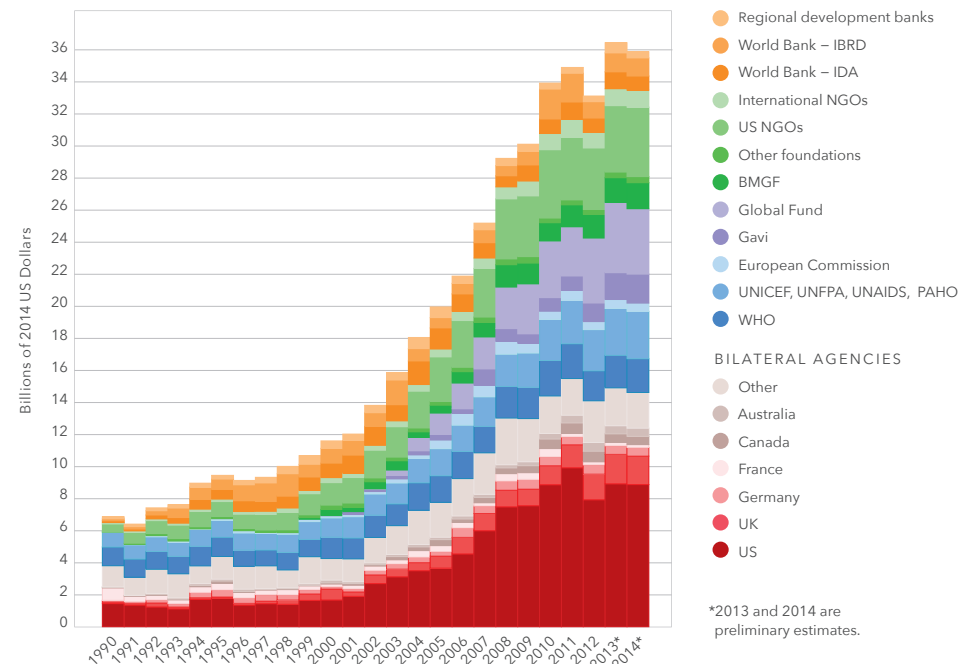
Cost of stagnation

DAH grew rapidly from 2000 to 2010, at 11.3% annually. Since 2010, DAH has increased just 1.4% on an annual basis. If the rapid rates of growth present from 2000 to 2010 had continued into 2014, \$38.4 billion more in DAH would have been available for global health. Total DAH in 2014 alone would have been 45.3%, or \$16.2 billion, higher.

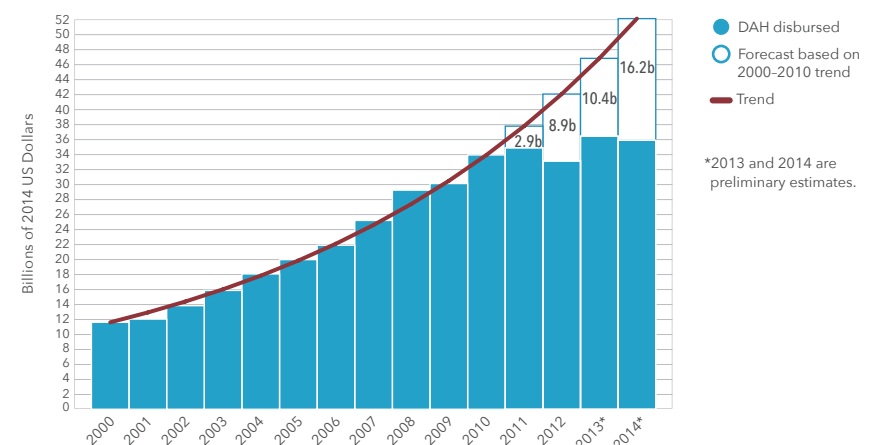
Ebola

IHME estimates that \$652 million in DAH was disbursed in 2014 to fight the epidemic. On the whole, an estimated \$1.1 billion, including humanitarian aid, was provided for the crisis in 2014.¹

DAH by channel, 1990-2014



Total DAH observed versus potential



DAH for the MDGs

Three of the eight MDGs focus on health outcomes. Since the MDGs were formed in 2000, \$227.9 billion in DAH has targeted the health focus areas highlighted in the MDGs. This is 61.3% of all DAH disbursed from 2000 to 2014.

DAH and other health spending

73.2% of DAH was provided by high-income country governments in 2012 – just 0.7% of domestic governmental spending on health in these countries.

¹Financial Tracking Service. Ebola Virus Outbreak – WEST AFRICA – April 2014. New York: Financial Tracking Service; 2014. <http://fts.unocha.org/pageloader.aspx?page=emerg-emergencyDetails&emergID=16506>

Financial flows

US: Preliminary estimates show the United States continues to serve as the largest source of funds, providing \$12.4 billion in 2014. Of these US funds, 55.5% funded the prevention and treatment of HIV/AIDS, while 8.5% funded malaria.

