IHME

United States

The United States has the world's largest economy as measured by gross domestic product.[27] Per GBD 2017, average life expectancy in the US in 2017 was 76.1 years for males and 81.1 years for females. The United States is a constitutional federal republic, with both a strong central government and 50 states that work together as a union.

In 2017, the United States spent $3.3 trillion (3.3–3.4) on domestic health, far and away the most in the world. Of that, $1.2 trillion (1.2–1.2), or 36.1% (35.3–37.0), was prepaid private spending, $381.9 billion (368.1–396.5), or 11.5% (11.1–11.9), was out-of-pocket, and $1.7 trillion (1.7–1.8), or 52.4% (51.5–53.3), was government spending. In 2019, the United States' global health funding picture was largely unchanged from 2018: the US gave a total of $12.2 billion to DAH. Top channels of US aid include the country's bilateral agencies, NGOs, and UN agencies. Leading health focus areas supported included HIV/AIDS, child health, and maternal health.

Despite a roughly flat trajectory in DAH growth since 2010, the US continues to be the largest contributor of DAH in the world, providing DAH to more than 123 countries in 2019. Since the start of the SDG era in 2015, US DAH contributions increased at an annual rate of 0.9%, but funding in 2019 was

down 0.6% from 2018. The United States has not taken part in the UN's High-Level Political Forum on Sustainable Development (HLPF), in which countries collaborate to advance sustainable development, including submitting voluntary national reviews of work toward the SDGs. Nonetheless, the US is a partner in a number of sustainable development-related projects, including the 10YFP Sustainable Food Systems Programme, Safe Water System, and Saving Mothers, Giving Life, an initiative to reduce maternal and newborn mortality in sub-Saharan Africa.[28]

49.0% of 2019 US DAH ($6.0 billion) supported HIV/AIDS; 7.0% ($862.5 million) supported malaria; 11.4% ($1.4 billion) was disbursed for child health, and 10.8% ($1.3 billion) went to maternal health. In 2017, the most recent year for which regional DAH estimates are available, the US directed much of its resources to sub-Saharan Africa, sending 50.5%, or $6.9 billion, of 2017 DAH.

The US provided 59.2% of its funding in 2019 through its own bilateral agencies, including the United States Agency for International Development (USAID), the President's Malaria Initiative (PMI), and PEPFAR. UN agencies received 6.2% of US DAH in 2019, or $761.4 million. Gavi received $307.0 million, up 9.0% from 2018, and the Global Fund received $636.5 million, down 25.8%. NGOs received 26.8% of US DAH in 2019, or $3.3 billion.

Figure 1 shows US DAH provided by channel in 2019, while Figure 2 shows trends in DAH by health focus area for the period 2010–2019. And per Figure 3, in 2017 the US provided 51% of its DAH to sub-Saharan Africa and 24% to global recipients and programs.

FIGURE 1 DAH provided by the US to each disbursing channel, 2019*

- US — 59%
- NGOs & foundations — 27%
- UN agencies — 6%
- Global Fund — 5%
- Gavi — 3%
- Development banks — <1%
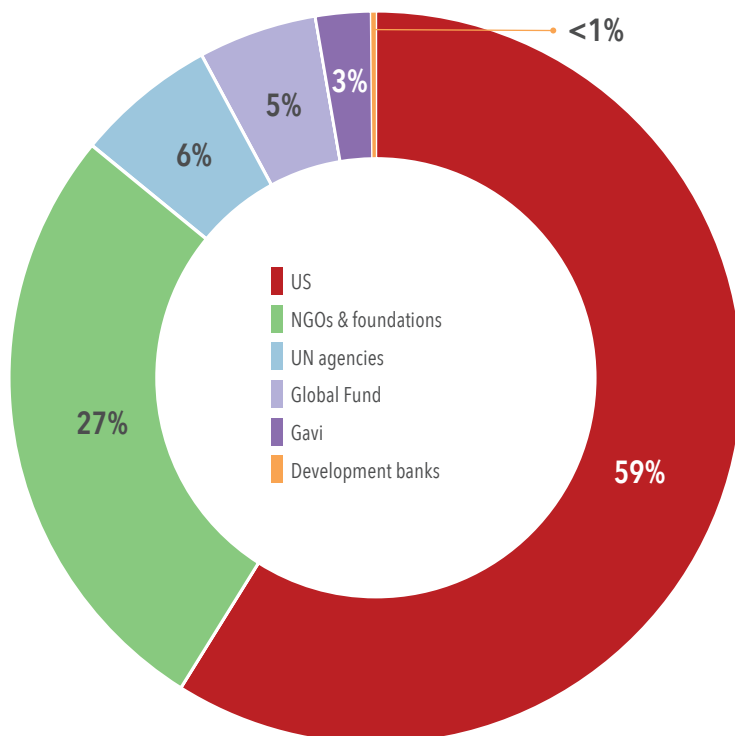
2019 estimates are preliminary.