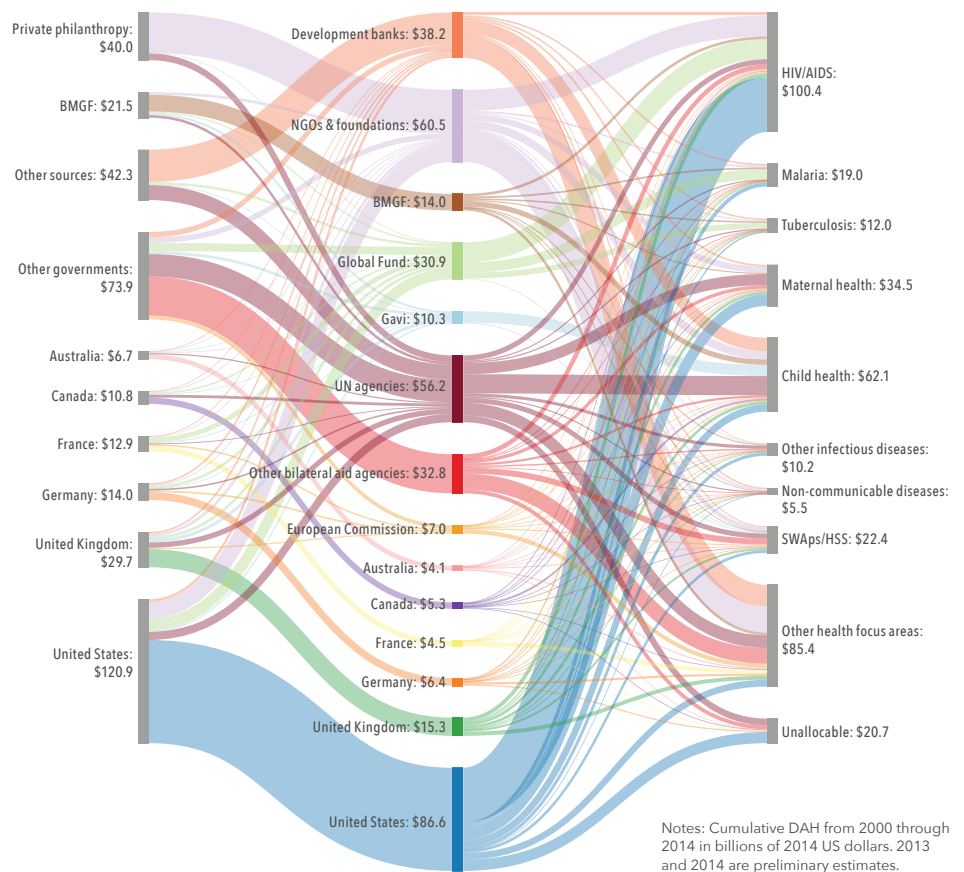
UK: The second-largest source of DAH was the United Kingdom, which provided \$3.8 billion, or 10.6% of all DAH, in 2014. The UK provided 16.1% of its DAH to HIV/AIDS and 39.7% to maternal, newborn and child health.

BMGF: \$6.2 billion of DAH disbursed in 2014 originated with private sources. Of this amount, 46.6%, or \$2.9 billion, was provided by the Bill & Melinda Gates Foundation in 2014.

Regional recipients

Sub-Saharan Africa continued to receive the largest share of DAH. In 2012, \$11.8 billion was provided for health in the region, 35.7% of all DAH. In contrast, DAH provided for South Asia, the next biggest regional recipient, amounted to \$2.3 billion.

Flows of DAH, 2000–2014, from source to channel to health focus area

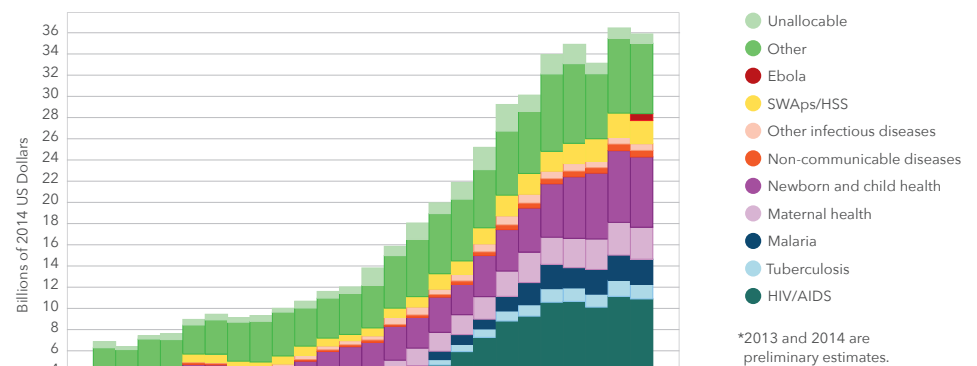


Health focus areas

Trends in the DAH designated for specific health focus areas were mixed from 2010 to 2014.

Health focus area	DAH, 2014	Annual growth, 2010–2014
Child health	\$6.6 billion	7.1%
Maternal health	\$3.0 billion	4.2%
HIV/AIDS	\$10.9 billion	0.7%
TB	\$1.4 billion	1.7%
Malaria	\$2.4 billion	0.9%
NCDs	\$611.2 million	6.6%

DAH by health focus area, 1990–2014



Health focus areas largely steady

Preliminary estimates suggest DAH for child health and NCDs grew from 2013 to 2014. DAH targeting the prevention and treatment of HIV/AIDS, the largest health focus area since 2006, has not changed substantively since 2010.



For the full *Financing Global Health 2014* report, please visit: healthdata.org/fgh2014

For inquiries, please contact: comms@healthdata.org