NGOs = non-governmental organizations

Development banks = the African Development Bank, the Asian Development Bank, the Inter-American Development Bank, and the World Bank

UN agencies = PAHO, UNAIDS, UNFPA, UNICEF, Unitaid, WHO

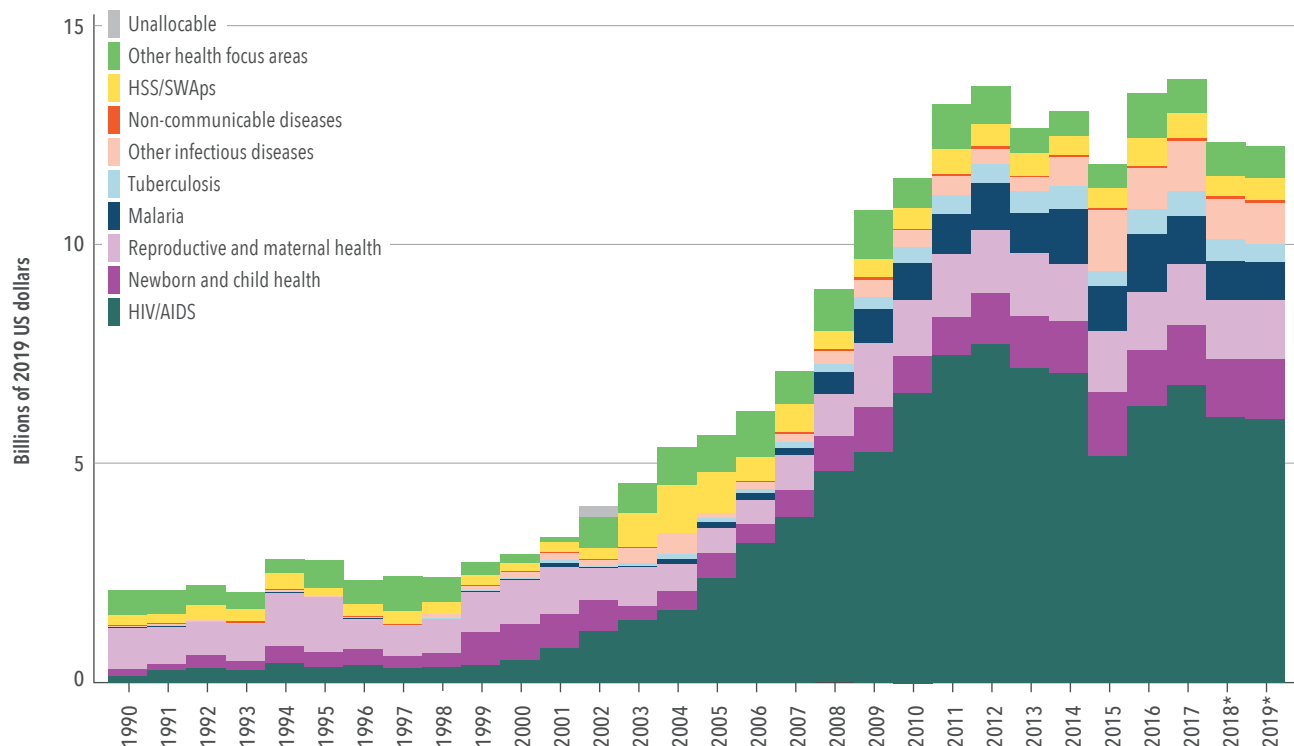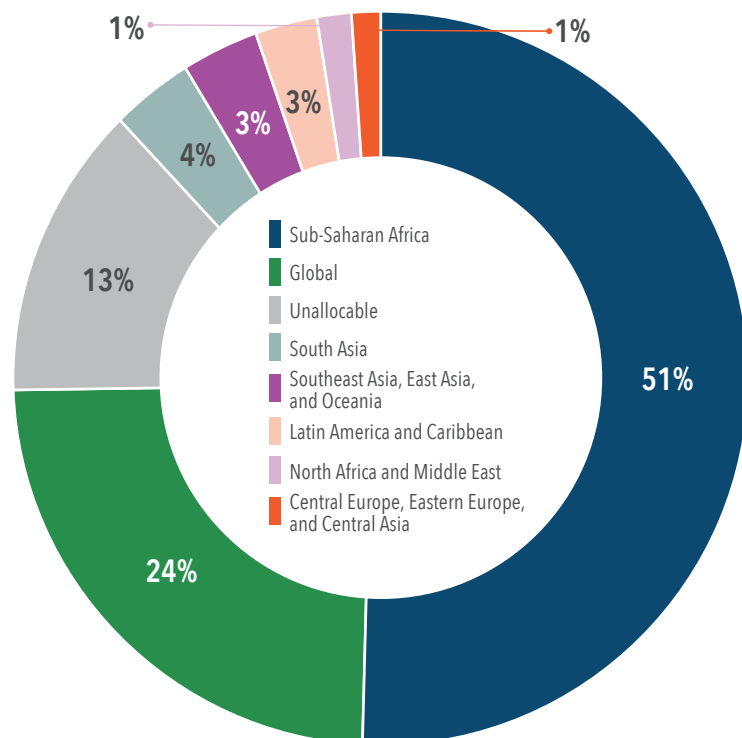**FIGURE 2** DAH provided by the US targeting each health focus area, 1990–2019

Legend:
- Unallocable
- Other health focus areas
- HSS/SWAps
- Non-communicable diseases
- Other infectious diseases
- Tuberculosis
- Malaria
- Reproductive and maternal health
- Newborn and child health
- HIV/AIDS

Y-axis: Billions of 2019 US dollars (0, 5, 10, 15)

X-axis: 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018*, 2019*

FIGURE 3 DAH provided by the US for each GBD super-region, 2017

- Sub-Saharan Africa — 51%
- Global — 24%
- Unallocable — 13%
- South Asia — 4%
- Southeast Asia, East Asia, and Oceania — 3%
- Latin America and Caribbean — 3%
- North Africa and Middle East — 1%
- Central Europe, Eastern Europe, and Central Asia — 1%

2018 and 2019 estimates are preliminary.

"Other health focus areas" captures development assistance for health for which we have health focus area information but which is not identified as being allocated to any of the health focus areas listed.

HSS/SWAps = Health systems strengthening and sector-wide approaches

Health assistance for which we have no health focus area information, or for which no recipient country or regional information is available, is designated as "Unallocable." Due to data limitations, development assistance for health estimates are not available by recipient region for 2018 or 2019.